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Speaker Key

TJ Tarik Jasarevic
KF Keiji Fukuda
IN Isabelle Nuttall
SB Simeon Bennett
GS Gabriela Sotomayor
MF Miriam Falco
HB Helen Branswell
AG Anne Gulland
AN Amy Nutt
KW Karen Weintraub
JB Jason Beaubien
SN Stephanie Nebehay
LF Lionel Fatton
IM Ichiro Matsuo
LS Lisa Schlein
GV Gretchen Vogel

TJ Good afternoon everyone from Geneva headquarters of the World Health Organization. My name is Tarik Jasarevic and here we are to have a virtual press briefing following the third meeting of the International Health Regulations Emergency Committee on Ebola. Today with us, we have Dr Keiji Fukuda, WHO Assistant Director-General for Health Security and Environment, and Dr Isabelle Nuttall, Director of Global Capacities, Alert and Response. Before I give the floor to Dr Fukuda and Dr Nuttall, just to let you know that, as usual, we will have an audio recording of this press briefing immediately after the briefing is done and a little bit later we will have a transcript and we will have some video material for you. For journalists who are calling in, just to remind them that after the opening remarks you will be able to dial and to file your questions. To ask your question, please type 01 on your telephone keypad and then you will be placed in a queue to ask the question. I will give the floor now to Dr Fukuda who will give us the opening remarks. Dr Fukuda.

KF Great. Thanks, Tarik. Welcome everybody. It's good to see everybody. I want to welcome all of the media both in the room and then everyone who is on telephone, who is joining by phone. I think, as all of you know, we had the third meeting of the International Health Regulations Emergency Committee yesterday and what Dr Isabelle Nuttall and I will do is give you a brief overview of the meeting and then some of the important points which came out of that and then per usual we'll throw it open for questions.

This meeting was the third meeting of the Emergency Committee on Ebola and I think, as you know, typically we will bring together the Emergency Committee as needed if events are evolving or if there are new developments or if there are new recommendations which may be needed. And so yesterday we convened the group, and just to refresh everybody's memory the first time we convened the Emergency Committee on Ebola was back in August, and so this is the third meeting. And back in August when the group was first convened, that was when they declared the Ebola situation to be a Public Health Emergency of International Concern. That was one of the major outcomes of that meeting. And basically the thinking of the committee back then was that that action was needed really to try to prevent spread of the Ebola situation to other countries at the time.

Now yesterday, similar to how we typically run these meetings, the first thing that was done with the committee is that the committee reviewed the situation and they made some general observations and so let me note those. The first thing the committee noted that, as of yesterday, there were 9,936 cases which had been reported to WHO and among those people that 4,877 people had died. They noted that there continued to be exponential increase of cases in the three countries with the most intense transmission – these are Guinea, Liberia and Sierra Leone – and they noted that because of this the situation remains of great concern.

In their discussions they noted that there had been some important lessons which had been learned so far with regards to the control of the outbreak, and this is looking at the overall experience so far, and they wanted to highlight the importance of leadership – particularly national leadership – community engagement, the need for bringing in partners and more partners into the struggle against Ebola, the importance of paying staff and the importance of accountability. These were some of the things which the committee highlighted and they also noted that as the outbreak has gone on that the WHO, the other UN partners and a number of other international community partners had stepped up and scaled up their efforts to provide support to the three most heavily affected countries.

Furthermore, they noted that the outbreak was over in Nigeria and in Senegal. If you remember, these had been declared over in Senegal on 17th October and over in Nigeria on 20th October, and they were happy to note that and they also wanted to commend all of those who were involved with stopping the outbreaks in those countries. They also went on to note that there had been some recent cases reported in the United States and in Spain and that these cases had originated in travellers who had come from West Africa.

And then after they had this general overview and noted these points, per normal what they did was invite interventions from countries that were affected at the time and so there were interventions or points made by Guinea, Liberia, Sierra Leone, Spain and the United States. And, in essence, what each of the representatives from these countries did was provide an update of the situation in their countries and an assessment, including how well they thought that the temporary recommendations were being implemented in those countries. Based on that, the Emergency Committee unanimously agreed at that point that the situation continued to constitute a Public Health Emergency of International Concern.

