World Health Organization

Global Health Issues & Emergencies

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Speaker key:

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TAG	Dr Tedros Adhanom Ghebreyesus
IS	Dr Iman Shankiti
BB	Dr Batyr Berdyklychev
SB	Dr Sylvie Briand
MR	Dr Mike Ryan
RG	Dr Rogério Gaspar
BA	Dr Bruce Aylward
AM	Dr Adelheid Marschang
RH	Robert Holden
EP	Erin Prater
BG	Belisa Godinho
BK	Banjot Kaur
JZ	John Zarocostas
IN	Interpreter

00:01:08

CL Hello and welcome to WHO and today's virtual press conference on global health issues but also an update, of course, on the earthquake in Türkiye and the Syrian Arab Republic. My name is Christian Lindmeier and I will take you through today's press conference. We're here, in the WHO Headquarters in Geneva. Now, simultaneous interpretation is provided, as usual, in the six official UN languages, Arabic, Chinese, French, English, Spanish and Russian, as well as Portuguese and Hindi.

Now, to the quite large panel. Here, in the room with me, are Dr Tedros Adhanom Ghebreyesus, WHO Director-General, Dr Mike Ryan, Executive Director for WHO's Health Emergencies Programme, Dr Bruce Aylward, he's Senior Advisor to the Director-General and the Lead on ACT-Accelerator. Then, we have Dr Sylvie Briand, Director for Epidemic and Pandemic Preparedness.

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We also have Dr Adelheid Marschang, she's Senior Emergency Officer, and Mr Rob Holden, the Incident Manager for the Earthquake Response, as well Ms Linda Doull. She's Global Health Cluster Coordinator. Also on the line, I'm very glad we have a number of other colleagues who we'll get to when we get to the topic.

But a special welcome also to the Head of Country Office in Türkiye, Dr Batyr Berdyklychev, excuse my pronunciation, and Dr Iman Shankiti. She's the WHO Representative in the Syrian Arab Republic. With this, I'll hand over to the Director-General.

TAG Thank you. Thank you, Christian. Good morning, good afternoon and good evening. I want to start by expressing my deepest condolences to those affected by the earthquakes that hit Türkiye and the Syrian Arab Republic in the early hours of Monday morning. So far, almost 8,000 people have died, many thousands more are injured and we know these numbers will climb.

With the weather conditions and ongoing aftershocks, we're in a race against time to save lives. People need shelter, food, clean water and medical care for injuries resulting from the earthquake, but also for other health needs. WHO has released US$3 million from the Contingency Fund for Emergencies for the response in both countries. WHO is providing medical supplies, supporting both countries to respond, and working with partners to provide specialised medical care.

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One flight is currently on the way to Istanbul, carrying medical supplies and surgical trauma kits from our logistics hub in Dubai, in the United Arab Emirates. Another flight to Damascus is almost ready for departure, and a third flight is being planned. We are also sending a high-level delegation to coordinate our response.

In addition, 77 national and 13 international Emergency Medical Teams are deploying to both countries. Emergency Medical Teams are made up of health professionals from around the world who are trained to provide life-saving care in emergency situations. Today, we're joined by WHO representatives from both countries to tell us more about the situation on the ground and the needs they are facing. First, to our WHO representative in the Syrian Arab Republic, Dr Iman Shankiti. Dr Shankiti, you have the floor.

IS Thank you. Thank you, DG. Good afternoon to all of you. As Dr Tedros has already said, the country has been hit by a 7.8 earthquake on Monday and it is really important to note that numbers of people affected, whether it's deaths or injuries, are rising as per the hour. Right now, we are at 62 hours and having very harsh conditions, weather conditions. The possibility of finding live casualties is diminishing and more and deaths are being reported.

As far as the last report from the Ministry of Health, we have more than 2,054 injuries and 1,250 deaths and this is from four governorates, Aleppo, Latakia, Hama and rural Idlib. We continue to be very concerned about areas which are inaccessible because of the earthquake, which has destroyed some of the areas there which are used for transportation.

