



World Health Organization

WHO Virtual Press Conference following High Level Meeting on building resilient systems for health in Ebola-affected countries

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Speaker Key:

PS Dr Peter Salama
MM Dr Matshidiso Moeti
TJ Tarik Jasarevic
DG Denise Grady
GV Gretchen Vogel
TM Tulip Mazumdar

TJ My name is Tarik Jasarevic, and I welcome you today for the press briefing regarding the Ebola situation in the Democratic Republic of the Congo. Today with us we have Dr Peter Salama, who is WHO Executive Director for Health Emergencies Programme, and Dr Matshidiso Moeti, who is WHO Regional Director for Africa.

Before I give floor to our guests for their statements, I just want to remind you that journalists who want to ask the question, please type 01 on your keypad and you will be put in line in a queue to ask the question.

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I would also like to remind you that we will send the audio file from this press briefing in an hour after the press conference is finished. So, now I will give the floor first to Dr Peter Salama to give us his opening remarks. Dr Salama.

PS Thank you so much. Welcome to the press briefing. I'll start with some of the basic facts about this outbreak. In total, as of today, we had 20 cases of Ebola. Two are laboratory confirmed and 18 others are suspected. In totally three people have unfortunately died since the outbreak began.

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In Likati Health Zone in Bas-Uele province, which is in the north of the Democratic Republic of the Congo, not far from the border with the Central African Republic.

This is not the first outbreak, of course, of Ebola in the Democratic Republic of the Congo. In fact, it's the eighth, dating back to the first outbreak in 1976, and most recently in 2014 where there were 66 cases of Ebola, including 59 deaths.

I want to briefly describe the chronology of events. As we trace back this outbreak, we believe it began with what we call the index case, the first case on 22nd April. This was a 39-year-old man who presented with fever, vomiting and bleeding symptoms. And unfortunately died on the way to the general hospital in Likati.

His two closest contacts, a carer and the motor cycle driver who transported him have also since passed away.

It's important to note that Likati Health Zone is one of the most remote parts of the Democratic Republic of the Congo. It is a full 1400km from Kinshasa, and 350km from the nearest major town, Kisangani.

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There are only 20km of paved roads in this area, and virtually no functioning telecommunications. It's also an area that has been subject to insecurity and displacement. The Lord's Resistance Army is believed to be active in the area, and there are displaced populations from the ongoing conflict in the Central African Republic.

In terms of the rest of the chronology, on 9th May WHO noted a cluster of unexplained illness and death, all with haemorrhagic or bleeding symptoms from the same Likati Health Zone. On 10th May WHO, with the government and the Ministry of Health, and the NGO ALIMA, deployed its first team to the field.

On 11th May, late in the evening, lab confirmation was received of Ebola from the National Reference Laboratory.

On 12th and 13th May the government and WHO officially notified all Member States of the outbreak and public announcements were made. The Incident

Management System, our emergency management system of WHO was activated the same day.

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Further surge teams were deployed from Geneva, and from the African Regional Office on 15th May, and due to a close collaboration with WFP and the UN, were able to receive air support through aeroplanes, small aircraft, and helicopters, to deploy our teams to this remote zone. And the first surge teams reached by aircraft with Ministry of Health and multi-agency personnel, yesterday.

In terms of the response, this is of course being led by the Democratic Republic of the Congo's Ministry of Health, and through the activation of our Global Outbreak Alert and Response Network, we've mobilised a number of partners. Including the World Food Programme, UNICEF, The International Federation of the Red Cross, and of course are working closely with ALIMA and MSF from the NGO community, and the Centers for Disease Control in Atlanta.

As per best practices in Ebola, the response pillars include heavy focus on surveillance, getting the best information we can on the people who've been infected, contact tracing, case management and isolation of cases.

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And very importantly, community engagement, to ensure the community is very much at the forefront of this response.

