MO Good afternoon, everyone. It’s 1:04 here in Geneva, May 14th. My name is Tarik Jasarevic and we are here to have a virtual press conference to announce findings of the fifth meeting of the MERS Coronavirus emergency committee. With me in the room is WHO’s Dr Keiji Fukuda, Assistant Director-General for health security. We are going to start right now with Dr Fukuda making some opening remarks and afterward we will open this press conference for questions so I’m immediately handing over to Dr Fukuda.
So thanks, Tarik, and welcome, everybody, and my apologies for being late. I think I lost track of time but good to see everybody. As Tarik mentioned, what I’m going to briefly do is update you on the deliberations of the emergency committee which held its deliberations yesterday and then we’ll open it up for questions as we normally do.

So yesterday the emergency committee on the MERS virus met by telephone conference and again discussed the current MERS situation. I just want to remind everybody, this is now the fifth meeting of this emergency committee. This emergency committee for MERS was first convened last year, in 2013, in July and since then it has met periodically to go over and reassess the situation. And the essential purpose of calling together this committee has been to provide the Director-General with periodic assessments and to give her guidance as to whether the MERS virus and situation in fact poses a public health emergency of international concern.

So that’s the basic discussion that goes each time the committee gets together. Now, the emergency committee was chaired by Dr Chris Bagley who has been the chair since the beginning and 14 of the 16 members were in attendance and were participating and then in addition there were representatives from 13 countries, so 13 representatives of countries that have either had numerous cases or signs of infections of MERS since the last time the emergency committee met.

And then in addition there were three advisors who were asked by the chair to be on hand in case there was any questions in their areas of specialty. So during the meeting – and the meeting lasted about five hours so it was a quite lengthy meeting – the members were presented with the currently available epidemiological and virological information and in addition they were presented with a summary of the direct observations made by a WHO team which had recently visited the Kingdom of Saudi Arabia and so this mission took place between 28th April and 5th May so a very recent mission to work with colleagues there to again assess the situation.

And then finally the emergency committee members listened to the views of all the countries that had new infections and so this included all of the countries that have had travellers go to them with infections and they were, the representatives were able to directly provide information, provide their views, provide their concerns to the emergency committee members and then there was questioning which went on back and forth.

So in terms of the process, again just to remind you how this is done, in the deliberative process in which there is discussion, all of the participants or all of the people are able to participate so this includes the members, the representatives of countries and then the advisors and this is to put all of the considerations and facts on the table. They’re discussed through, there’s questions which go back and forth. But then once the committee got to the part where it actually deliberated about what advice should go to the Director-General, all of the other participants were taken off and so they were not present in the discussion so it was just the emergency committee members – and WHO secretariat staff.
And then at this point the Director-General also came into the discussion and they were able to tell her directly their thoughts and their perspectives so she heard them directly from the members. So let me go directly to where the emergency committee landed and then I’ll explain their reasoning.

So again, after a quite lengthy discussion in which they looked at all of the available facts, the different considerations and the different perspectives, what they reached was a consensus that the situation had increased in seriousness and their concern about this situation had also increased in terms of the urgency. However, when they looked at all of the information they felt that the situation still fell short of calling it a public health emergency of international concern.

So again, let me repeat; what they said is that they believed that the situation had increased in terms of its seriousness and urgency but that it did not at this point still constitute a public health emergency of international concern. Given that assessment and given all of the discussion, they did stress a number of key points and I’ll just mention some of them.

One of the points that they highlighted was the need for urgent attention to strengthen infection prevention and control measures and this is everywhere but they emphasised the importance of this in the affected countries, the countries that were having ongoing MERS activities.

Two; they stressed the need to urgently initiate or complete some key studies, and I’ll come back to this, but there are definitely gaps in information and filling these gaps as quickly as possible was another urgent need.

A third urgent need was the need to provide consistent guidance on how to handle and manage people who come in contact with people with MERS infections so what do you do with the management of that group of people?

And then fourth, they also stressed the need to raise awareness about MERS infection among people that are going to be going on mass gatherings so, as we know, that there are a number of pilgrimages that are going to be coming up and so they emphasised this point.

So let me summarise how they arrived at their decision, what was their reasoning. So in the first place they weighed the fact that there had definitely been a sharp increase in MERS cases since March and that this increase in cases had occurred largely in Saudi Arabia but also in United Arab Emirates. When these cases are looked at more closely it’s clear that a majority of the cases have occurred in hospital settings so these are hospital-acquired infections to a large extent.

So we looked carefully at the hospital outbreaks and one of the things is that ever since the emergence of this particular virus hospital outbreaks have been a key feature of this particular virus and so we’ve known that hospital outbreaks have occurred, these have been seen and investigated in the past.

Now, since March it’s clear that there have been a number of new hospital-associated outbreaks and so when the WHO team went on its mission to Saudi Arabia one of the
things that they did was to visit Jeddah and they visited the hospitals themselves, some of the hospitals, to directly observe what was going on, how were things being done. And on those visits what they noted was that in fact many standard infection control practices were suboptimal so were not being done as up to standards.