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Definitely, the health needs are tremendous. It's important to note that the health system has suffered for the last 12 years and continues to suffer and continues to be strained by the ongoing emergencies, and the last one is this earthquake. There are a lot of efforts ongoing, whether it is from communities or civil societies, for search and rescue and, definitely, patients continue to arrive to hospitals.

We are still assessing hospitals and access to services and we are trying to notify several hospitals that have structural issues if they could tell us if they have patients and might not be accessible in the near future. WHO currently is focusing on areas like trauma care and life-saving interventions and, of course, ensuring continuity of care and essential health services, specifically focusing on areas that are affected by the disaster.

WHO has provided during the last 24-48 hours, and this is using the stocks that we have in Aleppo and in Latakia and stocks we have in Damascus, we have provided already medical supplies and treatments that are enough for 300 trauma cases and more than 100,000 treatments for patients arriving to hospitals. And, also focusing on water because we are concerned about is the water quality at this stage. Water disinfection tablets have also been dispatched and distributed. More than half a million tablets have been dispatched and distributed in Aleppo, Homs, Hama, Tartus and Latakia.

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We are receiving two cargoes, as DG said. It was supposed to arrive tonight but, due to a technical problem, it will arrive tomorrow. And there's another one that will arrive a day following and it's really focusing on trauma kits and trauma care, and it should be able to cater for more than 10,000 cases in facilities.

I would like to focus on the immediate needs and priorities needs now because what's important to focus is on a holistic approach and, of course, search and rescue is one of the major components but access to shelter, to food, to water is going to be key and, of course, access to health services or continuity of care.

IN Unfortunately the choppy sound is making it very difficult for interpreters to interpret.

CL Dr Shankiti, maybe we could ask you to turn off the video. Maybe that improves the sound quality. Apologies for this, everyone. Let's try without video. Just audio, please.

IS Done.

CL Thank you.

IS Where do you want me to start? Can I start just with the immediate needs and key priorities?

CL Yes, very good.

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IS Because what we need to do is have a holistic approach addressing the immediate needs. Search and rescue is one of the immediate needs, but also access to shelter, to food, to water and continuity of care is going to be key in the next two weeks and, of course, the replenishment of the supplies. These are all immediate, urgent needs.

What follows is something larger in terms of the facilities that have been affected and to support the reactivation of the health system, which has already been very much affected during the last couple of years as per the reports. More than 50% of the facilities are not functioning and the rest are partially functioning. So, with that, I leave it here and thank you, DG, for giving us the chance to put our case in front of everyone. Thank you.

TAG Thank you. Thank you, Dr Shankiti. Now, to our WHO representative in Türkiye, Dr Berdyklychev. Dr Berdyklychev, you have the floor.

BB Thank you very much, DG, and greetings to everyone. I apologise for the quality of connection. I'm currently on the field mission to Gaziantep and Adana. It's the south of Türkiye. And, if you allow me, I'll switch off the camera, just to restore a better connection.

CL Yes, please. Thank you very much.

BB Thank you. A brief update from my side. It has been 62 hours since the first impact, first earthquake happened on the 6th February morning which was followed by another one, and then numerous aftershocks. I've just been to our office in Gaziantep and aftershocks are continuing, which brings a lot of challenges for the search and rescue operations.

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In total, the earthquake affected ten provinces with the population approximately 15 million. Government immediately announced a Level 4 disaster, which triggers international assistance and yesterday the State of Emergency was declared in the affected provinces. Unfortunately, the number of deaths and injured people continue to grow and, as of now, we have more than 9,000 deaths and more than 53,000 injured people.

The main challenges at the moment is continuing aftershocks, bad weather, sub-zero during the night time. Also, damaged roads which hinders access to the affected territories and areas. Also, the challenges for search and rescue due to the magnitude, magnitude of the event and number of affected cities and provinces. Also, trauma care and mental health and psychological support.

As I also already mentioned, government launched a massive response, deploying more than 92,000 personnel and we are closely coordinating with the authorities, our assistance. As of now, we are expecting landing of a charter flight with trauma kits arriving to Türkiye today for further distribution of those kids to the affected population in Türkiye but also in north-west Syria.