Our immediate priorities are to follow the 400+ contacts of the cases that we have already recorded, to establish-- and the good news is, this has been established now, as of yesterday--the first Ebola treatment centre in Likati General Hospital. Ensure that health workers and carers are protected with personal protective equipment, by supplying the equipment. Constructing and deploying a mobile lab, which is in process as we speak. And ensuring that we do the immediate repairs to airstrips and to telecommunications that will allow the operation to continue successfully.

Our immediate priorities with the government and partners will cost about \$10million for the first six months.

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Overall, WHO has determined that the risk assessment for this event is high at the national level, medium at the regional level, and low, as of now, at the global level.

The reason for this determination of the risk assessment is that we believe that the Democratic Republic of the Congo's government has strong experience, as do the partners, in dealing successfully, and a proven track record of managing Ebola outbreaks.

However, we cannot underestimate the logistic and practical challenges associated with this response in a very remote, insecure part of the country. As of now, we do not know the full extent of the outbreak, and as we deploy teams over the next few weeks, we'll begin to understand more and more exactly what we are dealing with. And we'll be able to update you further.

We've also learnt never, ever to underestimate the Ebola virus disease, and we will be remaining vigilant, and ensure that we have a no regrets approach to this outbreak as we move forward.

00:07:01

Finally, let me say a word on the issue of vaccination, which has been the subject of some discussion. What are the facts?

At present, there is no licensed vaccine for Ebola virus disease. We do have, of course, a very promising vaccine candidate that has shown efficacy and safety in a ring vaccination trial conducted in Guinea in 2015.

In order to deploy this vaccine as an experimental vaccine, we need to seek the full acquiescence of the National Regulatory Authority in the Democratic Republic of the Congo in order to use the vaccine under what we call an expanded access framework for compassionate use.

That will also require that we have a full study protocol approved by the local ethics review board, and that we have the logistics in place to manage a ring vaccination campaign, which would focus on the contacts, the contacts of those contacts, and particularly on health workers.

Just a note on the logistics. This vaccine requires it to be kept at -80°C. So, as you can imagine, in an area without telecommunications, without road access, without large scale electrification, this is going to be an enormous challenge to mount.

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But we're committed to working with the Democratic Republic of the Congo, MSF, ALIMA, Merck and the other partner agencies to implement a vaccination campaign, should the government give us the green light.

I thank you and hand over to Dr Moeti, the Regional Director for Africa Region in WHO.

Dr Matshidiso Moeti (MM) Thank you, Peter. And good morning to all the journalists. I'd just like to, after this comprehensive overview by my colleague, give me own impressions and my own involvement in this response by WHO to support the Democratic Republic of the Congo.

As has been said, this outbreak was declared by WHO and the Government on 11th May. And I [would] like first to start by congratulating the Government for being so quick, within 24 hours, to make this declaration of the confirmation of the positive result of one of the patients, of the first patients.

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This is what we'd like to see, as WHO, in the implementation of the International Health Regulations. And, as WHO, we are also urging other Member States to support the Congo and not to isolate them, having taken this important step of declaring their outbreak.

I decided on 13th [May] to visit the Democratic Republic of the Congo to discuss with the Government, with partners, ways in which we could work together to mount a rapid and effective and coherent response to this outbreak.

So, I had the opportunity to meet with the Minister of Health, with the Governor of Bas-Uele, who happened to be in Kinshasa, and also with the UN Resident Coordinator, who also heads the United Nations' mission to the Congo.

I was also able to attend a coordination meeting on a Saturday morning, organized chaired by the Minister, with all of the partners — both other UN agencies, like UNICEF; bilateral agencies, like the US Centers for Disease

Control; the USAID; the UK DFID; and other bilateral partners who support health in the Congo. And a number of non-governmental organizations.

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So, that is a strong, multi-sectoral government and partner coordination mechanism which has been established in the capital, Kinshasa, and is mobilizing the contribution of everybody.

So, I was impressed by several things during this visit. First of all, by the clear vision of the Minister and the Governor, two key leaders in the response, and by the strongly expressed determination of the partners to support the Congo in mounting this response.

For example, the UN Resident Coordinator offered the logistic support of the UN mission. My colleague has already indicated that the logistics of operations towards this in this area are going to be a huge challenge. In my view, they're actually going to be the biggest challenge that we are going to face.

