

COVID-19

Virtual Press conference 8 June 2020

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00:00:00

TJ Hello, everyone, and welcome to this regular COVID-19 press briefing. Today is Monday, June 8th. We will have our regular guests today, Dr Tedros, WHO Director-General, Dr Mike Ryan and Dr Maria Van Kerkhove. Before I give the floor to Dr Tedros just to remind you, thanks to our interpreters we have simultaneous interpretation for journalists who are watching us on Zoom in six UN languages plus Portuguese plus Hindi and you will be able also to ask questions in those languages when we move to the question-and-answer session. Now I'll give the floor to Dr Tedros for his opening remarks.

TAG Thank you. Thank you, Tarik. Good morning, good afternoon and good evening. Yesterday marked World Food Safety Day. Food safety is everyone's business every day. In times of crisis it's more important than ever. We want to

thank those who have continued to ensure that people can access safe food throughout the COVID-19 pandemic.

WHO is proud to work with the Food and Agriculture Organization of the United Nations in ensuring all people have access to safe, nutritious food for healthy living. Almost seven million cases of COVID-19 have now been reported to WHO and almost 400,000 deaths.

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Although the situation in Europe is improving globally it's worsening. More than 100,000 cases have been reported on nine of the past ten days. Yesterday more than 136 cases [sic] were reported, the most in a single day so far. Almost 75% of yesterday's cases come from ten countries, mostly in the Americas and South Asia.

Most countries in the African region are still experiencing an increase in the number of COVID-19 cases with some reporting cases in new geographic areas although most countries in the region have fewer than 1,000 cases.

We also see increasing numbers of cases in parts of eastern Europe and central Asia. At the same time we're encouraged that several countries around the world are seeing positive signs. In these countries the biggest threat now is complacency. Results from studies to see how much of the population has been exposed to the virus show that most people globally are still susceptible to infection.

We continue to urge active surveillance to ensure the virus does not rebound, especially as mass gatherings of all kinds are starting to resume in some countries.

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WHO fully supports equality and the global movement against racism. We reject discrimination of all kinds. We encourage all those protesting around the world to do so safely. As much as possible keep at least one metre from others. Clean your hands, cover your cough and wear a mask if you attend a protest.

We remind all people to stay home if you're sick and contact a healthcare provider. We also encourage countries to strengthen the fundamental public health measures that remain the basis of the response; find, isolate, test and care for every case and trace and quarantine every contact.

Contact tracing remains an essential element of the response. In some countries there is already a strong network of health workers for polio who are now being deployed for COVID-19. Last week we published guidance that describes how existing polio surveillance networks can be used in the COVID-19 response and outlines the measures that should be put in place to maintain an effective level of surveillance for polio.

WHO has also published new guidelines on the use of digital tools for contact tracing. Many digital tools have been developed to assist with contact tracing and case identification. Some are designed for use by public health personnel like WHO's GoData application, which has been used successfully to trace contacts during the ongoing Ebola outbreak in DRC.

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Others use GPS or Bluetooth technology to identify those who may have been exposed to an infected person and still others can be used by people to self-report signs and symptoms of COVID-19. As part of a comprehensive approach digital contact tracing tools offer the opportunity to trace larger numbers of contacts in a shorter period of time and to provide a real-time picture of the spread of the virus.

But they can also pose challenges to privacy, lead to incorrect medical advice based on self-reported symptoms and can exclude those who do not have access to modern digital technologies. More evidence is needed about the effectiveness of these tools for contact tracing.

We encourage countries to gather this evidence as they roll out these tools and to contribute that evidence to the global knowledge base. We also emphasise that digital tools do not replace the human capacity needed to do contact tracing. Starting tomorrow WHO is convening an online consultation on contact tracing for COVID-19 to share technical and operational experience on contact tracing including innovations on digital technology.

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As part of our commitment to co-ordinating the global response WHO is also running the COVID-19 partners platform, an online tool that enables countries to match needs with resources. This online tool enables countries to enter planned activities for which they need support and donors to match their contributions to these activities.

So far 105 national plans have been uploaded and 56 donors have entered their contributions, totalling US\$3.9 billion. The platform also includes the COVID-19 supply portal, enabling countries to request critical supplies of diagnostics, protective equipment and other essential medical provisions.

So far WHO has shipped more than five million items of personal protective equipment to 110 countries. We're now in the process of shipping more than 129 million items of PPE to 126 countries. More than six months into this pandemic this is not the time for any country to take its foot off the pedal. This is the time for countries to continue to work hard on the basis of science, solutions and solidarity. I thank you.

