



**Transcript of virtual press conference with
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World Health Organization**

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Dick Thompson: Welcome to the WHO virtual press conference for July 7 2009. This conference will last about 30 minutes. To begin with, Dr Fukuda will give us a brief update and then take some questions.

Dr Keiji Fukuda: Good afternoon everybody. What I would like to do is to start off with the usual situation update and then talk a little bit about surveillance recommendations and also talk a little bit about some of the oseltamavir-resistant viruses that we have seen in the past few weeks.

In terms of the current situation with the influenza H1N1 pandemic, we are now seeing that 137 countries, territories, and areas are reporting laboratory-confirmed cases to WHO. This includes 120 countries in that group. We have also received over 98 000 reports of laboratory-confirmed cases and over 440 deaths among those cases. As we go into this pandemic, it is important to point out that the situation continues to evolve quite rapidly. We are definitely in a period in which the situation is changing both globally as well as within many different countries.

Now in the next few days, WHO will be issuing some updated surveillance recommendations for countries and I just wanted to talk about these and explain the reason for it. Because the situation is evolving globally, we are now at a place in which changing some of the surveillance approaches probably makes a lot of sense for many countries. For countries which are having cases, we will be recommending that they begin to move away from trying to laboratory test all individual cases and really move towards larger national indicators of disease, for example following influenza-like illnesses, following pneumonia cases and so on. The reason for this is that because the numbers of cases have increased in so many countries, it is very hard to keep up and we now need to move to these kinds of indicators, to keep following along with the trend in the pandemic to see how activity is going, whether it is going up or down. It also will make it easier for countries in many ways because it will ease the burden on the laboratories and make testing much less of a chore than it has been for many of the countries.

Now in countries that do not have cases, however, we will be continuing to recommend that people who are suspected to have pandemic influenza be tested so that the presence of this virus can be confirmed in countries. And in addition, in all countries we will continue to stress that if you have unusual cases, so perhaps unusually severe cases, or perhaps unusual clusters of cases, or perhaps patients who are developing symptoms which have not been reported before, that these kinds of cases continue to be tested, to confirm that it is due to pandemic influenza. And then, that the cases in the clusters be investigated so we understand whether there are changes going on in the epidemiology and in the clinical

picture of the illness. We will be putting up the updated guidance within the next few days and hopefully this will help with the monitoring globally for this pandemic.

A second issue that I wanted to talk about is that in the last two weeks or so, we have now heard about three oseltamivir-resistant viruses which have been isolated from persons in Denmark, in Japan and in Hong Kong. The isolation of these cases has raised some questions about what are the implications of this, and right now these examples of oseltamivir-resistance remain sporadic cases – we do not see any evidence of widespread movement of oseltamivir-resistant viruses. And so far, we have not heard of any additional viruses, including among close contacts of these persons.

There are a couple of important points to emphasize about these current oseltamivir-resistant viruses. In the first place, it is not unexpected that we will see some viruses that are resistant to this drug. This normally happens when you treat any infection with any drug. The important point here is that we are continually monitoring the situation to make sure that we are not seeing the start of any large-spread movement of such viruses. Again, I want to emphasize at this point we do not see this: we are just seeing sporadic cases but we will be monitoring the situation very closely. These viruses are also sensitive to the other neuraminidase inhibitor drug called zanamavir and then, these resistant viruses are also due to mutations – they do not represent any kind of mixture with the current seasonal influenza viruses so right now it looks like that these are spontaneous mutations in these patients.

Probably the single most important point about the oseltamivir-resistant cases is that, at this point, we are not recommending any clinical changes to the approach of treating patients and that is the most important point for physicians and countries to know.

The last thing I will mention is that – many of you know – that we are in the middle of an important meeting called SAGE, which is going on in Geneva. I left this meeting today – it continues on – and we will be discussing this meeting more in depth over the next few days, but will not be going into it in any detail today. So, with that, let me turn it over for any questions.

Martin Ensureck: I have a question about the naming of the virus. I read yesterday in a posting on ProMed that the World Health Organization, along with FAO and OIE, have chosen, once again, a new name and I wonder if you can explain to me when that decision was taken, by whom and why exactly this name, because already I have talked to some people who say it is not exactly a catchy name, it won't catch on the way that you would hope if you want to end the confusion about what the pandemic and the virus should be called?

Dr Fukuda: As you know, since the emergence of the pandemic, the name of the virus has been a difficult issue for many reasons. In the past, we have seen how the naming of viruses by location can stigmatize those locations and we have also seen in this and in other episodes where associating the virus with one animal species or another, can really cause both anxiety and then fears about food and in this particular instance, about pork.

So, in recognition of those issues, what WHO, FAO and OIE did, actually some weeks ago, was to get together several of the experts who work in these organizations and with many of the laboratory experts who work with these organizations, and then we had a meeting – a virtual meeting – in which these issues were discussed and one of the things that we wanted to do was make sure that any naming of the virus was scientifically accurate but also would avoid any kind of adverse reactions to the name or to minimize those as much as possible.