So, the UN mission has already offered their helicopters, [which] are going to serve as a bridge between the Likati, the local small town near the epicentre of this outbreak, and Buta or Kisangani, so that we can be able to transport people, and equipment, and supplies to the local area where they're needed.

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And the Resident Coordinator assured us that he already has an operation going in Kisangani and he's ready to redeploy his resources from that to this acute emergency that's affecting the Congo.

I also saw a keen interest on the part of the bilateral partners to know exactly how money is needed for this operation. I understood this to mean that they are ready to provide support.

I'm also very impressed by the fact that despite the distance and the difficulties in reaching the, both on the government side, and also on the partner side. We are already on the ground locally in Likati.

WHO, MSF, UNICEF and the Government have already deployed advanced teams and additional experts. I believe we now have 20 WHO staff at the provincial level and some at the local level in the form of epidemiologists, data experts, GIS experts, [and] logisticians, who are going to support this work. And UNICEF, I know, is going to be focussing very much on social mobilization and they already have their local experts on the ground.

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Médecins Sans Frontières is going to lead in the establishment of treatment centres and we're already working with them. I believe one treatment centre locally is already up and running and we are in the process of establishing a second treatment centre.

So, I've been very encouraged by this rapid response. And I'm also noting the fact that the WHO experts that we first deployed are in fact Polio staff who have been in place to support the Polio eradication programme in a number of countries, including in the DRC. And they've been the people that are leading surveillance in the country.

So we have been able to leverage these Polio capacities to take the first role in confirming the cases and in carrying out surveillance.

So, to conclude, I'd like to reinforce my colleague's emphasis on the importance of logistics in this area. We are very optimistic that the Congo has extensive experience in addressing and dealing [with] and controlling Ebola outbreaks. While the very difficult situation in West Africa was taking place, the Congo did manage to quietly get on with controlling an outbreak that took place in one of their provinces.

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However, we don't [under]estimate the challenges that are facing us in this area and I'm very encouraged that we have shown the determination by the Government, by WHO, by the other partners, to work together to mount a response, which I'm very optimistic is going to get us where we'd like to be: A controlled, short-lived outbreak of Ebola, as they have seen in the past in this country.

Thank you.

TJ Thank you very much, Dr Moeti and Dr Salama, So, we will now go to questions. And I would like to remind the journalists who are online to dial 01 on keypads so you can get into line for, to ask questions to our speakers.

We will start with Denise Grady from New York Times. Denise, can you hear me?

DG Yes. Thank you. Can you hear me?

TJ We can hear you very well. Please, go ahead.

00:15:18

DG Okay. Thanks. Could you tell us, please, you mentioned a number of patients, where are they all? Are they all in Likati, or are they in different areas? And you mentioned the teams are in Likati. Is that the final destination for them, or are they going to be trying to get to Nambwa ?

PS Okay. Let me give you initial response to your question. So, yes, they're all in Likati Health Zone, but they're in four areas of Likati Health Zone. And you've mentioned the epicentre of the outbreak in Nambwa.

So, the initial bases will be set up in and around Buta, but we are deploying field teams to the epicentre. So, those teams are on their way as we speak. So there'll be teams in all those locations, and we will be setting up logistics bases in all those locations.

In terms of the mobile lab, there'll be a mobile lab at the general hospital, and then one also at the epicentre.

DG Okay. Thank you.

TJ Thank you very much, Denise. If I'm not mistaken, we have Gretchen Vogel now on line. Gretchen?

00:16:45

GV Yes. Hi. My question is similar. There have been reports of another case other on, in Haute-Uele. Sorry for my pronunciation. The province that borders South Sudan. Is that true, or are you guys aware of that, and how does that fit into the other reports?

There was also, in April, an outbreak of an unexplained disease in, sorry, somewhere between Likati and... Oh, I don't have my map in front of me. But there have been a couple of unexplained outbreaks in the Tshopo region, which is also in that general area and on that one road.