There was then a break that was taken, and at that time, the representatives from the countries were taken offline, and then the committee itself had a discussion along with the advisors. This is the normal routine which goes on so there could be just a committee discussion. And in that discussion, what they emphasised was that the primary action, the most important action that needs to be taken is to stop the transmission of Ebola in the three most heavily affected countries and that they also noted that this was one of the most important things that could be done to stop the chance of international spread of the infection. They also noted, at this point, that specific attention needed to be paid to the needs of healthcare workers and they said this includes the healthcare workers who are going there to help and this includes the monitoring and follow-up of the health of these people who are responding to the outbreak when they return.

Now, the Emergency Committee at that point then reviewed the recommendations that had been issued earlier – the recommendations they issued 8th August – and then they also looked at what had been published on 22nd September following the second meeting of the Emergency Committee. And basically what they said was that all of those temporary recommendations made earlier remain in effect and remained relevant from their perspective. They noted that even though a few cases had occurred outside of the three countries with intense transmission that they felt, based on everything, that the measures recommended appear to have been helpful in limiting further international spread. They noted that there had not been widespread transmission of the cases and so, on that point, they wanted to emphasise that they thought the implementation of the recommendations was having a beneficial effect. They also then went on to provide some additional points and recommendations for the Director-General to consider in addressing the Ebola outbreak and so there are some more specific point. What I would like to do at this point is ask my colleague, Dr Nuttall, to go over some of the more specific points that were raised. Isabelle.

IN Thank you, Dr Fukuda. Good afternoon, good morning everybody. I will now tell you more about the specificity of what the committee recommended. The first part of their recommendation is addressed to states with intense Ebola transmission, and we're referring here to Guinea, Liberia and Sierra Leone. The first point was to say that exit screening remains critical for reducing the exportation of Ebola cases and this should be done with all people leaving international airports, seaports and major land crossings in these three countries. They explain what exit screen should consist of being, at a minimum, a questionnaire, a temperature measurement and, if fever is discovered, an assessment of the risk that the fever is caused by Ebola virus disease. They added that WHO and partners should provide additional support needed by states to further strengthen exist screening processes in a sustainable way.

The second part of their recommendation is addressed to all states. Here, the committee reiterated its recommendation that there should be no general ban on international travel or trade; no general ban on international travel and trade. They, however, of course, stand by their previous recommendation that people who are sick with Ebola virus disease or people who have been in contact with patients within the last 21 days should not leave their country. Again, having considered this, they reaffirmed no general travel ban and they provided some

explanation as to why they wouldn't recommend a general ban, explaining that this would be likely to cause economic hardship and could consequently increase the uncontrolled migration from affected countries, therefore raising the risk of international spread of Ebola. The committee emphasised the importance of normalising air travel and the movement of ships, including the handling of cargo and goods, to and from affected areas to reduce the isolation and economic hardship of the affected countries. They also added that necessarily medical treatment should be available ashore for seafarers and passengers.

The committee noted that a number of states have recently introduced entry screening measures. WHO encourages countries who are implementing such measures to share their experience and lessons learned. We don't have experience documented so far, so for countries implementing these measures it will be important that the lessons learned are shared. It was noted by the committee that entry screening may have a limited affect in reducing international spread when added to exit screening, so its advantages and disadvantages should be carefully considered. What was noted was that if entry screening is implemented states should take into account the following consideration. On one hand, it offers an opportunity to raise awareness on the issue by talking to individual people, but the resource demands may be significant, and management systems must be in place taking care for travellers and suspected cases, and that needs to be managed in compliance with international health regulation requirements.

Another point that was discussed is related to mass gathering. Currently, a number of states, without – without, I insist – without Ebola transmission have decided to or are considering cancelling international meetings and mass gatherings. Although the committee does not recommend such cancellation, it recognised that these are complex decisions that must be decided on a case-by-case basis. Now, WHO has already issued advice for countries hosting international meetings or mass gatherings and will continue to provide guidance and support on this issue upon request. The committee added that there should not be a general ban on participation of competitors or delegations from countries with transmission of Ebola wishing to attend international events or mass gatherings but the decision of participation, again, must be made on a case-by-case by the hosting country. It is clear that temporary recommendations relating to travel should apply in these specific cases and additional health monitoring may be requested.

