

separate what needs to be done to prepare for future decisions from reaching conclusions and announcing them, before relevant information is at hand. For example, you can proceed to develop a vaccine, but you do not simultaneously need to decide whether to proceed with immunization, what its scope will be and who priority recipients will be. In the coming months, we will learn a lot from the circulation of the virus in the southern hemisphere or lack of it, from studies of the age distribution of the current outbreak, in field testing about the immunogenicity of the vaccine, and more – all relevant to informing policy choices about a vaccine.

Q: Was information withheld from the public in '76 for fear of causing panic and damaging politicians' ability to win votes?

A: I don't think the political side entered the picture. When you talked to the participants, as we did, some technical experts felt decisions that seemed premature must have served a political agenda. At the same time, political decision-makers consistently thought that the scientists were giving them no choice but to go ahead with a mass immunization programme. That's why we put stress on communication and clarity about the nature and change in the uncertainty over time, as this would enable the experts to be heard and the policy-makers to make informed choices.

Q: The US Centers for Disease Control and Prevention (CDC) lost credibility over the '76 swine flu affair, not only due to about 30 deaths from adverse vaccine reactions?

A: Once set on its course, CDC did not establish a basis for review and reconsideration of the situation. As facts evolved, such as the absence of

further cases, CDC's pursuit of the original strategy to immunize everyone became more and more controversial and costly in terms of long-term credibility. From technical, political and policy points of view, it is very difficult to deal with low probability–high consequence events – events that are relatively unlikely, but that would have catastrophic consequences should they occur. When you have such an event in prospect, the naysayer who argues that you are over-reacting is more likely to be right than wrong. It is just like the person who says, "Don't buy insurance for your house this year; it's not going to burn down." At the end of the year, for most of us in most years, that would have been an economical decision, but its wisdom can be judged only in retrospect. In prospect, it's foolhardy not to have the insurance. This is a fundamental challenge for policy-makers in the face of many threats of this type, including natural pandemic threats.

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Q: What other challenges did the '76 response face?

A: Legal liability issues arose when insurers refused to insure vaccine manufacturers against lawsuits. Field trials suggested children would need two shots to gain adequate protection, complicating the logistics. Administrative problems abounded because states

varied tremendously in their ability to deliver vaccines. If you immunize very large numbers of elderly people, inevitably some will have a heart attack the next day, so you have to prepare the public for such coincidences. In one city, a few elderly people died of heart attacks soon after being vaccinated and immunizations were temporarily suspended. By the end, there were dozens of cases of Guillain–Barré syndrome. That wouldn't have been a blip on the screen had there been a pandemic but, in the absence of any swine flu disease, these rare events were sufficient to end the programme.

Q: And CDC's lack of understanding of the media in '76 did not help either, especially its understanding of television networks?

A: In '76, two major networks gathered background on the initial story of an immunization programme in different ways, and that formed differences in attitude on each network that held throughout the entire year. The network that talked to the political figures in Washington came to the conclusion that the immunization programme must have been a scientifically driven decision. The network that talked on background to key experts within the CDC, who believed it was a case of “damned if we do, damned if we don't”, concluded the decision must be political. We are well beyond that today. There is a much greater sophistication in dealing with the mass media today. Working with the media is still crucial. The question now is how public health can also utilize the new media, the web, twitter, the blogs and electronic communication capacities to its advantage. That's a new twist on the old challenge. ■

Recent news from WHO

- WHO sent a signal to governments to prepare in case of an **influenza pandemic**. On 25 April, a day after WHO reported that a new strain of influenza A (H1N1) was infecting people in Mexico and the United States of America (USA), WHO announced phase 3 of pandemic alert. Two days later, it increased the warning to phase 4 and then, on 29 April, to phase 5 after sustained community transmission was established in Mexico and the USA. The new virus strain spread across the world, reaching more than 40 countries in four of WHO's six regions by mid-May.
- WHO, the Food and Agriculture Organization (FAO) and the World Organisation for Animal Health (OIE) issued a joint statement on 7 May to clarify their position on the **safety of pork products**. WHO and its partners said that influenza viruses were not known to be transmissible to people through eating processed pork or other food products derived from pigs.
- The United Nations Environment Programme and WHO, in partnership with the Global Environment Facility, announced on 6 May a renewed international effort to combat malaria with an incremental reduction of reliance on the **synthetic pesticide DDT**.

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