And they also noted that in the hospitals, that in some of the places there were conditions which also made it worse so for example in the emergency rooms there was often severe overcrowding. So the combination of patients getting hospitalised with MERS infection and then having infection control practices which were suboptimal led to a number of secondary infections in hospitals and so a kind of amplification of MERS cases occurring in hospitals and so this is one of the observations that they made.

Now, when attention was turned to the communities, here the picture is a little bit less clear so on the one hand we clearly see that there is an increase of cases occurring in the community so outside of hospitals there’s also an increase of cases. And the question here is why, what is the basis for this increase? So there are a couple of different possibilities for this. One of them is that it is possible there is a kind of seasonal effect and so what this means is that in the previous two years around this time of year it has also been noticed that there has tended to be an increase in MERS cases.

So if this is really a seasonal effect then it is possible that there is increased infections going on in animal reservoir and so this gets transmitted over to people because there are more chances for people to get infected by coming into contact. So this is one possibility.

A second possibility is that the surveillance or the looking for cases in communities has gotten better over time so for example, over the past couple of years the authorities in Saudi Arabia and other countries have tried to improve surveillance and so, and they’ve done more laboratory testing and so on, so this is another possibility.

The third possibility is the most troubling possibility and this is a question of whether there is any increase in the person-to-person transmissibility of the virus and so could this be accounting for the increased number of cases in the communities? And so this is a quite pressing question but again, when all of the evidence was looked at, what became clear is that there is no convincing evidence right now for an increase in the transmissibility of this virus and so let me be even more specific here.

So when you look at the contacts of people who have infections – and so frequently when someone is identified with an infection the national authorities will try to identify people that have had contact with them and then look to see whether there’s secondary infections or not; are other people getting infected? And there has not been any increase in secondary cases among that group of people having contact with infected people.

Secondly, when all the countries were looked at, it’s clear right now that we don’t see any evidence of community infection sweeping through so typically when we see an influenza season, for example, we’ll see a sharp rise in many people getting infected and it’s clear that you have infection going through communities. We don’t see that.
The third factor is that when the people who had infections travel to other countries, again we have not seen any evidence that these infections have led to sustained transmission within those countries.

And then finally, there have now been five viruses which have been – from recent cases; a couple from Saudi Arabia and then one from one of the travellers that went to the US and then one virus from the traveller that went to Greece – so all recent cases and so when these viruses were sequenced the genetic sequences of these more recent viruses looked very much like the genetic sequences of the older viruses. So right now we don’t see any major changes in the genetic sequences going on in the viruses.

I do want to give one caveat here; it’s clear that sometimes minor changes in genetic sequences can lead to changes in properties; you know, transmissibility. But right now we don’t have any evidence for that going on with the MERS virus.

So the bottom line is that when the committee took all of this information, added it together, what they said is that we don’t see any convincing evidence of increased person-to-person transmissibility, we see more cases but we don’t see increased evidence for person-to-person transmissibility. And so that was the major reason for why they said, we don’t think this meets a public health emergency of international concern right now.

So the question is now, where do we go from here? So the emergency committee noted that, you know, the situation was changing and it was unclear how things would go from here and so one of the things that they requested was to re-meet again pretty soon so that they could reassess the situation, look at whatever new information comes in. And so what WHO plans to do is to bring the committee back together in the next several weeks. We don’t have a hard date yet. We’ll look at when’s the optimal time to do that but that’s one of the things that will happen.

But perhaps most importantly again they iterated the need to take several actions and these are the ones which I mentioned earlier but let me stress them again. One of them is the need to immediately strengthen infection prevention and control practices everywhere but again emphasising the importance of doing that in terms of the countries which have active infection going on so the affected countries.

Two; they stressed the need to urgently initiate and complete some key studies and so by key studies we’re talking about studies such as case control studies and serosurveys of communities and the purpose of these studies are to identify risk factors; why are people getting infected, how are they getting infected? So one of the critical actions.

But also studies are needed to clarify what is the relationship between infection in animals and infections in people so to look more carefully at that animal-human interface and to try to understand what’s going on there.

The third point is that they stressed the need to have consistent management of people who come in contact with other infected people so that there’s not a lot of variability
from country to country but, you know, they’re really treated in pretty much the same way.

And fourth, to improve awareness about MERS and what can be done about it among people who are going to be involved in mass gatherings, so again, the pilgrimages coming up is a good example of mass gatherings so Umrah and Hajj would be considered mass gatherings, and so to take steps to make sure that people are aware of the risks and what they can do about the risks.

So finally again, as I mentioned, we will reconvene the emergency committee in the next several weeks once we find a suitable date and then we will review the situation again and see where we go from there. So let me stop there and we’ll throw it open for questions.

MO Thank you very much, Dr Fukuda. Before we open the floor for questions, just to mention that there will be audio recording of this press briefing that will be posted on our website soon after we finish. There will be also a transcript of the press conference. That will take a little bit longer. And we will also produce video material with highlights of this press briefing that will be put at your disposal.

For journalists on the phone, if you have a question please, you need to tap 0 1, that is 0 1, and then you will be put in a queue to ask your question. Before you ask your question I would ask everyone to identify yourself and the media that you represent.