All countries should also strengthen education and communication efforts to combat stigma, disproportionate fear and inappropriate measures and reaction associated with Ebola. Now, such efforts, if implemented, may also encourage self-reporting and early presentation for diagnosis and care, and this is very important, as you know.
Those were the key recommendations. Based on this advice and the information considered by the committee, the Director-General accepted the committee's assessment and declared, as Dr Fukuda said, that the 2000 Ebola outbreak in Guinea, Liberia and Sierra Leone continued to constitute a Public Health Emergency of International Concern. The Director-General endorsed the committee's advice and issued them as temporary recommendations under IHR. The Director-General, of course, thanked the committee's members and advisors for their advice and request their reassessment of this situation within three months or earlier should circumstances require.

TJ Thank you very much, Dr Nuttall. Thank you Dr Fukuda. Just to remind you that we have sent the statement an hour ago, so you should have it in your email. Now, we will open the floor for questions and, as we usually do, we will start with our colleagues here in the room and we will take three questions before we start taking questions from journalists who are dialling in.

IN And they can be in French, as well.

TJ And questions can be in French and would be answered in French. So, who do we have here in the room? Let's start with Simeon.

SB Simeon Bennett from Bloomberg News. Keiji, you said that the WHO and other partners have started to scale up the response and yet, as we saw in the SITREP yesterday, the numbers just keep going up at an alarming rate. How far away are we from actually having a response that starts to get a handle on the epidemic and how far are we from the point where we start to see the acceleration slowing down? Thank you.

TJ Thank you very much. This was Simeon from Bloomberg. Please state your name and the agency. Gabriela, please. Would you like to have a question? We will take three questions, as we said.

GS Yes, thank you. Gabriela Sotomayor of the Mexican News Agency, Notimex. Under what circumstances would WHO consider it necessary to close borders of any affected country to contain more transmission abroad? Thank you.

TJ Thank you very much, Gabriela. Any other question from the room at this point? I can't see any, so can we take those two question before we go.

KF Sure. Let me start out and then I'll see if Dr Nuttall has anything to add. Simeon, in answer to your question, there's an intense effort to step up the response, and so there are a number of partner agencies, the UN organisations themselves have really greatly stepped up the response by creating the UN mission, as you know, and as you've seen on a bilateral basis, a number of other countries have also stepped up their efforts in each of the affected countries and over the past several weeks there has been a plan, the so-called 70:70:90 Plan, which is to try to get 70% of the cases isolated, 70% of the cases safely buried and then targeting basically the beginning of December by when we hope to begin to see a so called bend in the curve. It's clear that it remains quite a challenge right now. We see the numbers still going up. We still see an extensive effort trying to catch up to the that curve and then get beyond the curve, but this is what we've been targeting and that remains true now.

And then in terms of the question when would WHO close borders? As you know, closing borders would be dramatic effect, and closure of borders are done by countries; it's not done by WHO. This is inherently a sovereign act by a country, so no country can close anybody else's borders; they can close their own borders, and so whether we're dealing with Ebola or anything else that would remain true and so that remains the responsibility of the country. I think that if a country approached WHO and asked us for advice or guidance about the closure of their own

borders then we would provide whatever advice we might give, depending on what the question is, but I just want to make it very clear that WHO would not be in a position to take that kind of action in and of itself.

TJ Thank you very much, Dr Fukuda. As we don't have any questions right now from the room I will call for three questions from our colleagues online. First, Miriam Falco from CNN. Miriam, could you please give us your question.

MF Hi and thanks for taking a question. I have a few. First of all how effective is exit screening really? I know you say it hasn't spread much, but the case that came to the United States suggests that there are some loopholes if the questionnaires aren't properly filled out. And what is the WHO doing differently now than it did in September when the second meeting happened, and in August when the first meeting happened and this was declared a public health emergency, and back in May when it sounded like the WHO was saying, hey, we're getting over this, we're on the back end of this, and March when we first learned about this? I think from an international perspective it's hard to see what's changing. The only thing that we see changing is that the numbers in the three countries still affected continue to go up and what's being done to stop that from happening?

TJ Thank you very much, Miriam. I would now ask Helen Branswell from Canadian Press. Helen, if you hear me would you please ask your question.

HB Hi. Thanks, yes, very much, I could ask two please. The statement this morning suggests that WHO and other partners could help the affected states with their exit screening. Can you flesh out what could be done there; how people could help make that more robust? And my second question relates to neighbouring states. How confident is WHO that this has not spread beyond the borders of the three most affected countries? I'm sure there's nothing magic about the borders of Mali or Guinea-Bissau or Côte d'Ivoire. Do we really believe that there is no spread in any of these neighbouring countries?