We also have a WHO mission arriving today and tomorrow to Adana and Gaziantep to coordinate the work of an EMT coordination cell, which has been established by the Ministry of Health in Adana. Another update, the road to north-west Syria has been restored through one of the cross-border points, which would facilitate transmission of kits and supplies we have in our hub warehouse in Mersin. In general, we are on standby and coordinating all activities with the national authorities and also guided by the response from their side. This is briefly it from my side. Thank you very much for your attention.

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TAG Thank you. Thank you, Dr Berdyklychev. Thank you so much. And, as Dr Shankiti said, the situation in the Syrian Arab Republic is compounded by years of conflict and outbreaks of measles and cholera, which were already posing a huge challenge to the fragile health system.

Since late August, about 85,000 cholera cases have been reported from the Syrian Arab Republic, but it's just one of 30 countries that reported cholera outbreaks last year. Around the world, we estimate that more people died from cholera last year than in the previous five years put together. Currently, 23 countries are experiencing cholera outbreaks and a further 20 countries that share land borders with affected countries are at risk. In total, more than one billion people around the world are directly at risk of cholera.

Cholera spreads through contaminated water, so clean water is needed urgently, wherever there is an acute outbreak, to prevent transmission. WHO also strongly recommends countries at risk of cholera outbreaks to scale up surveillance so cases can be identified and managed as quickly as possible.

There are effective vaccines for cholera but, with supply very limited, the International Coordinating Group that manages the global cholera vaccine stockpile last year suspended the standard two-dose regimen, recommending instead a single-dose approach to extend supply. In the medium to long-term it remains important that global vaccine production is increased. In the meantime, we must rely on other measures to stop outbreaks and save lives.

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Over the past few weeks there have been several reports of mammals including minks, otters, foxes and sea lions having been infected with H5N1 avian influenza. H5N1 has spread widely in wild birds and poultry for 25 years but the recent spill over to mammals needs to be monitored closely.

For the moment, WHO assesses the risk to humans as low. Since H5N1 first emerged in 1996 we have only seen rare and non-sustained transmission of H5N1 to and between humans, but we cannot assume that will remain the case and we must prepare for any change in the status quo.

As always, people are advised not to touch or collect dead or sick wild animals but to report them to the local authorities. WHO is working with national authorities and partners to monitor the situation closely and to study cases of H5N1 infection in humans when they occur.

WHO's global laboratory network, the Global Influenza Surveillance and Response System, identifies and monitors strains of circulating influenza

viruses and provides advice to countries on their risk to human health and available treatment or control measures. WHO recommends countries strengthen surveillance in settings where humans and farmed or wild animals interact. WHO is also continuing to engage with manufacturers to make sure that, if needed, supplies of vaccines and antivirals would be available for global use.

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Finally, new research has found that less than half of children are breastfed exclusively for the first six months of life, which is WHO's recommendation. Many women lack the support they need to breastfeed, with over half a billion working women globally lacking adequate maternity protections. Meanwhile, misleading formula milk marketing claims undermine breastfeeding at every turn. Almost every country has signed the International Code of Marketing of Breast-milk Substitutes, which restricts marketing of formula milk. However, regulations are largely unenforced.

WHO is calling on governments and policymakers to promote breastfeeding by ensuring all women have adequate maternity protections, ideally at least six months paid maternity leave, as well as time off for breastfeeding when they return to work. We also continue to call on governments to end exploitative marketing of formula milk and increase health sector support for breastfeeding so that all families have access to reliable information and advice before and after birth. Christian, back to you.

CL Thank you very much, Dr Tedros. With this, we open the floor for questions. Let me remind you, in order to get into the queue, please raise your hand with the Raise Your Hand icon and unmute yourself when it's time to go. We'll start with Erin Prater, from Fortune. Erin, please go ahead and unmute yourself.

00:20:17

EP Thank you so much. I appreciate it. This question already been partially addressed. I was going to ask for an update on H5N1 but, in any case, what is status of the Ecuadorean girl who was recently sickened and the epidemiological investigation there? Have there been any additional cases identified in that country or elsewhere? And what do we know about how H5N1 in humans, the severity of it may compare to the Spanish flu? Thank you.