So we will start with any questions from the room first and then we will go to online journalists who have questions so any questions from the room, please. Again, identify yourself and the media you represent. Yes, please.

UM [Inaudible] from al-Arabiyya news channel. How do you comment on the new measures taken by the health authorities in Saudi Arabia and what is your message today, what are your recommendations to the countries which witness the appearance of the Coronavirus?

KF Sure. Well, I think that Saudi Arabia, of course, has been the country which has been most heavily affected and I think it’s fair to say that they’re also the country which has probably taken the greatest amount of steps to try to control and stop the infection. I think that, you know, we would continue to encourage them to focus and to bring the outbreak under control and to continue working with the many partners that they have asked to help them.

Now, in terms of the specific things that we would recommend, some of the points which I highlighted here, I think, are the critical ones. I think most urgently is the need to strengthen and improve infection control practices in the hospitals so we saw many examples of where the infection control practices broke down so I think that making sure all of the hospitals in Saudi Arabia, but really all of the hospitals in the region, are doing the high level of infection control.

And part of the reason why we stress this so strongly is that earlier in the epidemic or earlier in the outbreak we saw that where – improving infection control stopped the
outbreaks in hospitals so we believe that getting the infection control is issue number one.

Issue number two is that there is, there are critical gaps in information, we don’t know how people are getting infected. We also know that, for example, the investigators have collected a great deal of information so a lot of that information can be organised and then it can be analysed so I think these are some of the critical steps to be done now.

Thirdly, there are a lot of people who have contact with someone who’s infected and so I think it’s a very practical issue, what should be done with them because it’s very difficult managing so many people. And so I think here developing the guidelines which are needed to how to handle those people; so these are some of the critical actions to be taken but it’s the first two that I would really strongly emphasise right now as immediate actions.

MO  Thank you very much, Dr Fukuda. Yes, please.

SB  Simeon Bennett from Bloomberg News. Keiji, as you pointed out, you know, infection control measures have been an issue with MERS since it started and this is something the WHO has been talking about for a couple of years now. So why is this still a problem? And you just said, we’ve seen in the past that when infection control measures were improved the outbreak was brought back under control so what’s happened, have they broken down again and standards slipped at some of these hospitals? And can you give some kind of, I guess, specific examples of the types of measures you’re talking about? Are you talking about masks and gowns and gloves and those kinds of things or is it more sophisticated measures?

And then secondly, the seasonality issue that you mentioned; can you just unpack that a bit? I read something about this is the time of year when female camels wean their young and that that might somehow have something to do with it. Can you unpack that issue a bit?

KF  Sure. I think that the general principles for infection prevention and control have been known for a long time, there’s a lot of good guidance on what to do. The most difficult thing about infection prevention and control has been to figure out how to get them implemented on a consistent basis. I mean, this is true in Saudi Arabia but it is true in virtually every country in the world. You know – it’s simply a difficult thing to get people to do consistently and so what do we mean by infection control?

One of the easiest things that you can do, for example, is to wash your hands between patients, wash your hands when you’re working in a hospital. Study after study done in any number of countries has shown that, in fact, even something as simple as that is done pretty inconsistently and it doesn’t matter what country you’re in.

And so what we’re hoping for again is that this example of the actual problems it can lead to – you know, when you break down with infection control you have an outbreak in your hospital and you have an outbreak of a disease which can kill people – we hope that this again leads to increased awareness, renewed training, all the things which are needed to improve infection control. So I don’t know it’s a one-step issue,
it’s something that we’re going to have to do over and over and over again, it’s a kind of never-ending battle but it’s clearly one of the things which is needed.

Now, in terms of some of the examples that you asked for, we think that this is a virus, an infection which in hospitals can be largely controlled by several basic infection control measures; again, things like wearing gloves at the right time, wearing masks at the right time, taking the right kinds of basic precautions, washing your hands; that these are the kinds of infection control methods which will have a heavy impact. We don’t think that there are esoteric methods needed to control this infection.

In terms of the seasonality of the virus, I think that there are a couple of important questions here; you know, one, what’s the reservoir of the virus? There’s been a lot of attention and a lot of studies in the past year or so which have pointed to the fact that the virus can be found in camels and that – and camels in a number of countries have evidence of infection by this particular virus.

But the question is still open; are there other animal reservoirs, is that the only one or are there other animal reservoirs? And then in terms of camels, again, it’s been speculated, for example, that in the springtime you have a lot of young camels and there may be something that makes them more infectious or there may be some reason as the basis for the seasonality.

But I think it’s fair to say right now, whether there is seasonality has not really been cemented. You know, we’re only three years into this outbreak and so we don’t have a lot of experience, we’d like to see more evidence. And then what the basis of it is is still speculative.

MO    Thank you very much. I think this is the last question we have from the room. Yes, please.

UM    [Inaudible] Francais?

MO    Yes, I will translate.

UM    [Foreign language].

MO    So my first question is, do we know about the nature of the virus, do we have like a definition of the nature of the virus? Secondly, from one to ten, what are the chances of this virus spreading in the region? And third, do you have any information about the situation in Lebanon?