00:08:57

TJ Thank you very much, Dr Tedros, for these opening remarks. We will open the floor now for questions. I will remind journalists to be short and have one question per person so we can take as many as possible. To remind you, you can ask your question in one of six UN languages and Portuguese as well. The first question comes from NHK, Japanese agency. We have Shoko with us. Can you hear us?

SH Hello, Tarik. Can you hear me?

TJ Yes.

SH Okay, thank you for taking my question. I have a question regarding the situation in Africa. Dr Tedros, WHO Regional Director for Africa, Dr Moeti, mentioned on 7th May that in Africa COVID-19 won't likely spread as rapidly as in other regions in the world, it will likely smoulder in transmission hot-spots and if not controlled up to 190,000 people could die of COVID-19.

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Is WHO still in the same position and what are your concerns about Africa now? Thank you.

MR I can begin and Dr Tedros may wish to comment after. I think Dr Moeti, our Regional Director, was quite clear about her concerns regarding Africa a number of weeks ago and has been very consistent in her messaging on this. There's still great concern across Africa.

We thankfully have not seen a massive acceleration of cases in Africa as yet. Some of that is likely due to a lower availability of testing but we haven't seen the hospital systems become overwhelmed. But what we are seeing in some countries is an acceleration of disease and again we're seeing a similar acceleration in parts of south Asia and we're seeing acceleration of disease now in Central and South America.

So I think we need to be very realistic here. We're thankful for the time that the disease is not exponentially rising because it gives a window of opportunity for preparation and to do more to prepare systems. But that is not to say that the disease cannot explode and that it cannot rise significantly in Africa and cause significant destruction and death.

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With regard to the absolute numbers it's very hard to predict what the numbers will be. What I do know is that those numbers will be lower if we have good surveillance, those numbers will be lower if we are able to break chains of transmission, those numbers will be lower if we can get people into healthcare, get them medical oxygen and get them the supportive care they need. That's what I know. DG, any comment on Africa specifically?

TJ Thank you very much, Dr Ryan. Now we will go to Bianca Ratier from Globo. Bianca.

BI Hi, Tarik. Can you hear me?

TJ Yes, very well.

BI Thanks a lot. My question is about the official data in Brazil. Last week the Brazilian Government pushed back the daily numbers until after the country's main television news programme. Then it removed months of data on COVID-19 from the national website and finally released two contradictory sets of figures for cases and fatalities with totally different results, bringing further confusion.

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Does the WHO trust the Government figures and how concerned is the WHO with this situation in Brazil? Thanks a lot.

MR Our understanding is that the Government in Brazil will continue to report the important figure, the daily incidence or the daily death figures and report that in a disaggregated manner. We do have extremely detailed data from PAHO and from Brazil on the epidemic. In fact some of the data we have from Brazil is some of the most detailed and updated on daily basis in the world and we truly hope that that continues.

Brazil is a very large country. It has a very diverse population. It has some very vulnerable populations, particularly in periurban areas, indigenous populations and others and therefore Brazil deserves our full support and we will continue to support Brazil and the people of Brazil in their fight against COVID.

It is though at the same time very important that the messages around transparency and sharing of information are consistent and that we're able to rely on our partners in Brazil to provide that information to us but more importantly to people, to citizens. They need to understand what's happening, they need to understand where the virus is, they need to know how to manage the risks to them and therefore we hope and we trust that any confusions that may exist at the moment can be resolved and that the Government of Brazil and the states in Brazil can continue to communicate in a consistent and transparent way with their own citizens in order to bring this epidemic to an end as soon as possible.

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We will, as I said, continue with our colleagues in PAHO to support the people of Brazil and the Government of Brazil to control this disease as quickly as possible.

TJ The next question comes from the Hill. We have Raid Vilson online. Raid.

RA Hi, Tarik. Can you hear me?

TJ Yes, go ahead.

RA Great, thanks. Does WHO continue to work with CDC, NIH and other American institutions? Have there been any areas of co-operation or collaborative programmes that have ended [inaudible]?

00:15:16

MK Thanks for that question. Absolutely. We work with US colleagues, US CDC and NIH and a number of academic institutions across the whole country in a variety of networks and different types of platforms since the beginning of this pandemic and that will continue.