CL Thank you very much, Erin. We'll start with Dr Sylvie Briand. She's Director for Epidemic and Pandemic Preparedness and Prevention.

SB Thanks a lot for your question. First, to reassure. Since those cases, we have had no more human cases with H5N1 in the recent days. Those cases are quite rare and they are due to the direct exposure of humans to infected animals. This is why it is important when there is a place where you have epidemics in animals of aviation flu, it's important to make sure that people don't touch dead animals or try not to be exposed to animals that are sick with the avian flu.

With regard to the risk, I think what is very important to understand is that so far the circulation of these viruses in animals, it's a zoonotic virus and

therefore the virus is very adapted to animals and not to humans. So, when we have an infection of a human, usually it's first only one individual. There is rare transmission to other humans unless they have very, very close contact or a very specific condition for transmission.

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And so, so far, because of the characteristics of the virus, we need to be just vigilant to make sure that the spread in animals is contained because the more the virus circulates in animals, the higher is the risk for humans as well, because the virus circulating in animals can evolve to forms that are more transmissible and then, if there is a spill over in human population, then we can have outbreaks of avian flu.

So, I think it's very important to really understand where is the virus in animals, and that's why collaboration with animal health agencies like FAO and WOAH are really important because they monitor the virus spread in animals and monitor also the geographic distribution of these viruses in wild animals but also in domestic animals so that we can control the spread and prevent spill over to humans.

CL Thank you very much.

MR Can I just supplement, just in terms of the specific question regarding Ecuador? The young person, the latest report as of yesterday or this morning was that that young person is improving and there are no further cases detected amongst the contacts of that person. So far, this is considered to be a sporadic case with direct exposure to the virus in poultry, which is reflecting that pattern of spread.

But, as Sylvie said, the geographic extension of the problem amongst avian species, the shift of those viruses into small mammal species who can process that virus quickly and the virus can evolve, and then the association with humans, either in an occupational or a backyard environment, always creates the chance that this virus can evolve.

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I think we'd like to thank our partners around the world in the Global Influenza Surveillance and Response System. Those people work tirelessly in labs all over the world every day, every night, sharing specimens, analysing the genomics, looking at the antigenic characteristics of these viruses and developing candidate vaccines from time to time to make sure that our vaccine defence is up to scratch with the circulating viruses. So, there's a lot of work that goes on in the background.

As Sylvie said, people should not be alarmed. In this case, I think public health authorities are doing what they should be doing to carry out surveillance. There are issues that we need to address at the animal-human interface and biosecurity on the animal side of the equation, and that's why we need and are working much more closely with our colleagues in FAO and OIE.

Protecting humans isn't only about managing viruses in humans, it's about managing viruses in the animal kingdom and especially at that animal-human interface where animals and humans come together. It can be managed and the risks can be reduced and it takes a lot of investment at community level.

We sometimes think solutions lie in technology, and they do, and maybe in innovation and maybe in developing vaccines and maybe in doing all of these things and, yes, we need to do that. But the frontline of pandemic prevention is in our communities. That's where the risks are reduced.

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And if communities have the opportunity and the education and the investment and the knowledge, they can be the true partners in pandemic preparedness. So, it's really important as we look to these threats that we don't just always automatically knee-jerk ourselves into having technological solutions.

We need those but what we need is actually frontline, community preparedness, participatory surveillance and investments in our communities' resilience so they can detect and report these incidents and we, in public heath, can support the risk reduction process.

CL Thank you very much, both. Next question goes to Belisa Godinho, from W Magazine. Belisa, please go ahead.

BG Thank you for taking my question. What is the status of the WHO in Ukraine at the moment? Thank you.

CL A very general question. Maybe we want to ask Dr Mike Ryan.

MR In terms of WHO, our response continues to be very highly developed in Ukraine, right across the territories, working very, very closely with the health ministry there. We have hundreds of health partners there.