KF    Okay. So let me start with the last question first. So we know that there has been one travel-related case, a traveller returning back to Lebanon has been infected with MERS but as far as we know there is no further spread in Lebanon so this is the information that we have from Lebanon.

In terms of what are the chances that this virus could spread, well, already we know, for example, it is in the Middle East, it is not just in one country, it is in the Middle East. If it is really associated with a particular animal, so if it is associated with
camels then – and all of the infections are from camels to people and it does not become very transmissible among people then I think that there’s a reasonable chance that it would stay a regional infection.

But if it becomes more transmissible between person-to-person then of course the chances that it could spread to other regions goes up and so I can’t give you an exact number, I cannot tell you it is one or five or ten, but it is the issue that we are concerned about and it is the reason why we have convened the emergency committee, to take a look at that question and then look at the evidence. And so we keep asking the question and then trying to answer it based on any new evidence.

And so then in terms of the nature of the virus, well, this is a virus which belongs to a large group of viruses. We know some of them can cause very mild illnesses, like colds. But we also know one of the distant – or one of the cousins of this virus was the SARS virus, so another virus which caused a severe outbreak in the past, ten years ago. So I don’t know how much more to say about it than that but it does belong to a large family of viruses.

MO [Foreign language]?  
UM Non.

MO Okay, well, thank you very much for this, Dr Fukuda. Now as we don’t have any more questions here in the room we will go to questions from journalists that are following us via virtual press conference. We have already large number of question online and we will try to take as many as we can. The first question is coming from Hong Kong Standard, that’s Marie-Anne. Marie-Anne, thank you very much for being with us so could you please say your question to Dr Fukuda?

MA Okay, Dr Fukuda, hi, nice talking to you again. Can you hear me?

KF Yes, very clearly.

MA Okay. You know, I’m just surprised why there’s so much of a cautious attitude among experts when during SARS, you know, you know that it started in two hospital-acquired infection and then it spread, you know, in a hotel and in Amoy Gardens [?], everything. So what I’m trying to ask; is there any political ramification or political implications in the decision by the expert committee to say at this point that over, even though there’s been an increase in spread and possible transmissibility or something, but at this point we don’t have the – it’s just short of declaring it as an international emergency?

So even if you’ll be meeting in the next few weeks, we know that people are in a school break. I mean, like in Hong Kong we’ll be travelling during the summer into the Middle East and the tourist there; I mean, Hong Kong people love doing those camel trip rides because it’s [unclear] for them. If you decide, you know, at this point not to do anything or even, you know, not to enhance education and surveillance, how can you reassure the world that you’re doing the right thing when people already – the transmissibility of the virus has already been – it could spread from human to human?
And also just what happened to SARS so, I mean, I can’t understand why the expert committee or even the WHO is being overly cautious at this time. Is it because it’s the Middle East that’s involved? Thank you.

KF Okay, so thanks for the question, Marie-Anne, and good to hear your voice after many years. I think there’s two parts to your question. Let me address the second part first and then I’ll come back to the main part of your question. I want to be very clear that the emergency committee and WHO are not saying, don’t do anything. You know, this is now the fifth time that the emergency committee has met and each time it has met it has strongly emphasised the need for certain key actions such as increasing and strengthening surveillance so we are able to detect what’s going on.

And then it has pointed out the need for certain important things such as studies to be done to better understand what is the overall epidemiology of this virus. And then from this meeting again they have clearly indicated that their sense of concern has gone up. They’re strongly emphasising the need to take immediate action on things such as stepping up infection control practices and so on.

But as you raise, why did they stop short of calling this a public health emergency of international concern? And I think that one way to explain this is that since SARS we have learned a great deal about the emergence of new viruses and the potential dangers and risks that they pose to the world but we’ve also learned a lot about what are perhaps more optimal ways to respond to the emergence of those kinds of viruses.

So when SARS occurred a decade ago, as you know, that there was a huge amount of panic worldwide and it really received a lot of attention and, I think, a great deal of confusion and anxiety associated with that situation. And it was after that that we had the adoption of the international health regulations. The international health regulations and the emergency committee, I think, really exemplify why that was such an important step.

Basically yesterday we were able to gather all of the relevant facts from around the world, we were able to get all the relevant perspectives; you know, countries that were receiving travellers, countries that were, that have infections going on there, but also to get objective experts to assess all of that information and to look at it.

And I think that it’s clear that that kind of assessment would not have been possible ten years ago and it was possible yesterday so that’s what we did. We took everything that was probably important, put it on the table, looked at it, weighed it and then the emergency committee assessed it and they came up with, you know, their advice to the Director-General.

And so I don’t see this as political but I see this as really what we have learned over the past decade; what needs to be put on the table, what you have to look at and what’s looked at is a critical examination; it’s not going by rumour, it’s not looking at innuendo, it’s not running by fear. It’s looking at the facts critically and then saying, let’s take a sober look, let’s ask the right questions and let’s see how it adds up.
But the other point that I want to underscore is that calling for a global emergency in a world which has a lot of urgent issues going on is a major act, you know, and so calling, saying that there is a global emergency about anything means that you will raise anxieties, you will call for actions to do things. And so I think the committee understood that you have to have really solid information to say, this is a global emergency and so act upon it in that way. So I think it was a very sober assessment and I think it was a very critical assessment. Thank you.