TJ Thank you very much, Helen, for this question. We will take the third one, and I'm calling Anne Gulland from British Medical Journal.

AG Hello. Sorry. Hi, there. Thanks very much for taking my question. I just wanted to ask a question about the entry screening in the UK. You said you want countries to share their experience, but what do you think of the entry screening? Have you looked at it in any detail? Do you think it's likely to work or that it's likely to pick up cases or is it purely a cosmetic exercise which is what a lot of people think, that it's more about allaying fear than actually doing anything concrete? Thank you.

TJ Thank you very much, Anne, for this. I will now ask Dr Fukuda or Dr Nuttall to answer some of those questions.

IN Okay, thank you. In response to the question on how effective is exit screening, we've been provided with detailed information on the number of people that are being screened, the level of information that is collected and we are better informed in terms of what is happening in

the three countries. Now, it is important to realise that exit screening is not going to stop everything. We've seen with the case that moved from Liberia to the US that the person had no signs and therefore the screening of the temperature could have not picked. It is important to reinforce the message of importance of the questionnaire and this to be done in a good way. We are confident that support is being provided by partner organisations working with the three countries and we will continue to accompany the efforts of strengthening the exit screening. What the committee requested very specifically and is important is for us to gather information and to be able to make this information publicly available. This is a great sign of confidence in a sense and will do so, and we really hope that by doing so everybody will have a better sense of confidence in what is being implemented. I don't know if Dr Fukuda wants to add something on that.

KF No. Well, I think that you expressed it well and I think the discussion was interesting at the meeting in that, again, one of the points which the committee really noted as how few cases, actually, had occurred. And they were really struck by that and they said we might have expected to see more people travelling. And so based on that, and I think based on some of the input coming in from our partner organisations like CDC who actually evaluated, sent staff and have been evaluating it and felt that the quality was good, that there was a lot of reassurance being provided.

IN Now, the question related to how to improve. Everything can always be improved so we will continue, first of all, improving by being able to provide information – and this is an improvement – by transparently sharing data related to exit screening and that requires, of course, some information management, so that will be a major improvement. Yes, I think that would be it in terms of confident about no spread.

KF Yes. Helen, maybe to go over that. This was also a topic which was discussed by the Emergency Committee and one thing to note is that at WHO we receive lots of rumours of cases. We hear about many rumours of cases in different cases and I think that probably you see the same reports but in fact most of these turn out simply to be rumours – they turn out to be negative – but we've also discussed that Ebola is one of those things which is really hard to cover up. You may have some cases which occur for a few days, for a week or two but if you're really having outbreaks in which lots of people are dying, given the extensive coverage in all the countries, it doesn't matter what country that you're in, you simply would not be able to cover up having lots of people die for mysterious reasons. And so I think that there is reasonable confidence right now that we are not seeing widespread transmission of Ebola into the neighbouring countries. It remains a big concern for everybody but we think that right now we are not seeing it. We think it would be very difficult to miss, basically.

TJ There was a question on entry screening.

KF Sure. This is from the BMJ; entry screening in the UK. Yes, I think that here the discussion also on entry screening was, I think, quite interesting and quite realistic. One, it was noted that to do entry screening you really need to consider a lot of things. You can't do entry screening just over night. You need to plan it out. You need a lot of resources to do it well and then you to think through a number of different steps. If you find people who have fever, how

are you going to handle them? How are you going to treat them? Where is that going to be done? There are lots of different things which have to be done. And then as to whether it's likely to work or not or the effect of screening; well, one of things that was noted that simply knowing that screening is going to occur anywhere, whether it's exit or entry screening that there is a psychological impact and that this perhaps in and of itself has a kind of deterrent effect for people travelling.

I think that the example of the person travelling to the United States was not really seen as a failure of screening per se which is usually set up to identify people who have illness because if you're travelling and you're perfectly well then you are travelling and you're perfectly well and this is very hard to identify at that point. That's one of the difficulties of infectious diseases. You can be infected and be perfectly well which is why it's possible for diseases to spread around the world even when try to institute screen and so on. So, I think that that's why the committee came up and said that this is really a case-by-case decision, it's impossible to give a blanket recommendation and that each country needed to assess their willingness to go through all of those steps and whether they felt that it was worth it or not. Thanks.