Based on those discussions, what the experts decided – calling this a pandemic H1N1/09 virus – was a good way to distinguish it from the current seasonal H1N1 viruses and to do

so, in a way which was scientifically sound, but also would avoid some of the stigma associated with other options.

Rebecca Smith, *The Daily Telegraph*: In the UK we have already moved from containment to mitigation and have stopped laboratory testing of all cases and moved to clinical diagnosis, but when that happened last week, we had some projections from officials and ministers that we could be seeing 100 000 cases per day in the UK by as early as next month. Now that is based on current trends of a doubling of the number of cases every week, but that would suggest that the pandemic would be over and done with probably by Christmas. Can you explain a little bit about how the pattern of disease is expected to continue once you move from containment to mitigation.

Dr Fukuda: Probably the most important concept to understand here is that depending where you are in the world – for example in the Southern Hemisphere where they are in the winter months and entering into their regular influenza season – they may see a pattern which is different from what is being seen in the Northern Hemisphere in countries like the UK, North America and so on. Now in the UK, as in many of the North American countries – Canada, Mexico and the United States – there has been quite widespread activity, or a lot of activity of this pandemic influenza virus, and right now it is at a typical point of the year where the activity should be pretty low, but the activity is quite high because it is a pandemic situation for these countries, and I think that it is likely that infections will continue in these countries.

However, I think it is a little bit hard to predict what the pattern will be for the remainder of the summer. It is possible that the UK and other countries in the Northern Hemisphere could continue to see fairly high levels of activity, but it is also quite possible that the levels of activity could go down because it is in the summer months. And then, again, it is a guess about what will happen in the fall and winter time, although it is more likely that activity will again pick up in the fall and winter time in the Northern Hemisphere countries. The same general perspective holds for the Southern Hemisphere countries where we can expect to see increased activity during the winter months but they may also see unusually high activity in the summer months. We are not positive about how any of this will develop over the next several months and so this is why keeping up with the surveillance is so important so we can monitor it closely.

Maria Cheng Associated Press: I have a couple of questions about the Tamiflu-[oseltamivir]-resistant viruses that have been picked up. I wondered if you might be any more concerned about the case that was detected in Hong Kong since that was apparently in a patient who had not been treated with oseltamivir, suggesting that maybe that the virus once it developed resistance might be ... to spread and if you have any particular concerns about the potential reassorting with seasonal H1N1 which has shown a Tamiflu-[oseltamivir]-resistance.

Dr Fukuda: I think for that it is hard to know whether the virus isolated from the person in Hong Kong has any more implications than the viruses isolated from the two other people who were taking prophylactic doses of oseltamivir. If we look at the virus which was isolated from the person in Hong Kong, it has the same mutation as the resistant viruses isolated from the person in Japan and in Denmark. Again, it is not clear whether that mutation occurred spontaneously in the person who is infected in Hong Kong or whether they got that virus from somebody else who may have been taking oseltamivir. At this point, there is a great deal of attention to looking at the viruses coming out of the west coast area in which the person from Hong Kong was residing, but so far there are no other detections of resistant viruses in that area and in all three of the countries so far we have no evidence

at all of any other resistant viruses. I think at this point it is not clear whether there is any differences in the implications of these three viruses.

In terms of the question about reassortment, I think that reassortment among influenza viruses is always a possibility and therefore always of concern. Again, I think that the bottom line here is that the major thing that we can do is to continue to monitor these viruses, continue to characterize them, look at their genetic composition and see if there is any evidence of reassortment with any of the other viruses, but again, so far, we do not see any such evidence.

Marion Falco, CNN Atlanta: My question may be a little basic but if you are not, and so forgive me for that, if you are not requiring testing in the countries that already have well established numbers of cases, then how are you distinguishing between seasonal flu and this particular flu. I mean how are you going to separate the numbers?

Dr Fukuda: It is not that we are recommending not doing any testing at all. In fact when the guidance comes out, what it will suggest is what countries are to do is tailor down their testing so that they are not trying to test everybody but certainly keeping up testing of some people for exactly the kinds of reasons that you bring up. When people get sick with an influenza-like illness it will be important for us to know whether is it caused by the pandemic virus or whether is caused by seasonal viruses. What we are indicating is that if you ratchet down the level of testing we will still be able to figure that out and so we do not need to test everybody for that, but we will continue to recommend some level of testing – at a lower level of people who continue to get sick.

Mika Ruitch, CDF: I have a question about the vaccine, you have not really mentioned anything. I understand that the meeting in Geneva is still going on about that but we have gone a really huge discussion here in Germany about it and I was wondering whether there is anything you can recommend to countries, whether to order or not already the vaccines.

Dr Fukuda: This is the SAGE meeting which is going on today and again, the meeting is actually still going on, so I think it is premature to make any reports on that meeting because it has not concluded . The meeting itself will end in recommendations which will go to the Director-General of WHO to look at, so if you can wait for a few days then we will be hearing more about the outcomes and recommendations of that meeting.

Tom Mo, Los Angeles Times: Can you give us a thumbnail description of what is going on in the Southern Hemisphere now?