We have active engagement through all of our global expert networks which are clinicians and laboratorians and IPC specialists, risk communicators, etc, and so we will continue to do that as the pandemic continues.

MR May I add that it's not just in the area of COVID-19. We're already engaged very deeply and working very closely with colleagues and institutions in the US in the fight against a renewed outbreak of Ebola in DR Congo, an new emergence of a new virus as such from the forest.

So managing the animal/human interface and watching out for these new diseases and responding to them in a rapid way is extremely important and we rely heavily on our colleagues and institutions in the US like CDC, like NIH and like the hundreds of collaborating centres that this organisation has across the United States for that scientific collaboration and that scientific innovation and we will continue to do that until we're otherwise instructed or informed.

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TJ We will go now to Guatemala. We have Gracia online from Diaria La Hora. Gracia.

TR Thank you very much. What is the situation for Guatemala and do you think that we have reached the peak of the infection in the region and in Central America?

MK I think unfortunately the answer to your question is no. There's been an increase, I think, of about 50% of cases in Guatemala over the last week but a worrying increase too in the number of fatalities, which has increased by over 100%. The absolute number is low and this may reflect an improvement in surveillance but what we're seeing from Mexico all the way through to Chile is an increasing pattern across Latin America with some notable exceptions.

But I think this is a time of great concern, it's a time in which we need strong government leadership in Latin America, we need strong international solidarity with the countries of Latin America and we need leadership from within Latin America to bring this disease under control. It's not one country, it's many, many countries experiencing very severe epidemics with what we saw in Europe and North America; health systems now coming under real

strain, intensive care beds not being available in all countries to cope with the disease and a lot of fear and confusion at community level for different reasons.

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So I would say right now the epidemic in Central and South America is the most complex of all of the situations we face globally and one in which the world needs to work and come to the support and aid of countries in the region in order to assist them in dealing with this high-impact pandemic from the perspective of Central and South America.

MK If I might add, just to say that the situation in Guatemala and the Americas is very much... The current state that they're in right now is the state that many countries were in several weeks ago or several months ago and what the DG spoke about today of the back to basics and back to the fundamental approach, this comprehensive approach that needs to be used to tackle this virus is very much the same as we've been saying from the beginning; the idea that we have an entire population engaged, knowing what role each individual plays within this pandemic is fundamental; how can I protect myself from infection, how can I protect my family from infection, how can I prevent the possibility of me transmitting to someone else who may be more vulnerable.

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How do we have a public health infrastructure in place to be able to find cases, to isolate cases, to test cases, to care for cases in medical facilities, ensuring that they receive adequate clinical care depending on the disease that they develop.

Do we have the right workforce in place to be able to do contact tracing, to find the contacts of the known cases and quarantine those contacts? Do we have the right testing strategy, do we have enough tests in place and enough labs to carry out those tests? Do we have this all-of-government approach, bringing in all different sectors, not just the health sector, so that we can maintain essential health services but also try to keep other systems going.

That comprehensive approach of what Latin America, Central America, the Americas need to focus on is very much what all countries need to focus on and we need to remind ourselves that these interventions work; not one intervention alone but the combination of these interventions work.

So staying focused on that, providing the support that we can through our regional office, having the solidarity and support and getting supplies to where those are needed is really what we need to be focused on.

MJ Could I just add, because I think it's important from the perspective of Latin America that countries in Central and South America have a hugely proud history of dealing with infectious diseases. It was this continent or

subcontinent that first eradicated polio, all three strains. It was this continent that eliminated measles and offered an opportunity for global measles elimination, which we're unfortunately squandering at the moment.

It was this region that dealt most effectively with the huge cholera outbreaks we had during this current pandemic of cholera and we're still technically in a cholera pandemic, for those of you who aren't aware of that.

So I think there are tremendous capacities in infectious disease control in Latin America and Central and South America and there's a tremendous level of disaster preparedness in many countries because of the prone nature for high-impact weather events and many other natural disasters.

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Central and South America have a proud history of disaster risk management, disaster preparedness, disaster response and we need and really look to the leadership in Central and South America to leverage the undoubted scientific and public health expertise, the undoubted levels of community power and engagement and the energy and the innovation that spreads on the community level.

What we hope we see is the governments of Central and South America working together to fight these diseases and demonstrating to the world once again the capacity that these countries have both in science, in public health, in disaster risk management and their capacity to work both individually and together in a coherent way to stop infectious diseases.