TJ Thank you very much. I just have here information that Miriam would like to have a follow-up. Miriam.

MF I'll try it again in a different way. Number one, with Mr Duncan, I don't think the failure may have been with the temperature screening – it is true, he didn't have a temperature – but that the paperwork he filled out did not reflect that he may have had contact with somebody who had Ebola. So, that's what I was alluding to and not the temperature. But to reiterate what was said by the colleague from the BMJ, there's a lot of questions on this side of the pond as well, that temperature screening alone that's really not very effective. But the other question I have has and there's been this report that came out last week about some internal reflection on how the WHO handled this Ebola outbreak, and not to belabour that, but what is happening on the ground in the countries – Liberia, Sierra Leone and Guinea – is that the cases continue to go up. What is changing on the ground? It doesn't seem to be that anything is changing because those numbers are only supposed to get higher. Your own reports suggest that they could go up to 10,000 cases per week in a month. So what is happening? What's changing? What are you doing? What is the WHO doing differently to prevent this from happening?

KF Miriam, let me go directly to these questions here. I think that there has been and there continues to be intense effort to try to set up everything which is needed to deal with the outbreak. So, for example, a lot of effort has gone to help build some of the clinical beds which are needed to take care of people who are sick, again the reasoning being that if you can get people who are infected and who are sick into treatment centres or into community care centres you can then break the chain of transmission. In the end, this is what's needed to break the outbreak. But, as you know, it has been terrifically difficult to get enough health workers, both domestic health workers as well as international health workers, and this continues to be one of the major challenges. So, while we continue to try to get the healthcare workers, try to get the clinical bed capacity created to try to do that, we are still running into the same problem that it is simply very hard to get enough care workers to help take care of the people who are infected.

However, in addition to those kinds of efforts, there has been tremendous work going on to try to ensure that there is more and more coordination among the different groups that are out there. This is part of the UN mission, which is to increase the coordination and have less wasted effort there. At WHO there is a lot of effort, as you know, going on to accelerate the availability of vaccines and therapeutics and, in addition, we are working quite closely with the countries in terms of increasing their levels of preparedness both in Africa but also in the other regions. And so all of these actions are taking place; some of them may be a little bit invisible to most people who are not watching the overall response very well, but still a huge amount of effort. And then ongoing efforts to get experts out there, experts from the various agencies in varied countries out there. All of that continues. We have now, some weeks ago, passed the 600 mark in terms of getting technical experts out into the countries. Those efforts continue.

TJ Thank you very much. I will go for a couple of more questions from journalists online. I will call Amy or Emma Nutt – I'm sorry we didn't get the name right – from Washington Post. Emma.

AN Yes, thank you. Amy Nutt from the Washington Post. This is a two-part question. First, can you tell us how many active cases of Ebola there are in the three affected countries, whether it's the last seven days or 21? And, secondarily, whether or not there's any sign, at all, of a lower R0 rate, from 2.0 to something lower?

TJ Thank you very much for this. I will ask Karen Weintraub from National Geographic to ask a question.

KW Hi. Thanks for taking my call. I was wondering what role you think the public should be playing right now. What should people in West Africa, people in the United States be doing and thinking right now to help this effort?

TJ Thank you very much, Karen. The last one in this round is Jason Beaubien from National Public Radio.

JB Yes, the CDC just inputted some new regulations for people returning from West Africa, from these three countries. They're going to have to be screened, have contact daily with local health officials, and local health officials are going to make determinations about whether or not those people are going to be able to travel in that 21-day period after they return. I wonder if you are concerned that this might make it more difficult to get more health workers, particularly from the US to come and help; health workers and other experts to come help fight the virus and fight the epidemic on the ground.

TJ Thank you very much, Jason, for this. We have three questions, so if you would be… Both.

IN In terms of the current number of cases, for the last seven days the total is 976. These are the cases including confirmed probable and suspected, which is the way we're reporting for the three countries in Guinea, Liberia and Sierra Leone. Next question was…

KF Sure. Let me take the second part to the question from Amy at Washington Post. Has the R-nought changed and just to explain to everybody the R0 or the R-nought is a number which tells you, on average, how many people does a person who is already infected pass infection on to, and so, if it's more than one person then your outbreak gets bigger, if it's less than one then your outbreak begins to die out, and so one of the things that we always hope to see is that the R-nought gets below one. Right now we don't see any evidence of the R-nought changing. and it's not something that you measure every day. It's only something that you can do every once in a while because you need a lot of information on different cases and different places but right now we don't have any evidence that that is changing in and of itself and it's typically an estimate which is made.