Dr Fukuda: In the Southern Hemisphere we have seen activity occurring in a number of countries and similar to what we saw in the Northern Hemisphere, it varies a little bit from country to country. For example, a few weeks ago, Australia was reporting pandemic activity occurring quite heavily in some parts of Australia – in the Victoria area – whereas it was at lower levels in other parts of Australia for a while, then began picking up. In South America, there are viruses which have been isolated from most of the countries there, however much of the heaviest activity has occurred in Chile first and then more recently in Argentina. Again we are seeing a kind of mixed picture of activity in the Southern Hemisphere.

In Africa, if we go back a few weeks ago we would have said that there had been no viruses isolated from that continent but as of today 12 countries in the intervening period have reported detecting the virus. So, it is clearly spreading pretty quickly through the Southern Hemisphere; depending on the country you are seeing relatively lower levels of activity and

then relatively higher levels of activity in some countries. Overall, I would still point out that for the Southern Hemisphere it is pretty early in their season so we still have a number of weeks to go through for that part of the world.

Tala Dolachi, *Talk Radio Network News*: You mentioned earlier that WHO is concerned about the surveillance systems and in particular looking at those national indicators. Of all the countries affected, are there any particular countries that WHO is focusing on now in terms of their inability to keep up to par with the national indicators?

Dr Fukuda: No, there is no particular country that we are looking at, and what we do focus on however is that if there are countries that are requesting help from WHO or from other Member States in terms of assistance to strengthen their surveillance, then we certainly give as much attention to those countries as possible. This has really paid off.

If we go back to the couple of years period before this pandemic occurred, for example there is a lot of discussions with the number of states in Africa and there has been actually a great deal of preparedness work which has gone on in that continent, and I can say that the number of laboratories which have the capacity to test for these viruses has really increased significantly in Africa. As of today, we have two new National Influenza Centres in Africa – one in Cameroon and one in Côte d'Ivoire - and so, although surveillance is definitely not optimal everywhere in the world, I would say that surveillance is definitely much better than it was three or four years ago. We will continue to try to build that capacity everywhere in the world where the countries are requesting help.

Aileen Gobay, *CBC Montreal*: I am sorry – the line was very bad and when you talked about the new name of the virus I did not catch it so can you repeat this information for me please?

Dr Fukuda: We are calling it the pandemic H1N1/09 virus. This refers to the fact that it is a pandemic influenza virus. If you look at the scientific subtype, it is an H1N1 virus, and the 09 refers to the current time period. Hopefully this will help to distinguish this virus from the seasonal H1N1 viruses.

Gabriella Sotomayor, *Mexican Press Agency*: How severe are the cases who receive the Tamiflu [oseltamavir]? And of all the cases in Argentina, in general terms, are those cases more severe like in the beginning in Mexico or is it moderate?

Dr Fukuda: I believe all three people have now recovered completely: They have uncomplicated illness. In terms of your second question, it is a little bit difficult for me to answer that so precisely. We know that in Argentina, for example, that most of the cases, as everywhere, have been uncomplicated influenza cases that is to say have not required special medical attention, or special medical care. However it is also true that in the last few weeks, there have been a number of serious cases hospitalizations and some deaths reported. I am sorry but I do not have exact numbers on my fingertips right now. It is a mixed picture similar to many other countries, I cannot tell you whether it is specifically like Mexico was at the beginning of the pandemic.

John Zeracostas: I wonder if you could give us a little bit of a bird's eye view on the three-day modelling experts meeting here in Geneva on how they project the spread of this pandemic in the short and medium term?

Dr Fukuda: The purpose of that meeting which was held last week, was to further building up a WHO network in which modellers from around the world could work together on some of these pandemic problems, and other infectious disease problems. The meeting brought together over 20 different experts from most of the continents around the world, and what they discussed was some of the preliminary findings of some of the projects that they have been working on, some better ways in which modelling groups around the world could work together – could operationally be linked more closely together – and those were the primary areas of focus of that meeting. I'm sorry I cannot report on any specific project from that meeting, I was not there in attendance.

Lisa S_____, *The Telegraph News*: I wanted to get back to you about the Southern Hemisphere situation, thanks for the snapshot on that. I wanted to see if you also are able to tell how the seasonal flu is doing there, how the pandemic flu is competing against it, what trends you are seeing, if you are able to tell at this point in the flu season, I know you said it was early, but just wondering what you are seeing so far?

Dr Fukuda: The countries are seeing a mixed picture depending on the country. For example, in Chile, it was just reported that over 99% of their influenza viruses are the new pandemic H1N1 virus. By contrast, in Australia, they see more of a mixed picture, where they are seeing both the pandemic H1N1 virus but they are also seeing a seasonal H3N2 virus that circulates there. Then, if we go down to South Africa, right now the seasonal influenza viruses are much more predominant than the pandemic influenza viruses. In the Southern Hemisphere, it is fair to say that there is a mixed picture. In another month or so, we will have again a much clearer picture about how the pandemic virus is spreading in the Southern Hemisphere and whether it is beginning to crowd out the seasonal influenza viruses in many countries or in just some countries.