I don't know if Linda would like to comment on the health cluster in Ukraine, which is a major partner in terms or our NGO and INGO partners who work with and through the Ministry of Health. We continue to provide critical supplies, work with surgical and medical training, and increasingly working with Ukraine on issues like surveillance, public health management and rebuilding immunisation and other services.

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The latest events in Türkiye and Syria clearly put strain on all our system and, again, we'd like to thank our partners, both our financial partners and our operational partners for once again coming to the assistance of the people of Türkiye and Syria while sustaining our responses in Ukraine. The winter in Ukraine is having, and we see this any time you have a crisis, whatever the source of that crisis you will see the impact that the environment, weather has. We see the same in Türkiye and Syria.

What we do see and what's common in both of these situations is the devastating impact of war and conflict on the health system, on the health and wellbeing of ordinary civilians and the reality is it doesn't matter what takes a building down, 7.9 degrees on the Richter scale or a missile. At the end of the day, it's human bones that are crushed, it's human children that are killed.

And we really need to speak today to the bravery of those workers in the frontline who continually, in Ukraine, and in Syria, and in Türkiye are going into buildings at the risk of their own lives, rescuing who they can rescue and

bringing them to medical assistance. It's really important that we're able to link the health services to the trauma and wounds that people suffer but the reality is the situation in Türkiye and Syria in terms of the earthquake is largely unavoidable. The realities underlying the crisis in Syria and the crisis in Ukraine are avoidable. Thank you.

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CL Thank you very much, Dr Ryan. Next question goes to Banjot Kaur, from The Wire in India. Banjot, please go ahead and unmute yourself.

BK Hi, Christian. Thanks for taking my question. In one of the recent press conferences WHO kind of issued a renewal alert on the three product alerts against cough syrups. Could you please give an update as to what has been the investigation so far about all the three or four events and what has been the understanding so far about all these three events? Thank you.

CL Banjot, thank you very much. I believe we have Dr Rogério Gaspar with us online. He is Director, Regulation and Prequalification. Rogério, if you're there, please go ahead.

RG Yes, certainly. Regarding the question that was put now. As you know we have three alerts that were issued on the incident in The Gambia, in Indonesia, and also in Uzbekistan. They are different incidents looking at different manufacturers, different products, with different active substances and they have all in common that they the same pharmaceutical dosage forms and they are used normally in paediatric use, for children.

The fatalities that we have registered in those three countries are over 300 deaths over a period of four months and children of very low age, below seven years old. The issue was already addressed several times and there was a declaration also from the DG in the name of WHO that was published some time ago.

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And our identification of the problem is very clear right now. We have issued a recommendation for Member States, for national regulatory agencies, for manufacturers, for healthcare providers. That was already published. I'm not going to repeat all of it, but our main concern right now is about the supply chain of excipients for those pharmaceutical dosage forms. This is our main concern and this is why we issued an alert, a global alert because, as you know, excipients are not as regulated as pharmaceutical products.

We are taking a number of approaches at the same time which involve national regulatory authorities in the counties to pursue the investigation, but we are also developing a number of lines of action in terms of consolidating and reinforcing the regulatory oversight, looking at the excipients that might eventually occur in the future in similar cases. So, probably, for now this is everything I would like to report at this moment in time. If any other detail, I could answer directly. Thank you.

CL Thank you very much, Dr Gaspar. Let me remind journalists who have their hand up, but we can't read your names or you haven't even put the outlet, please rename yourself in the system. This way we can possibly take your question. We cannot if we cannot identify yourself because we see two or

three who have their hands up but, again, we can't identify you. Next question goes to John Zarocostas, from The Lancet. John, please go ahead.

00:32:46

JZ Good afternoon. I would like to get your comments on this Sunday, 12th February, will be the first International Day for the Prevention of Violent Extremism and I'd be interested in what WHO is doing in terms of integrating mental health and psychosocial support in countries affected by violent extremism, and especially to rehabilitate people who have been through traumatic experiences. Thank you.

CL Thank you very much, John. We go to Dr Ryan.

MR Yes, John. Certainly, between one and four and one in five people living in conflict or violent situations experience significant mental and psychological disturbance, many of which lead to psychiatric conditions. Not only that, people with existing mental health conditions are often the least served when it comes to those health services during conflict. So, there's a two-way process here.