IN The question on what should public do in West Africa. Well, the first thing is to focus on the information related to the outbreak and to understand that there might unfortunately be some cases introduced but that it is possible to deal with this outbreak and that requires an active participation from the community; from the person themselves in terms of immediately signalling themselves to the health authorities so that they can get early treatment; important to be able to understand and repeat the message that early treatment increases the chances of survival, so very important for people to be treated; very important for them to realise that this is a real disease and that it is relatively easy not to be contaminated by avoiding contact with a sick person. So, the key messages are already all over West Africa. They need to continue being repeated. More importantly, healthcare workers need to be sensitised to the standard precautionary measures, being able to have good infection prevention and control measures in place independently of the type of person they are taking care of because we know that having good infection prevention and control measures in place is the key to the success of dealing with the first cases.

KF And then if I can just add on to what Isabelle said the second part of the question, what can people in other countries do? I think one part of the discussion among the Emergency Committee was really important in this regard. One of the things they noted is that of course Ebola causes a lot of fear – you have to be afraid of an infection which can have a high mortality like this – but they also noted that this was a situation in which oftentimes there was almost a disproportionate level of fear. They noted that in a lot of instances that there was stigma associated with people who may have contact. There could be stigma even with people who have recovered from the infection and that a lot of times a lot of the discussion, a lot of the actions appear to be driven more by fear than by really thinking through what are the best steps to take and I think that this was an important observation and I think it's really appropriate for everyone, everyone everywhere and so on. I just want to pass that along. I think it's an important point for everybody to consider and think about.

Now, in terms of I think the third question which came could the screening of returning health workers or others have a dissuading effect from volunteering? Do we have concerns about this? And I think that right now this is an action which is going to be put into action, and I think that it's possible to see that for some people it may have dissuading effect, for other people it may have reassuring effect. I don't think we really know what the balance of these things are going to be, but in looking at how other screening measures have been taken we've seen people react in both ways and so I think we'll just have to see how this balances out.

TJ Thank you very much, Dr Fukuda. I have now a couple of questions here in the room. Stephanie, please.

SN Thank you. Stephanie Nebehay, Reuters. Could you say something about some of the simpler measures until the vaccines and drugs get into the affected countries. What can be done in terms of the oil rehydration salts, and I understand that there might be some shortages or run on those? How effective have they proven to be? Are there sufficient stocks? And then separately, just getting back to the travellers information, how many people… If you're collecting data and have transparent information, do you have data on how many people may have been actually stopped with suspicious fevers or other symptoms?

TJ Thank you, Stephanie. Maybe we will take Lionel.

LF Lionel Fatton, Japanese news agency, Kyodo. You mentioned the deterrent effect of exit, well, screen in general. I was wondering if WHO is afraid of the possibility that a growing number of people in the three affected countries voluntarily will try to escape their countries to get cured in Europe, in the US because of their overstretched health system in Liberia, Guinea and Sierra Leone.

TJ Thank you, Lionel. And maybe please.

IM Yes, Ichiro with the Asahi Shimbun Japanese newspaper. Could you clarify the idea of the mass gatherings? So cancelling can be or should be decided by a case-by-case basis and also participation decided by the case-by-case by the hosting country. Could you clarify, more easy to understand?

TJ Thank you very much. So, we'll have three questions.

IN Maybe I'll start with the last one on the mass gatherings as to what we mean. First of all, any time a major event is organised it requires a lot of preparation by the hosting country, and WHO has been used to providing support to hosting countries in helping them doing a risk assessment of what this event might have for impact on the country. It relates to infectious diseases but to also many other factors that have to be taken into consideration. And in the particular situation we would just do the same, work with the country and examine with them what we are really talking about, how many people would come, where they would be hosted, what type of facilities they will stay and all these elements have to be taken into consideration for the host country to take their decision.

AS So, it is acceptable? Sorry, cancellation or limiting the participation, such a decision can be acceptable for WHO?