Central and South America have done this effectively in the past and I have no doubt if the right approaches are taken in a well-coordinated fashion that Latin America has the capacity to do that again.

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TJ Now we will go to China Daily. We have Chen Yen Hua on the line.

CN Hello, can you hear me?

TJ Yes, very well.

CN Dr Tedros, the Chinese Government yesterday issued a white paper on fighting COVID-19 detailing all its efforts fighting the coronavirus. I'm wondering if WHO has any comment on this. Thank you.

MR I can begin. I think at this point when any country publishes an evaluation of their response that's always a good thing to see what lessons are there to be learnt but I do think we need to focus moving forward.

It's interesting in that paper and in many other papers coming out at country level. We need to focus now on what we're doing today to prevent second peaks. We need to focus now on how we're going to prepare for later in the

year. We need to focus now on supporting those countries around the world who are right in the middle of very severe epidemics that are getting worse.

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I think there will be a time to go back and look at everything we've done. Everybody at every level from global to national to subnational, from technical to political to scientific, all of the decisions, all of the actions taken at all levels by all players in this response need to be examined and we need to learn and we need to emerge from this pandemic stronger.

But right now we need to focus the narrative and we need to focus the discussion on what we're doing now; what are we learning moving forward? Clearly there are many positive lessons to be learnt from the experience of many countries and that's what we're focusing on right now; learning what we can, where countries have got it right, where countries have got it wrong and how we can find the package of interventions, what is the package.

Maria spent a few minutes earlier laying out what those activities are and that's what we need to focus on. Does every country on this planet have the capacity to implement those core functions in terms of community education, in terms of surveillance, in terms of the healthcare system, do we have that capacity to sustain a response against this disease until we have an effective vaccine or even beyond? I think that's where we would like to focus.

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We will read the documents from China, as we do from all countries, with interest to learn lessons but I would honestly personally prefer if we don't constantly go back and start to re-legislate issues that have occurred months and months ago and prevent us from moving forward to do the most important work we have to do.

MK I'd just like to add on the focus on the now, as Mike was saying, we need to mucus on the now. This is far from over. I know many of us would like this to be over and I know many situations are seeing positive signs but it is far from over and we need to shore up our activities, we need to build up the activities and the infrastructure that is not in place in many countries and continues to not be in place in many countries.

While I don't want to focus on the negative I want to focus on the opportunity to build this workforce, build this infrastructure that isn't in place in most countries and unfortunately we've seen that in many countries.

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We're talking about the workforce of public health professionals who can carry out contact tracing. We're talking about trained medical professionals who have adequate training in respiratory diseases, specifically for COVID-19 but for infectious diseases.

Looking at supplies, making sure that we have adequate personal protective equipment for every health worker on the planet that needs it. We're talking about safe and effective treatments for COVID-19 and for emerging respiratory pathogens. We're talking about vaccines so there's a lot of work that needs to be done and we need everyone to remain focused on achieving the goal at hand, which is stopping this pandemic, which is suppressing this transmission and saving lives and there's a lot more work to do.

So let's celebrate the successes that we do have but let's remain focused on the remaining work that needs to be done because unfortunately this is far from over.

TJ Thank you very much. We will go now to Uganda Network Radio. We have Pamela Mwanda with us. Pamela.

00:28:13

PA Hello, everyone. I have a question about the two strains of COVID-19 and what kind of effect they might have on clinical results in regard to the cases. Do we know if one strain may lead to severe disease in patients or if it's the same either way? Thank you.

MK Thank you for the question. This is a question about the viruses that are circulating globally, the SARS-CoV-2 virus, who is the virus that causes COVID-19 disease. There are more than 40,000 full genome sequences that are uploaded to publicly available websites and there are a large number of scientists and virologists and professionals who are looking at the sequences themselves.

There are different groupings of this virus. You mentioned two strains but there are several different groupings. There are some subtle changes that are expected in an RNA virus but none of these changes result in differences in the way that the virus transmits or in the type of disease or the severity that the virus causes.

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We have a global lab network where we're discussing this with them. This is an area of active research and active discussion and we're constantly looking at the viruses that are publicly available and the different segments of that.

There are a number of different types of studies that need to be done in labs to look at how each of these viruses will behave but so far among all of the viruses that are available there are no differences in the way that this virus transmits or in the disease that this virus causes.

TJ Thank you for this answer and thank you, Pamela, for calling. We will now go to Business Insider. We have Hilary Broko with us. Hilary.

HI Hi, can you hear me?