Can you explain any of those? Is this at all connected? Is it possible that the outbreak is a lot bigger than is currently recognised?

PS So, you're absolutely right that there is another outbreak that we are tracking in Tshopo Province. It is several hundred kilometres away from this outbreak. There are some clinical features in common, particularly fever, nausea and vomiting.

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But as of now, there haven't been reported haemorrhagic symptoms associated with that outbreak, which is several hundred people. There have also been lab confirmations of a dysentery causing bacteria known as Shigella from some cases associated with that outbreak.

So, at this point we do not think that the outbreaks are linked, but we are remaining vigilant and open to those possibilities. So are continuing to look at diagnosis that's broader than just the Shigella outbreak that's been confirmed.

GV Okay. Thank you.

TJ Thank you very much, Gretchen. I will apologise. Sometimes we have problems of getting right names through our system here, but I think we have a journalist from BBC. And I will apologise because we were not able to record the name. So, if there was a journalist from BBC online, please go ahead.

TM Hi. It's Tulip Mazumdar.

TJ Tulip, really sorry we were not able to get your name. Please, Tulip, go ahead. I think we lost Tulip. Tulip, can you hear us?

00:19:27

Okay. We will wait. If, Tulip, you would like to press again 01 and get in a line to ask questions, I'm waiting for you. Maybe I would like just to ask a question to Dr Salama. The question that we've been receiving about funding for this outbreak, and whether the newly established contingency fund has been used for the response.

PS Thanks for the question, Tarik. So, as part of the reforms that have taken place across WHO after the West African Ebola outbreak of 2014-2016, we have implemented some new measures to allow us to be faster and more robust in response to these kinds of outbreaks.

And one of which has been extremely important. That's the establishment of what we call the Contingency Fund for Emergencies, which allows us to deploy money immediately, as soon as we get confirmation of an important outbreak. And really, the idea here is to stop an outbreak early on in its tracks, before it becomes out of control.

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And so we have been able to use the contingency fund for this outbreak, to deploy an initial surge team from Geneva, and from AFRO. So that has really assisted us.

We've also used that fund to guarantee the payments necessary for some of the air assets that we'll be using in this response. The helicopter and the light aircraft support that Dr Moeti was talking about earlier. So, it's been extremely important, and we'll now use the fund to scale up the initial teams that are going out to do the contact tracing, establish the first Ebola treatment unit, establish the mobile labs, and working with UNICEF and other partners on the social mobilisation. So, it's already proven extremely useful.

We do, though, anticipate that the extent of need for funding, given the logistical difficulties, will soon outstrip the contingency fund. And as I mentioned, our projection for the first six months is that we'll need around \$10 million. Not just for WHO, but for all the partners responding.

TJ Thank you very much. We have Tulip Mazumdar back online. Tulip, can you hear us now?

TM Hi. Yes. Sorry about that.

00:21:49

TJ Please, go ahead.

TM I just want to ask about the vaccine. Has the government of DRC asked for it? I know that they have to go through a... You know, you mentioned they have to go through a process to get it, permission to get it used there, but have they actually asked for it? And if they have, where are you up to with actually getting it over there?

PS So, I'll start. Maybe Dr Moeti will want to add. We haven't received an official request yet from the Democratic Republic of the Congo's government for the vaccine.

As I mentioned, there's several elements here. It has to be approved by the National Regulatory Authorities, as it's an experimental vaccine. The study protocol under which the vaccine would be used also has to go through ethical review, and then the logistics have to be in place.

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So, we're working on all of those elements, so that when we get the green light we can move extremely quickly. Until those elements are in place, Merck, who's the manufacturer of this vaccine, will not even allow that vaccine to be moved from its location in the US to the site.

We are also working, and thanks, with our gratitude to the government of Guinea, to move the cold chain [?] logistics from Guinea to the Democratic Republic of Congo, so we can utilise that immediately.

One important element to remember though, everything we're putting in place on the basic epidemiology... So, the contact tracing, the documentation of where the outbreak is, is actually critical for the ring vaccination. Because remember, we're not doing a general population immunisation here. We're doing a vaccination targeted at the contacts and contacts of the contacts. So, all of that basic detective work that we do in epidemiology, which is important for the overall response, will also be critical for implementing the ring vaccination programme effectively.