IN What we are saying is that we're not saying that everything needs to be cancelled and we will provide support, then the country will decide and we will recognise the decision of the country.

KF Let me take up some of the other questions. I think the second question, then

Stephanie we'll come back to your question which was the first. With screening, are we concerned that in fact it may lead people to leave the country and to go to Europe or other places to seek care? I think that one of the facts of the area is that already among the three countries with the heavy transmission you do have people crossing the borders. I think this is clear. This has just been a way of life for people living there and so you do have that crossing of the borders, but as we discussed earlier we haven't seen big outbreaks appear in other countries in the surrounding area. We have noted that there have been some travel-related cases; there's a person who went to Nigeria, there was the person who travelled to Senegal and the more recent cases or the recent example of the person travelling to the US. And so I think that it, of course, remains a concern that we will see spread of the infection outside of those areas and then this is most likely to be done by somebody travelling, but I think that it is, with exit screening, in particular, it probably does have a quite important deterrent effect, and I think with the exit screening in place we have not seen the scenario that you're raising right now. So, of course, we want to make sure that while people are taken care of appropriately, while we make sure that people are handled in appropriate ways, we don't see this as a big effect right now. Anyways, we'll keep looking for further spread of infection, but we simply haven't seen it.

Then, Stephanie, to go to your question, what can be done? One of the things about – and you were asking specifically about oral rehydration fluids – one of the things about Ebola infection is that when you have this infection people really require lots and lots of fluid to be treated, so this can be given either intravenously or it can be given through oral rehydration, and so basically give people water to drink with oral rehydration salts and try to take in as much as you can. There are no studies that I know of right now which compare whether… how oral rehydration compares with intravenous fluids. I think that the basic point is that if you have someone who is infected you should use whatever means that you have available to you to try to get them as much fluid as possible. I don't really think we're going to see studies and head-to-head comparisons, it's just not a situation where you could do that.

TJ Thank you very much. If we can go to the last round of questions from online journalists, I will call first to Lisa Schlein. Lisa, can you hear us?

LS Hi. Yes, I just returned from the United States and I must say I had a feeling that there was a sense of almost mass hysteria there over the one Ebola death and the two nurses who unfortunately got infected by the disease and I'm wondering whether such an over the top reaction is warranted and there's also what your reaction to it is. Also, there appeared to be a lot of misinformation about Ebola, excuse me, generally in the media from what I could see and I was wondering whether in some perverse way for selfish interest whether this push is a sense of international support, greater support for the needs of the West African countries.

TJ Thank you very much, Lisa, for this question. I will ask Gretchen from Science to tell her question. Gretchen.

GV Yes, Gretchen Vogel from Science. I was curious, in the situation report yesterday it was mentioned that in Liberia in the Lofa district there's been a sustained drop in newly reported cases and confirmed cases, and I wondered if you could talk about what you think

might be going on there. Are they doing something right? Is it a lull before another storm comes? What's going on there?

TJ Thank you very much, Gretchen. And last one, it's again Helen, who has a follow-up. Helen.

HB Hi. Thanks very much. I wanted to pick up on something that Keiji mentioned earlier about, I think, WHO having about 600 technical experts in the field. Are those people who have gone out through GOARN and how is GOARN doing in recruiting people? Also, I was wondering about whether you're seeing a flattening out of infections of healthcare workers. Obviously it's been way too high, but I've been watching the numbers in the situation reports and they don't seem to be growing at a large rate at this point and I'm wondering if you're hoping that that has kind of flattened out.

TJ Thank you very much, Helen. So, we have a couple of questions here.

IN First of all, in terms of Lofa, what we know about the situation in Lofa is that there seems to be greater involvement of the communities themselves in terms of talking about the disease and being actively involved in seeking treatment and avoiding families from being contaminated. So, this is very important and that reinforces what we believe is really needed is community involvement. It's still too early to draw a conclusion. We'll have to continue following-up. We know for sure of similar examples in Guinea, in Télimélé, for example, where the same happened where communities were actively involved and fought together and managed to immediately stop the chain of transmission. We hadn't seen anything like that elsewhere, so Lofa is something interesting to watch and for us to learn lessons.