WHO has worked very, very hard with our partners in the UN system and in the broader NGO community on a minimum service package for mental health and psychosocial support in emergency countries. That is becoming now a standard practice right across the UN system in terms of health emergency appeals, in terms of humanitarian implementation plans. The mental health and psychosocial support are becoming part of that core package.

In fact, we've been working with our partners to make that a required part of our package in order to seek humanitarian funding, especially from funds, from emergency relief funds. So, yes, John, it's a huge issue. Thank you for raising it and for the hundreds of millions of people around the world who live in conflict it is not only their physical health that's at risk, their mental health is at risk too.

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But we also see that now in the aftermath of this crisis in Syria and Türkiye, the psychological stress that communities have gone through in the last 60 hours will reverberate for 60 years, 60 months and, in the case of some families, for years and generations and that will have its own psychological impact.

Equally, during COVID, one in three to one in four health workers, frontline health workers in the aftermath of COVID, has had a diagnosable psychological and mental health condition like post-traumatic stress. So, I think no matter what the emergency, both communities and health workers and frontline workers are put under massive stress and was said, I think, earlier, we need to take care.

I think it was Margaret I heard on the TV earlier saying that we need to make mental health part of our first response, not part of our last response. I was really glad to hear her saying that today because I think it's the most important statement I heard today. Adelheid or Linda, would you like to comment on the issue of mental health and psychological stress in crises? Bruce.

BA Thanks, Mike. And, John, thanks for the important question. One thing I'd just highlight, further to the points that Mike made, is that WHO has a long history in this area now and, in fact, published the Psychological First Aid Guide for working in such areas back in 2011 and has continued to build on that work, and even some of the work predates that.

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So, I just wanted re-emphasise, there are some very effective, very simple tools that can be applied in any environment to address some of the challenges that you highlighted in your important question. Thanks.

CL Thank you very much, both. Now, it looks like we don't have hands up of those we could identify, so let's use the opportunity that we have our special guest and also, here, a strong panel of colleagues working on the earthquake emergency right now in Türkiye and the Syrian Arab Republic. So, let me start with Dr Adelheid Marschang, maybe to say a few words, an overall evaluation of the situation in those two areas.

AM Thank you, Christian, and as you have all seen we have had the frontline responders on the ground from the first hour. WHO has a longstanding presence in both countries that have now been severally affected by the earthquake and, therefore, the ability to scale up the response as per the needs is swift and agile despite some very, very clear challenges and constraints.

So, we are scaling up the response to meet the additional requirements in addition to the longstanding humanitarian needs that we have seen in the region and have, at the same time, a clear concern that besides the immediate health effects that we are seeing and that we have heard of today and yesterday and throughout since Monday, that there is a secondary health crisis emerging in the aftermath as underlying health risks will likely be exacerbated.

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I'm speaking about and especially in the case of Syria. There are real diseases, including cholera, respiratory illnesses, leishmaniasis, physical and mental trauma and disability, secondary wound infection, etc. And the worsening of chronic conditions, non-communicable diseases due to the disruptions of continuity of care and the capacity to treat ongoing regular health issues. And, as I've seen myself, these capacities have been gravely affected due to the longstanding pre-existing complex crisis.

CL Thank you very much and we can move to Mr Rob Holden, Incident Manager for the Earthquake Response, and maybe if we have a moment also to focus on the logistical challenges we're facing right now.

RH Christian, thank you. Just to build on the point that Adelheid made and, obviously, the DG made in his opening comments. Both our WRs have quite rightly said we've got an immediate focus here of life-saving but, at the same time, we've got an imperative to make sure that those that survived the initial disaster continue to survive going forward, and we can't reinforce that point enough.

We have got a large, unfolding and huge-scale disaster unfolding on us with large geographical spread. We've got a lot of people who have survived now out in the open and in worsening and horrific conditions. We've got major disruption to basic water supplies. We've got major disruption to fuel, electricity supplies, communication supplies, the basics of life.