MO Thank you very much, Dr Fukuda. I would just ask journalists to keep their questions brief so we can take as many questions as possible. Next question comes from Jennifer Yang from Toronto Star. Jennifer, please go ahead.

JY Hi, Dr Fukuda, thanks for taking my question today. I have two questions, if that’s okay. The first is when the WHO declared the emergency for polio one of the points it noted was that there are many conflict-torn and fragile states that are severely compromised at the moment and would have a difficult time managing polio reintroduction in those countries. I think the same probably holds true for if MERS were to be introduced to certain countries, especially after some of these gatherings that are about to take place. Was that something that came up in the discussions and could you comment on that as well?

And my second question has to do with the call for increased studies, sero surveillance studies, control studies. I think these studies have been called for since some of the early emergency committee meetings. Just wondering what we could do at this point to sort of activate or expedite those studies.

KF Sure, Jennifer; good questions. So I think that the polio situation and the MERS situation present two different kinds of dilemmas for the world. In terms of polio what we have is a massive, decades-long eradication effort, really a global effort to try to get rid of something the world wants to get rid of and we are very, very close to that. And so I think the fact that if the virus were to spread into countries which are fragile or in which it may be difficult or impossible to get rid of, then that entire effort, that several decades of effort may not succeed and I think that this was one of the sobering considerations in terms of the deliberations of that emergency committee.

With the MERS virus situation we have a different situation. We are not in the middle of an eradication effort of the MERS virus. This is a little bit more, has more in common with, say, the emergence of certain viruses like H7N9, which we have also been monitoring for the past two years, and some of the other viruses that we have seen come up over the past decade. And here some of those viruses have gone on to spread among some countries but then receded into the background.

And then some of them, like the pandemic influenza virus in 2009, went around the world and became a pandemic and I think here what the committee is weighing is trying to get a sense of which direction is it going to go in and do we have solid evidence that it’s going to move in the direction of spreading around the world?

And so they are two different situations and the committees, I think, looked at them through those lenses and so here I think the emergency committee yesterday was
really wrestling with a different set of questions so I hope that’s clear. Thanks, Jennifer.

MO Thank you very much, Jennifer. Thank you, Dr Fukuda. Next question comes from Helen Branswell from Canadian Press. Helen, please go ahead.

HB Hi, thanks very much for taking my question. I’m going to pick up on Jennifer’s second question because it was mine, and ask another, if I can, too. The call for case control studies, zoology studies; these have been uttered for months. The last time the emergency committee met in December they urgently called for these kinds of studies. The WHO organised a meeting in early March to try to get an international case control study off the ground and yet there is no commitment from KSA to do this work. Why does anybody think it will happen now?

And the second question relates to travel cases; the Netherlands apparently is just reporting that they’ve got their first MERS case. The two cases that went to the US were healthcare professionals. Is somebody asking KSA to instruct healthcare workers, if they travel, to be careful and to self-identify if they start to get sick?

KF So, Helen, yes, and Jennifer, I apologise for missing the case control study question. You’re exactly right; these studies have been raised in the past as important studies to do and I think that what’s different now is that the sense of urgency about them is, I think, even stronger or much stronger than in the past. And, you know, we will continue to work with our counterparts in the affected countries, such as Saudi Arabia, UAE and so on.

But our sense is that the sense of urgency is not lost on the countries, and our discussions with national counterparts, I think, have been very positive in this regard. And so I am really hopeful that we will begin to see these critical studies get initiated and completed as soon as possible.

Now, in terms of travel related cases, I think that so far we have, at least as of yesterday, we have seven, I think seven travel related cases going to six different countries, and so the addition of Netherlands over the last few hours would be an addition to that group of countries. And so the overall number of people who are travelling with infection is still relatively small, you know, it’s striking when you look and the number of countries, but the overall cases are relatively small.

And I think that if it becomes clear that, in fact, there is a pattern to who is travelling, who’s most likely to carry infection, then I think guidance, you know, focusing on that group of people would be prudent to do. But we still have a relatively small number of cases right now, overall. Thank you.

MO And thank you very much Dr. Fukuda. And thank you Helen. The next question comes from Miriam Falco, from CNN. Miriam, please go ahead.

MF Hi Dr. Fukuda, I hope you can hear me.

KF Yes.
MF Thanks for taking my call. I kind of want to bounce off what Helen just asked, but on the other flip side, the fact that these infection control and protection procedures have been known for the past two years, and haven’t been implemented. So what assurances – implemented, as well, given the huge number of cases just since March. What assurances do you have that, particularly in Saudi Arabia and the UAE, this will improve?

And then you mentioned the cause for concern and with SARS, for instance, we heard today that, in Saudi Arabia, at a meeting that Defence Secretary Hagel was attending, there were fever meters for people to go through before they entered a room. I remember that happened at airports during SARS II. Is that something that WHO is recommending? Is that helpful in containing the spread, or could this possibly increase fear?