TJ Yes, Hilary.

HI Great. I had a quick question in regard to your new guidance about home-made face masks. I wanted to ask about face shields. Do you think there's a role for those to play in this pandemic for the general public and do you think people could use those instead of home-made masks?

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MK Thanks for that question. That is something that our infection prevention and control network is discussing. With the recent guidance that we put out, as you know, we put out guidance on a fabric mask and the layers and the materials that can be used to build and make an effective mask.

What's important about the mask is not only the materials that are used but also the way that it actually covers your face in terms of providing that barrier over your nose and your mouth. There is a role for face shields if masks are not available but that is something that needs to be discussed; where and when that can best be used.

But I should remind you that masks alone will not protect you; face shields alone will not protect you for infection. It's really important that all of the measures including physical distancing... We know that physical distancing of at least 1m works.

That is really paramount, it is really important that that is maintained, that hygiene, washing your hands with soap and water or an alcohol-based rub, practising respiratory etiquette, sneezing in your elbow; all of these must remain in place.

00:31:47

TJ Thank you. Now we will go to Emma Farge from Reuters. Hello, Emma.

EM Yes, good afternoon. It's a question about asymptomatic transmission, if I may. I know that the WHO's previously said there're no documented cases of this. We had a story out of Singapore today saying that at least half of the new cases they're seeing have no symptoms and I'm wondering whether it's possible that this has a bigger role than the WHO initially thought in propagating the pandemic and what the policy implications of that might be.

MK I could start and then perhaps Mike would like to supplement. There're a couple of things in the question that you just asked. One is the number of cases that are being reported as asymptomatic. We hear from a number of countries that x number or x percentage of them are reported as not having symptoms or that they are in their pre-symptomatic phase which means it's a few days before they actually develop severe symptoms.

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In a number of countries when we go back and we discuss with them, one, how are these asymptomatic cases being identified, many of them are being identified through contact tracing, which is what we want to see, that you have a known case, you find your contacts, they're already in quarantine hopefully and some of them are tested.

Then you pick up people who may have asymptomatic or no symptoms or even mild symptoms.

The other thing we're finding is that when we go back and say, how many of them were truly asymptomatic we find out that many have really mild disease, they're not - quote, unquote - COVID symptoms meaning they may not have developed ever yet, they may not have had a significant cough or they may not have shortness of breath but some may have mild disease.

Having said that, we do know that there can be people that are truly asymptomatic and PCR-positive. The second part of your question is what proportion of asymptomatic individuals actually transmit.

The way that we look at that is we look at - these individuals need to be followed carefully over the course of when they're detected and looking at secondary transmission.

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We have a number of reports from countries who are doing very detailed contact tracing. They're following asymptomatic cases, they're following contacts and they're not finding secondary transmission onward. It's very rare and much of that is not published in the literature.

From the papers that are published there's one that came out from Singapore looking at a long-term care facility. There are some household transmission studies where you follow individuals over time and you look at the proportion of those that transmit onwards.

We are constantly looking at this data and we're trying to get more information from countries to truly answer this question. It still appears to be rare that an asymptomatic individual actually transmits onward.

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What we really want to be focused on is following the symptomatic cases. If we followed all of the symptomatic cases - because we know that this is a respiratory pathogen, it passes from an individual through infectious droplets - if we followed all of the symptomatic cases, isolated those cases, followed the quarantined those contacts we would drastically reduce...

I would love to be able to give a proportion of how much transmission we would actually stop but it would be a drastic reduction in transmission. If we could focus on that I think we would do very, very well in terms of suppressing transmission.

But from the data we have it still seems to be rare that an asymptomatic actually transmits onward to a secondary individual.

TJ Thank you very much. Now we will go to Sedanta Mantani from India TV. Hello, Sedant.

SE Yes, can you hear me?

TJ Yes, very well.

SE Thank you. My question basically relates to the community transmission as a term itself. The WHO's Coronavirus Situation Report 137 that was stated on June 6th still has India in the cluster of cases category despite the warnings of 3,000 cases and 7,000 deaths. Almost all the countries which have had about the same number of cases are in community transmission.

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Would you like to shine some light on this particular fact, that India is still in the cluster of cases and still has this high number of cases? Thank you.

MR No. I will certainly look into that. India's one of the most populous countries in the world so when you look at the distribution of cases across a vast nation then the actual attack rates per 100,000 population may be much, much lower whereas the same number of cases in a much smaller country may represent a much higher attack rate.