Dr Moeti, do you want to add?

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MM Yes. I'd just like to add that the government, we have not received, as Peter said, an official request from the government for this vaccine, but they've been made aware that this possibility exists. Both to benefit from this new tool, and also to add their own support in the testing of this vaccine. This is still an experimental vaccine, as you well know.

They're in the process of considering this. The Minister is aware. He has asked the National Regulatory Authority leadership to look at the protocol. And we are quite optimistic that in the quick way that they have responded to the need to take action on this vaccine, they will look, work with us to consider this and make their decision about this vaccine.

So, this is in process. We are making all the preparations possible so that when a decision is made, if we're going ahead, this can be done relatively quickly. And it's an opportunity to have a further look at this vaccine, which will be a very important tool, we feel, among others for the control of this disease in Africa.

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TM May I just ask a follow-up very quickly to that?

TJ Please.

TM Which is, what's the quickest this could get out if the DRC government made the decision sort of, say, today? What would be the quickest the rest of the things...? Sorry. What would be the quickest it could come?

PS So, the vaccine can move very quickly. So, as soon as we have the logistics in place, which can be put in place given that it's in Guinea, which is close by, within two to three days. Then the vaccine can be shipped. So we're talking about a few days to move the vaccine.

But remember, it's not just the vaccine that needs to be in place here. This has to follow a detailed study protocol which includes informed consent of all the potential recipients, a very close monitoring for any adverse events associated with the vaccine. So, it does also require trained personnel and quite a large number.

So, we're working with Médecins Sans Frontières, ALIMA and other partners, who will also have offered to help assist in working with the government of the DRC to actually put together the teams required to go out and implement the actual campaign.

So it can move in a matter of days, and we are, as Dr Moeti said, putting all of the preparations in place so that it can go at that speed as soon as we get the green light.

TM And sorry, just so I'm clear. So sorry about this last thing. So, it would be a matter of days to physically get it there, but potentially a matter of weeks to get everything else in place? It would be a matter of weeks?

PS I wouldn't say weeks. As I said, the preparations are in place. We could potentially mount a campaign within around a week, given all of the conditions that I've said are met, and all of the partners are supporting. That means all of the personnel, the financing, and the logistics are in place, which is a complex exercise, but that can be mounted quickly.

TM Thank you very much.

00:26:57

TJ Thank you, Tulip. We are also streaming this press briefing on Facebook, and a number of people who are watching us are sending their questions. So, I will just pass on question on travel restrictions, possible travel restrictions and why they are not needed right now.

MM Well, if I may respond, as we've said, this is a remote area in the Democratic Republic of the Congo, where the challenge is actually to travel there, and to be able to operate. I think we've discussed in some detail the distance. At the moment, the road, I believe the road between Kisangani and Likati is such that you can take a car, a vehicle only a certain distance, and after that you'd need to get on a motorbike and drive that through the forest.

Clearly there is need at the border with the Central African Republic because there are people moving back and forth between those two areas who are doing business. We believe there are some [unclear] who are selling cattle there.

There is need for cross border collaboration between these two countries, so that they can exchange information on peoples' movements, particularly on the movements of contacts, and be satisfied that on both side adequate preventive measures, surveillance measures are in place.

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But we think that with the preventive measures being put in place by the government, it's extremely remote that there will be people travelling from this place, even to Kinshasa, never mind internationally to over countries.

So, what we are rather facing is the challenge of getting people who need to work with the local health authorities and the government to support the response, and the materials, to this place.

I'd just like to emphasise that when an adequate Ebola or other type of outbreak response has been put in place, it's very rarely that you need travel restrictions. So, even if this was happening in Kinshasa, where it's possible to fly in, if the proper precautions are being taken, our view in WHO is that there are very few instances where you actually need travel restrictions based on the science [?] and the mode of transmission. In this case, it's certainly not the case.