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We are in real danger of seeing a secondary disaster which may cause harm to more harm to more people than the initial disaster if we don't move with the same pace and intensity as we are doing on the search and rescue side. We've got to ensure that people have the basic elements to survive the next period. We need to get services up and running again. We need to make sure that people can get immediate access to those services over a large geographical area.

This is no easy task by any stretch of the imagination. You've heard what the government in each of these countries is doing. The scale of the operation is massive and I mean this would outstrip any country and any government in the world, but what we're seeing on the ground, even though it is still a confused picture, is a sense of purpose and a sense of focus. And that focus isn't just about search and rescue. That focus is about ensuring people continue to survive and have what they need to be able to do so.

CL Thank you very much, both. With this, I think we are coming close to the end. Hang on. We have Erin Prater with a follow-up question, if we are in the mood. Yes, we are in the mood. Erin, please go ahead.

EP Thank you so much. I just wanted to loop back on the final part of my question. Obviously, avian flu has avian origins, the Spanish flu, I've read it was also thought to have avian origins, and both viruses contain genes that allow them to replicate efficiently in human bronchial cells according to the Population Reference Bureau.

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I've also read that H5N1 can lead to inflammation or lung cells becoming intensely inflamed and a similar effect was noted in Spanish flu victims. So, again, can you compare H5N1 in humans to Spanish flu and, again, elaborate on what threat that H5N1 might pose to humans if there were to be a crossover and sustained transmission among humans? Thank you.

CL Thank you very much, Erin. A really good follow-up. So, we go to Dr Briand, please.

SB Thank you. Sorry, I didn't address the end of the question. I think currently H5N1 is a zoonotic virus, which means that it's adapted to the animal population, especially birds, and birds have a different type of metabolism than humans. So, it circulates very well in birds and now we see that it can also circulate in mammals, small mammals.

So, it means that the virus starts to be adapted to different species but not yet adapted to the human species and this is why, currently, the transmission from animals to humans is rare and when it infects humans, further transmission between humans is not easy because the virus is not well adapted to the human population.

As a zoonotic virus, what we see usually with a zoonotic virus is very high mortality in infected people because the virus is not well adapted, so when it enters the lungs it does a lot of damage. And so that's why cases are usually more severe with zoonotic viruses, but the transmission is usually low.

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And this is what we have seen with H5N1 viruses so far, not sustained transmission in humans, but when humans are infected, they are more likely to have severe disease. And so, when we look at the case fatality ratio due to zoonotic influenza, of course we are scared because it's quite high, it's between 30-50% case fatality ratio but, again, those viruses are not very transmissible.

For the Spanish flu, it's slightly different. Of course, it was a virus with avian characteristics as well but when the Spanish flu pandemic started the virus had acquired already the characteristic to be easily transmissible between humans and so the transmission was high and then a huge number of cases.

In 1918, it was during the First World War, so there was a very specific condition to facilitate the transmission of the virus and then also a very specific condition that increased the seriousness of the disease because people were in war, not very well nourished, a high density of military in the trenches, etc. So, the conditions were really conducive for high mortality due to this virus, although the case fatality at that time was variable, depending on the circumstances, but not more than 4%.

But, because there were so many cases, the crude number of deaths was very high at that time and also, it's worth to highlight that in 1918, during this pandemic, we didn't have antibiotics, we didn't have antivirals either, we didn't have vaccines, and we didn't have any of the tools that we have now to control influenza outbreaks.

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So, we are much better placed, of course, now than one century ago but, still, avian flu is a worry for a human population and that's why we need to be very vigilant with the circulation of H5N1 in birds and now the infection in small mammals because we need to be ready to face outbreaks in humans and be ready, also, to control them as soon as possible so that the virus doesn't spread any further.

MR If I could just add, the virus that we have in seasonal flu, one of the viruses circulating still is the pandemic strain from 2009. So, our history of pandemics is that we have a massive pandemic, it occurs in waves, the waves get smaller, eventually we get some respite for maybe a couple of years but still low levels of disease, and then we get a new pandemic strain.