Experts deployed through GOARN. GOARN continues to be very active and the partners that are being deployed are, for most of them, part of the GOARN network and it is important that they continue to be involved. We have sent another call to GOARN partners, Francophone partners actually. Guinea requires additional help and it's proved to be a little bit difficult to find Francophone partners to be deployed, so we are continuing to work and hope to get additional support. France has stood up and additional Francophone would be required.

The flattening of the healthcare workers, yes, it's a fact for the time being so we need to continue watching. The curve is indeed decreasing for the time being. The numbers are so small in a sense that it would be too premature to draw any conclusion and all attention should continue to be paid on healthcare workers in terms of information, proper use of PPE because they're a very vulnerable group, as you know, being on the frontline.

KF I think there were two questions and then, Stephanie, I can see that your question was not answered to your satisfaction, so let's go back to that. But I think Lisa asked a question first just on returning to the US. All I can say is that, again, this is an infection which leads to fear. It simply leads to a lot of fear and I think that certainly one should have a very healthy respect for this infection, and certainly there are instances where fear makes sense. But I think it's also an infection which has ignited very high levels of fear and I think this is why the Emergency Committee was using that phrase, I think, disproportionate fear and that that can really cloud

the judgement of people both in the general public and decision-makers and so they wanted to note that, like stigma, it is not something which is all that helpful, and I think I'll just leave it at that. And then maybe we can just go back to Stephanie so we can answer or really answer the question you wanted to ask.

SN Well, actually on the oral salts I was asking whether there was any shortages or run on stocks on those, and then the second part, I think, was missed entirely about any data you have on people picked up at airports who may be infectious.

KF Do you mean airports in the countries?

SN Yes, exits.

KF Okay. In terms of stocks of oral rehydration salts, I don't know. I personally don't have any knowledge about the stocks are like and I think that we can certainly check on that but that's something that I don't know off the top of my head. And then in terms of how many people have been stopped with fever, there was a figure given in the meeting but…

IN Yes, I wrote it down and I have a blank. We can send it to you. Apologies. We have it.

KF Yes, we'll have to come back.

IN All of you.

KF Sure. We'll come back, but right now I actually just can't remember what the figure is.

IN Again, just to pose on that, being aware that there are clear messages sent to people to indicate that they shouldn't be travelling if they are sick. One should not believe that if nobody is picked or if there are small numbers of people picked up with fever it means that the exit screening is not working because it's a combination of telling people if you're sick you don't travel and then we're double checking. So, if the first message is well heard you would expect that you don't see anyone who has got fever travelling and exit screening is here as a double protection, so we all have to be very careful in how we're going to use these numbers by not necessarily indicating that it's useless because nobody is picked up.

KF Yes. I think that's a really important point which is emphasised by some of the people who have been working on screening and infection control for many years through many outbreaks and in thinking through how do you measure the effect of it? They were the ones who really brought up the deterrent effect and that numbers, in and of itself, can be a little bit misleading. I think the other point I just want to say is that earlier when I had said 70:70:90, that's when that first came up, which was probably about a month ago, six weeks ago. So, really, we are aiming for 70:70:60 or 70:70 beginning of December, I should say. So, having 70% of people who are infected in isolation, in treatment; 70% of burials taken place safely; and then we hope to see a bend in the curve around the beginning part of December. So, just to put that correction out there.

TJ Thank you very much, Dr Fukuda, and as I don't see any more questions here… Simeon, maybe the last one for you.

SM Last one, just on the provision of aid. Obviously, we've seen, as we've spoken about, a lot of international partners, bilateral partners increasing their aid. Can you talk about the actual dispersement of aid and how much is getting through and making a difference or are there problems with funds being held up in some kind of intermediate holding pattern? Thank you.

KF Simeon, I think that the overall request that has been put out for funds through OCHA as a kind of blanket request for funds was for approximately $1 billion and, to date, about $420 million has been received, so somewhere around 42% of that funding has been received with a little bit more in terms of pledges made but not yet received. And so the actual distribution of the funds: I can't tell you where the funds are right now. Anyways, that's the overall funding picture right now.

TJ Thank you very much. As I don't see any more questions I would just remind you that the audio file will be available soon and then later we will have a transcript and video material. Also, just a last point is that during this press briefing we sent you an invitation for another virtual press briefing that will take place tomorrow here at two o'clock Geneva time, and this is on a meeting that has been taking place today on access and funding for vaccines, so we hope to see you tomorrow again. Thank you very much and have a nice day.

KF Thanks everyone.