KF Thanks, Miriam. Okay, I think two different questions. Let’s go to the infection control question first, because I think that this is a concern both of the emergency committee and certainly being reflected by many of the questions coming up here. You know, again, there’s nothing new about infection control. Infection control, the value of it, and the principles of it have been known for a long time. What we typically see is that when the need for them is high, that the implementation of them, and the learning about them, and the awareness and acceptance of them also goes up.

And so I think that this is one of those moments, you know, some people have called these teachable moments. But I think this is one of the moments that we have before us. The potential for MERS to cause a larger threat is very clear, and is noticed by many people, and also the possibility that infection control can play a substantial part in reducing that risk I think is also very clear.

And so we’re hopeful that this combination will push up the implementation of infection control. Our discussions with the national counterparts have made it very clear to us that they know that this is serious, and I think that there is a strong sense of commitment to improve those infection control practices. And so I’m hopeful here.

And then in terms of steps such as fever thermometers, or fever meters, I’m not quite sure what devices we’re talking about, but no, in general we are not making any recommendations for the use of these kinds of devices. On the one hand, there are people who are infected who are not going to have fever, and, you know, these kinds of devices, since they are going to miss many people, can create a false sense of security.

And so WHO does not have any recommendations for the use of these kinds of devices to try to detect people who may be infected.

MO Thank you very much Mr. Fukuda. Next question comes from Maria Chang from Associated Press. Maria.

MC Hi, thanks very much for taking my question. I just, I’ll make it quick. Dr. Fukuda, I'm just wondering if the decision by the expert group was unanimous, and if
it wasn’t can you tell us how many people voted for it to be declared an emergency, and what the reasoning was? Thank you.

KF Sure. So, good question. The discussion, as I indicated, you know, the entire meeting took place over five hours, and there was a lot of discussion on this particular question at the end. This is what it really focused on. And I think it’s fair to say that virtually all views were expressed by committee members. And so there were views expressed that simply no, it was not, it was not a consideration at all, to the views expressed that yes, this could legitimately be considered a public health emergency.

But as you know, the emergency committee doesn’t operate on votes, and so we don’t take formal votes. It operates on discussion and consensus. And what happened is that as the issues were discussed through, I think that it’s fair to say that the committee reached a consensus, and it’s pretty much what I said in the beginning, that the situation raises the concern in the seriousness, but it falls short of a public health emergency of international concern.

And what that discussion also led to was a clarification that what we’re really looking for is evidence of sustained transmission going on in communities. So widespread infection in communities is what we are most concerned about. With any number of viruses in the past decade or so, we have seen examples of where you can have limited transmission, so in families, or sometimes patients to care givers, or health care workers, but that kind of transmission we know has been seen with a number of viruses.

But it’s the ones which can really sustain transmission in communities which poses a global, or poses the greatest danger of spreading around the world, and causing large numbers of illnesses and deaths. And so that’s what the discussion helped clarify.

MO Thank you very much again, Dr. Fukuda. Next question comes from Maggie Fox, from NBC. Maggie, please go ahead.

MX Thanks very much. Dr. Fukuda, you mentioned some lapses in infection control had been noticed in Saudi hospitals, can you give us a little bit more detail about that? And given that the two people who have carried the virus to the United States have been health care workers, can you talk a little bit about how difficult it is to get health care workers anywhere to take these basic control measures? Thanks.

KF Sure. Thanks Maggie. Again, some of the basic infection control steps which need to be taken are, for example, the proper use of gloves. So if you glove up when you see a patient who may be infected, then you don’t want to use those same gloves with another patient. If you’re going to see one patient, any patient, then between the patients you want to wash your hands.

If you have a patient who has an infectious disease, and potentially a respiratory infectious disease, and you want to be using masks, then you don’t want to be using that mask for the entire day, you want to change them between seeing patients, so you’re not bringing infection from one patient to another.
And if you’re going to use masks, then, you know, to make sure that they’re on your face properly. And so these are some of the kinds of basic steps that were being looked for, and it was noted that there was a lot of lapses in these kinds of basic, basic steps. And so these are the kinds of infection control actions that we’re talking about.

MO Thank you very much Maggie, thank you Dr. Fukuda. Next question comes from United Arab Emirates, Ms. Asma Ali [?], could you please have your question?

AA Yes, hi Dr. Fukuda. I'm actually just in the middle of the storm, as you could put it, and being the local media, we feel that there is not much of information coming from the health authorities in the country. It could be the local health authorities, or the Ministry of Health, so which is opposite to WHO is saying, that the UAE has shown much of commitment. So what do you think about that?

And secondly, we feel as journalists here that maybe the UAE is underreporting cases. Is that the case?

KF So, Ms. Ali, thank you for the questions. One of the key principles for handling outbreaks, we feel that WHO is to get information out to everybody as quickly as possible, and so we take a great deal of… we spend a great deal of effort on doing that. And so now we communicate through social media, we try to get information posted on websites, we hold press conferences like this, and you know, try to get information out there.

Because I think that it’s clear that having people be informed about what’s going on is probably the single most important thing that can be done when dealing with any outbreak. And so, you know, again we would encourage all of the countries in the Middle East to do that. I think that there is no reason not to make information known to people in the countries about these kinds of outbreaks, it’s a critical, critical step.