So, the virus drifts for years and then there's a shift. To use that terrible analogy, it's like an earthquake. The virus shifts significantly and then it's a real lottery at that point because if the virus adapts quickly then it can start a pandemic, but most of the viruses are dead ends.

And the more opportunities we give the virus, the more chance that one of those won't be a dead end, that one of those viruses will have the attributes that allow it to transmit further. So, the less opportunity we give the virus to

transmit to mammals from birds, the less opportunity we give to the virus to transmit from small mammals and birds to humans, the less chance the virus has of developing those characteristics.

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Viruses adapt to the host they're in. If we don't become a host for the virus, then our risk is much lower. It is risky at the moment that small mammals and, again, the biosecurity of farming and trade in live small animals has to be very carefully thought out. We've done a lot of work globally on food safety and hazard analysis and controlling the critical points in the food chain.

I think we're still well behind on some of the biosecurity issues around the small animal side of things. These small mammals, they may not look like us, but they're very like us when it comes to their basic physiology. That's why you see very often drugs are tested on animals. Why? Because those animals represent a similar physiology to ours.

In the same way, nature does the same thing. Nature has its own pharmaceutical platform in which it can test all kinds of combinations. That is the way of the world. It is not a bad thing. It is nature. It is ecology. It is evolution. Our job is to stay one step ahead, be smarter.

That's why, again, we have 154 labs all around the world in the Global Influenza Surveillance and Response network in countries, funded by countries who share data 24 hours a day, collect samples, test those samples, do genetic sequencing, compare those samples, if needed develop candidate vaccines.

That's what we need, not to be scared of the viruses. They're out there. They will always be there. What we need to focus on is our game plan for what we need to do to ensure we keep everybody safe, and that's why we need a fundamental reinvestment in pandemic preparedness, pandemic surveillance and pandemic readiness.

00:49:25

I think it's really, really important that we don't spend our time just thinking of the risks. What we need to do is act upon those risks because they can be significantly reduced in terms of the chances of a pandemic occurring and also in terms of its impact.

CL Thank you both very much for this free class. We are close to the end, but I want to ask our Heads of Country Offices in the affected regions if they want to say any final words before I give it back to the Director-General. Do we have anybody out there still listening, either Dr Shankiti in the Syrian Arab Republic or Dr Berdyklychev in Türkiye, who could come online?

IS Thank you, Christian.

CL Thank you.

IS Actually, I wanted just to highlight a few things which were also mentioned by Mike, and that's the mental health and the psychosocial. What is striking right now is that we have a lot of children that have lost their families and it has been reported that these children are in distress, first of all

due to the experience that they have faced during the earthquake and also because of their losses.

00:50:45

What is also being reported by the community and by people in Aleppo and in Hama is that the devastation that they are facing now is at a scale they have never faced before. For the last 12 years, despite all the disasters or all the challenges they have faced, this is the largest in terms of the impact on everyone. So, I urge all of us, really, to put our heads together and to see how we can alleviate some of the suffering of the people who have been affected by the earthquake. Thank you so much.

CL Thank you so much, Dr Shankiti, for this statement. Dr Berdyklychev in Türkiye, are you there?

BB Yes, thank you. I would like just to refer to the severity and magnitude of this disaster both countries are facing and the complexity of the response it requires. At the country level and at all other levels of the organisation we activated all necessary mechanisms and are fully operational.

I just would like to thank all the partners and donors for their support because there is immediate need but there would be also growing need because at the moment, we probably don't know the real magnitude of this unprecedented event. Thank you very much.

CL Thank you very much, both of you. With this, I'll give it back to Dr Tedros, WHO Director-General, but remind you that we will send the remarks and the audio files right after this press briefing, and the transcript tomorrow in the course of the day. Dr Tedros.

TAG Thank you. Thank you, Christian. I would like to again express my deepest condolences to those affected by the earthquakes that hit Türkiye and the Syrian Arab Republic. I also would like to thank our two colleagues, Dr Shankiti and also Dr Berdyklychev, for joining us and also for your hard work. You are not alone. We will continue to support you, but thank you so much for all that you are doing. Finally, my appreciation to members of the press for joining us today and see you next time.

00:53:19