TJ Thank you very much. Again, reminding journalists who are online to type 01 to get in queue for questions. From one of our Facebook viewers, Amy Harrison, she is asking about the engagement of local communities.

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How do they react to this outbreak, and are there any efforts currently on health education.

MM Yes. There are already efforts being made to engage with the local community to provide information to people, first of all, through local radio. This is being done by the government. And UNICEF is a partner that's leading the work on social mobilisation. Not only getting information out to people. It's very important to understand what people are thinking, what people are believing, what people are feeling, in order to influence the activity.

So, one of the experts who is working with UNICEF and with us on this is an anthropologist who is going to go out and find ways to engage with the local people. To really understand what is in their minds, what they are believing. So that whatever interventions and information can be adjusted accordingly.

So, this is a critical element of the response to Ebola.

TJ Thank you very much. I think Tulip from BBC has another follow-up question. Tulip?

TM Hi. Yes. Thank you. It's actually just a quick fact check. The three people that you said had died. Is that the first known case, which 39-year-old man, the motorcyclist who drove him to hospital? And was the third a healthcare worker?

00:31:05

PS No. The third case was not a healthcare worker. It was someone who was caring en route for the index case, we believe.

TM Okay. Fine. Thank you.

PS I should stress that that information on chain of transmission is very preliminary and is being verified by the teams on the ground.

TM Thank you.

TJ Thank you, Tulip. Gretchen Vogel has a follow-up question. Gretchen?

GV Yes. I just wondered, what diagnostic tools are available where? That was a big issue in the West African outbreak, and I wondered, yes, what do people in the region have? What's available further away? Can you go over that?

00:31:46

PS Yes. So, so far the diagnostics has been based at the National Reference Laboratory in Kinshasa. That's where the first lab tests have been conducted. As I mentioned earlier, we are not moving with the National Reference Lab to set up further mobile labs, both in Buta, and then close to the epicentre in Namoya.

We are also conducting confirmatory tests through labs in West Africa, particularly the laboratories in Gabon.

MM And just to add, that in fact just as I was coming here, we got the news, the feedback from our WHO representative in Gabon that we do have positive results from two of the five specimens that were sent to Franceville.

So, as Peter said, the most important aspect is to have the mobile locally available for speed of confirmation of cases. And it's capable of doing PCRs, I believe, and then of course getting a reference centre to confirm. And I think we have that now.

GV Okay. All right. And then I was able to get my copy of the report back up from yesterday. And the other two clusters were in Bangbo [?] and Panga [?], which look, on the map that it's in the situation report, fairly far away from Likati. Those are suspect cases? What is the situation in those two areas?

00:33:19

PS Yes. Those cases are suspect cases at the moment. So not confirmed. So, as you know, in these kind of outbreaks, and it's a similar situation, of course, with the rumours that were mentioned earlier from Tshopo province. Everyone's sensitivities are heightened to the case definitions.

So, in the past when we've had outbreaks like this in the DRC, we've had many reports of rumours of further outbreaks, further cases that then have to be investigated, and verified, and confirmed. So these are suspected cases that we are in the process of verifying, and lab specimens will be taken for them.

GV Okay. Great.

TJ Thank you, Gretchen. Dr Vishal Sone [?], who is following us on Facebook, would like to know more about Ebola research. So, we already mentioned about vaccines, but he's also asking, are there any treatments that are being currently researched?

00:34:17

PS So, at the moment we do not have any fully licensed therapeutics for Ebola, but we do have some promising results from previous studies conducted, particularly by the NIH in the US. On products such as ZMapp, and also on a product produced by Gilead.

So, there is potential to use, again, under certain experimental protocols, therapeutics in this Ebola outbreak, if indeed the government of the DRC wishes to do so.

TJ Thank you very much. I think with this we are coming to an end to this press briefing. I would like to remind everyone that audio file will be sent in the next hour to our global media list.

I would like to thank Dr Moeti and Dr Salama for being here with us. To all journalists who are online, and all viewers who are watching us on Facebook, thank you very much and have a nice day.

MM Thank you.

PS Thank you so much.