In terms of the cases being reported by UAE, all of the numbers of cases that you will see on the WHO website, all of them that we report are the cases which are officially reported to WHO under the international health regulations. And so even though we may hear about rumours, we also monitor media, we monitor many different sources of information, the numbers we report reflect exactly those cases being reported by the governments directly to us.

And so in terms of UAE, I can’t really comment on whether there are additional cases. I can only say that the numbers that we have been reporting are the ones that UAE has reported to us. Thank you.

MO Thank you very much, Dr. Fukuda. Next question comes from Mr. Colin Castandi from Kingdom of Saudi Arabia, could you just please identify the media you are working for?

CC Yes, [unclear] newspaper, in Jeddah, Saudi Arabia. And my question, with the current status quo of the cases, of MERS, can people still travel to Saudi Arabia during the pilgrim season, you know, there’s lots of people are coming to visit Saudi. Would you still recommend that, or we should have minimised the amount of visitors? And, thank you very much.
Sure, thank you for that question. I think it’s a question that many people have around the world. WHO has no travel restrictions or recommendations related to the MERS virus. So what we, you know, the Kingdom of Saudi Arabia itself has made a recommendation to provide guidance on how to reduce the risk of getting infected, not only by MERS but by infections in general, and also our recommendations for mass gatherings reflect many of the same principles.

You know, for example, we recommend that people should be informed before they travel about potential risk from infections, diseases, so this would include MERS as well as any number of other infections. And then to take steps that if you do get sick, that, you know, you should take prudent steps, and so, for example, don’t cough in other people’s faces. If you’re sick, you know, then you may want to stay in your hotel room to minimise the chances that you’re going to get more ill, but also that you will spread infection to others.

Or if you return home from a pilgrimage or some other travel, and you get sick, then of course you should seek the right medical care, and then you should indicate that you have been travelling, let the physicians know about your travel history. But, you know, I think these are prudent measures to take in relationship to any travel, and again, I want to emphasise that right now, WHO has no travel restrictions related to the MERS virus.

Hello Dr. Fukuda, thank you for taking my question. I just wanted to ask… we’ve talked about these studies that you’ve asked for a number of times after these emergency meetings. What’s the answer? I mean, what answer do you get when you say can you please do these, can you please do these studies? I mean, why specifically are they not happening?

And also, the Ministry of Health in Saudi yesterday published precautions they’re taking, and new advice, and as part of that they promised full transparency. Is that something that hasn’t been there, and has that hindered efforts to deal with this situation?

Okay, thank you Tulip. I think that in terms of the studies, you know, I can’t speak for the countries themselves, but, you know, WHO has held now I think three different meetings to support the development of studies, and these have been held in Cairo at the Eastern Mediterranean Regional Office, again, pointing out the importance of the studies, and how they might be conducted.
And plus WHO has also provided help in developing some of the study protocols that might be used in the studies. And I think that in principle, everybody accepts that the studies are important to do. And that they may yield some of the critical information which is wanted, but I think that it has been slow. I think in part because the countries with the most cases are of course the countries which are most busy simply identifying the cases and taking care of what’s happening urgently.

But, you know, again I am hopeful that given the new… really, I think, shared sense of responsibility and urgency among the countries in the international organisations that we will get to see these studies go forward.

And then in terms of sharing of information, yes, we welcome the pledge and the attention on sharing information. I think that it’s really, again, the cornerstone for everything. You know, whenever we have any kind of outbreak, or we have any kind of event or risk, it’s the first thing that we go to countries to ask them what is known, because that’s the basis for reducing anxieties, and it’s the basis for deciding what to do, and what kinds of actions and steps need to be taken.

So anyway, I think that any pledges from any of the countries, or any indications about sharing information more quickly, more openly, that is really welcomed by us. Thank you.

Thank you very much, Dr. Fukuda. And Tulip. Next question comes from Elaine Nikmeier from Wall Street Journal, and I'm sorry if I mispronounce your name, please go ahead.

No, that’s okay. Thank you, and thank you Dr. Fukuda. I’ve got two questions. One of them is Saudi Arabia has had two years to implement prevention control in its hospitals, and unless something has changed in the past week, the infections are still burbling along in the hospitals. What options does the international community have if Saudi never gets control of the infection in the hospitals, what can it do?

And the second question is that the pilgrimage season in Saudi is coming up, and there’s still MERS in hospitals in Mecca, in Medina, and Jeddah, that would be treating any pilgrims, and there are increasing numbers of pilgrims going home from Saudi with MERS. Without any… a lot of these pilgrims are coming from countries where they don’t hear much in the media at all about MERS, and they don’t hear anything from their government about MERS prevention.

So are a certain number of pilgrims in this coming pilgrimage season, are they going to be dying of MERS, and getting sick with MERS?