But I would have to take a look at those attack rates by state and at a lower lever. To be honest with you, I'm no 100% sure how India's specifically categorised at subnational level because I believe India's sub-categorising its transmission dynamics at subnational level as well and I would need to take a look and see how that is done. I don't have that data here with me. I apologise.

00:37:13

Only one thing to add; I can't answer the specific question you asked but the question about classifying where a country is within transmission can be done at a national level but what's more important is it's done at the lowest administrative level you can get because that's what will help you target your interventions who what is needed where.

It's not about which interventions; it's about the intensity of interventions that need to be focused on depending on that level of transmission. What we do know is in most countries and in all countries the virus doesn't behave the same way across the whole country, it's not the same.

You may have hot-spots and in many countries we're seeing these super-spreading events, these increased or amplified transmission in specific settings whether it's long-term facilities or whether it's expatriate dorms or whether it's churches. We need to make sure that what we understand about

transmission is evaluated at the lowest level possible because that will really help you be agile in the response that's necessary to break those changes of transmission.

TJ Thank you very much. We have time for one or two more questions. Let's go to Kai Kupferschmidt from Science. Kai.

00:38:30

KA Thanks, Tarik. I just wanted to ask for an update on hydroxychloroquine. There's some clinical data coming out now from the first randomised clinical trials and I'm just curious whether you were thinking at all about stopping that arm of the trial given that data.

MR The principal investigators and the executor group and others, I'm sure, will be looking at that data. They have certainly been in touch with, I think, the PIs on the Recovery trial, which, I believe, has indicated that it will be stopping the hydroxychloroquine arm in the study.

We will also obviously in due course have to look at our data. We don't have the same numbers of patients on the hydroxychloroquine so it remains to be seen how significant the effect is in this group.

But all studies are slightly different, all studies are designed in slightly different ways with slightly different endpoints so I'm sure the PIs will be looking at the hydroxychloroquine arm again of the Solidarity trial to see whether or not we need to again carry out an analysis, this time around the issue of clinical effectiveness and decide on that basis.

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But it is disappointing; it's always disappointing when any drug in any trial is not successful because obviously that's a potential lost opportunity for care but we have to continue to build up the evidence. One trial is never enough in terms of positive or negative signals of clinical effectivenesses.

Patients can differ, situations can differ, the therapeutic indications can differ and the outcomes being measured can differ. I'm sure the PIs and the group overseeing the Solidarity trial and they'll take the necessary action in the appropriate manner.

TJ Maybe the next question will be the last one. We have Thomas from Swiss public radio. Thomas. No, we don't have Thomas, it seems, so we will go to Nina from AFP.

NI Yes, hi. Can you hear me now?

TJ Yes.

NI Thank you for taking my question. To Dr Tedros, you mentioned in your introduction the protests that are rocking the US and also going on around the globe. I know there have been some suggestions that the

protesters should - especially in places in New York - should consider that they've been exposed and should quarantine themselves. Is this something that you agree with or how do you think they should proceed in addition to taking the precautions that you mentioned. Thank you.

MR It's difficult to speculate on individual situations and individual companies but the normal definition of a contact is someone who's been in prolonged close contact with a confirmed case of the DISEASE and in that sense someone who's just been at a mass gathering doesn't necessarily meet the definition of a contact in that context.

So then it comes back down to local public health analysis and local risk management. There may be situations with mass gatherings where a local public health official on the basis of caution could advise people either to quarantine or to get tested.

There are any number of actions that could be taken but by the strict definition of what risk is in the context of COVID-19, the riskiest situation to be in is to be in close proximity to a case, particularly a symptomatic case of COVID-19.

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We would hope that in any mass gathering now, in an situation where people come together people have had now four to five months to really internalise that someone who is unwell, someone who is febrile, someone who is getting ill should really be at home and not engaged in any public activity.

But we would always defer to national and subnational authorities if they wish and need to take necessary public health actions that are based on risk assessment, that are based on scientific evidence. Then we will defer to their advice they give to their communities in order to protect their health.

TJ Thank you very much, Dr Ryan. With this question we will conclude this press briefing. An audio file will be sent to you, as always, in the coming year or two and the transcript will be available tomorrow. We will keep sending you news from WHO regional and country offices from around the world. I wish everyone a very nice rest of the day or the evening.

TAG Yes, thank you, Tarik and thank you all for joining. See you on Wednesday. Have a good evening.

00:44:03