Okay, I mean, let me take question number one first, again, related to infection control. I think one of the realities of, you know, hospitals and health systems, is that we’re really talking about quite a mixture of hospitals, and so it’s clear, for example, in Jeddah, some of these are smaller hospitals, some of them are private, some of them are large public tertiary hospitals. And so I think that the awareness about the MERS situation, and the awareness about the importance of infection control may be uneven from hospital to hospital.
Again, I am speculating here, but, you know, having known a number of different hospitals in different countries, it’s clear that the information about different disease and outbreaks and so on is not the same from hospital to hospital. So again, I simply want to stress that what I hope to see happen is that this renewed attention on what’s going on with this outbreak, and the fact that hospitals play such an important part in the current, you know, epidemiology of the outbreak, and the fact that improving infection control across all hospitals is probably the single best action that can be taken to immediately reduce the number of cases that, you know, this combination will in fact lead to stronger infection control in all the hospitals, not only in Saudi Arabia but in other countries.

And then in terms of your second question about pilgrims returning to countries, some of which may have much less awareness about MERS and less strong surveillance systems. This was one of the concerns of the emergency committee, and there was specific discussion about that. That in fact many of the pilgrims will be returning to countries in which, you know, surveillance to detect infections are going to be less strong in some of… compared with other countries.

So again, what the emergency committee wanted to highlight was the need for paying particular attention to countries which are particularly vulnerable, you know, the ones which may have a large number of pilgrims going to Saudi Arabia, but also vulnerable on the basis of needing support to strengthen surveillance. So in the report coming out from the emergency committee, you’ll note that one of the action points is again to pay particular attention to these vulnerable countries, to try to support them so that in fact they can create the awareness that’s needed, and also strengthen their systems.

So it’s like everything, we will do what we can to try to improve the capacities there, and improve the surveillance.

MO Thank you very much, Dr. Fukuda. Thank you Elaine. Being aware of time, we will have time for two more questions. First one comes from Lisa Schneering [?], from Cidrap [?] News. Lisa, could you please go ahead with your question?

LS Hi, thank you so much for doing this today. I have kind of a clinical question that relates to the infection control. In our information about the second US patient, it was said that he didn’t have a cough when he went into the hospital, and they were saying that that was one reason why his infection wasn’t immediately suspected.

And I’m wondering, in the hospitals in Saudi Arabia, and other hotspots, is cough a prominent feature? Just kind of wondering how that relates to how it’s spreading in hospitals is, do you think it’s more of a surface type of infection on hospital surfaces? A lot of people in hospitals coughing? Or all of the above? Just any comments you have on that would be helpful, thanks.

KF Thanks Lisa. I think that if you look at the bulk of patients that have MERS infection, it’s clear that, you know, we can consider this from most people to be a respiratory illness. And in that sense, most people will have cough. But it’s like any illness, not every patient has every symptom, or… and so… and then in fact we have also, we also know that in general, for example, diarrhoea has not been a major part of
the illness for many people, but there have been some cases with documented MERS infection in which diarrhoea has been important.

So again, not every patient is going to exhibit the same symptoms, necessarily. But I think it underscores one of the basic principles about infection control. If you have somebody coming in, you don’t want to adjust your infection control just if you think that they may be infectious, and, you know, a lot of the basic measures for infection control really ought to be applied across all patients, and so some of these things are prudent. And then once you know that they have a specific infection, then additional measures may well apply. But so hopefully that answers your first question.

And then in terms of your second question, is it on surfaces in hospitals? Right now, we simply don’t have a good handle on what exactly is the route for the virus to go from somebody who’s infected to somebody who’s not infected. How does it exactly get there? I think that when you look at the overall behaviour of the infections and the pattern of cases, you know, it looks like it may be more consistent with the respiratory droplet transmission, but again, whether it remains on, you know, the surfaces of walls or buildings or utensils in hospitals, I think that certainly I don't know that information right now.

So much of the exact route of how people get infected is still not clear.

MO Thank you very much, and before we go to the last question, I would like to apologise to all those whose questions we won’t be able to take, but please free to contact us here if your questions have not been answered, and we will try to answer you on the phone or by email. Last question will be asked by Lisa Schlein from Voice of America. Lisa, please go ahead.

LI Thanks Tari. Hi, nice talking to you Dr. Fukuda. A very basic question first, and that is what are the latest WHO figures on the number of MERS cases, and then I’d like to follow up on a previous question and answer, that has to do with the vulnerable countries, and you specify especially in sub-Saharan Africa. Could you elaborate upon that? Does that have to do with pilgrims, or camels, or maybe both, or a third or fourth reason?

MO So let me say, here, I'm going to tell you what I think are the current numbers, but they have been changing pretty quickly. So I think that worldwide right now we have been notified of 571 laboratory confirmed infections, but I think that if you follow up with Tari and the others here, if those numbers are wrong then we can quickly correct that. But I believe 571 is the current number of laboratory confirmed infections reported to WHO.

In terms of why specifically sub-Saharan African countries, it’s for a couple of different reasons. One of them is that we know in many of those countries, the level of surveillance is relatively low. And these are countries for whom some of those basic capacities are lower than they are in a number of other countries, but also these are countries in which you will have many pilgrims going to Saudi Arabia, so there are a combination of factors there.
It was not really particularly pointed out because of camels, but really more about just intrinsic capacities to detect some of these infections, and then the fact that, you know, you will have significant numbers of people who will be travelling from those countries to the Middle East.