



**Transcript of virtual press conference with
Gregory Hartl, WHO Spokesperson for Epidemic and Pandemic Diseases,
and Dr Keiji Fukuda, Assistant Director-General ad Interim
for Health Security and Environment,
World Health Organization**

7 May 2009

Gregory Hartl: Welcome to the WHO's daily 17:00 o'clock press briefing here in Geneva, and I would like to handover to Dr Keiji Fukuda.

Dr Fukuda: Good afternoon everybody. Thank you for coming on a very beautiful day so I bet that you want to get outside as quickly as possible. As usual let me start out the press briefing with a quick update of where we are. As of 8:00 o'clock this morning Geneva time, we had 2099 laboratory-confirmed cases officially reported to WHO and these include 44 deaths – 44 people who died – 42 people in Mexico and 2 people in the United States. This represented an increase of about 441 people from the day before. That was the number that we had as of this morning. For all of you following the story you know that these numbers change frequently during the day so, understand that.

We remain at Phase 5. That has not changed and also the other important epidemiological feature is that we continue to see human-to-human transmission, community level transmission, primarily in North America. We are not seeing it yet anywhere else, so just to make it clear from the beginning.

There is one large question that I wanted to focus on today and again I am very happy to take any questions on this, because I think that it is an important issue to understand – to really understand. The question has come up to us a couple of times or a number of times: "Why are we paying so much attention to this virus, especially when some of the reports coming out are saying that many of the cases are mild?" Again, I wanted to go into this question in a little bit of depth, so everybody here understands it.

I think that from the beginning of this whole situation a few weeks ago, we have said over and over, that the situation is evolving and we really don't understand how things are going to go in the future. That was true two weeks ago and you have seen over the last two weeks how it really was a time in which the virus was moving to a number of countries but became established in two countries, and it remains true right now. We still don't know how the future is going to evolve. But this is an important aspect because when we look at the world again, as we have gone over most of the activity is still concentrated in the northern hemisphere. So one of the questions about the future is "Will it go to the southern hemisphere and if it does, what will happen there?". And then the second big question is "Will this virus change over time, or change over the next few months, over the next several months, perhaps a year, and become more dangerous or different than it is now?". These are big unknowns that were there a couple of weeks ago, they are unknowns today.

But they are very important for WHO in terms of the global perspective of what is going on everywhere, not just in a single country, but everywhere.

If this situation continues to evolve, if the viruses do become established in multiple countries, outside of North America, if we do move into a pandemic, then our expectation is that we will see a large number of people infected worldwide. This is typically what happens in pandemic situations. If you look at past pandemics, it would be a reasonable estimate to say that perhaps a third of the world's population would get infected with this virus. You never know before hand, but this would be a reasonable kind of estimate. When you look at a third of the world's population – in recognizing that we are a globe of a little over six billion people – that is a lot of people to get infected. Even when, on an individual basis, illness for most people is relatively mild, if they are people who are dying, people who are getting pneumonia, and that is multiplied times that large percentage of people who get infected, then from the global perspective what we are concerned about is that they are still very large numbers of people who could develop pneumonia, require respirators, who could die. This is a kind of considerations that we have when we are paying attention to this big global phenomenon.

We have also discussed in the past, in a number of press conferences, when the southern hemisphere goes into winter time, this is traditionally the time when we see increased activity for influenza viruses, and so that is something which I think all of you appreciate. The second part of that though, is that when you look at the population in the southern hemisphere, it is a little bit different than the population of the northern hemisphere. We often have younger populations, we have younger populations in large developing countries, large developing regions and amongst those developing populations, we often have populations that are more vulnerable than other populations for a variety of reasons. This may be because of malnourishment, this may be because of war, this may be because of conditions like HIV infections, but there are a number of different reasons why some of these populations in developing countries can be more vulnerable. We have discussed in the past how – in the past – we have seen when seasonal influenza has hit some of these populations, what had been relatively mild for populations in the developed world, in fact was quite severe in its impact in the developing world.

These are very big concerns for us and we expect this kind of event to unfold over weeks and months. Pandemics do not occur in a couple of days. When we go back and we look at history – we are often looking at a one-year period – but really if you look over a two-year period that is really the period in which we see an increase in the number of illnesses and deaths during pandemic influenza.

In this current period, while we see activities go up in some areas, come down in some areas, we are watching to see whether there is a global spread of this, for us, for WHO, what we are mostly seeing, is that this is a time in which we can work with countries to be as prepared as possible. That is the bottom line. Our bottom line is that there are things that countries can do, that we can help them with, to get them prepared for this kind of potential increase in people getting sick. And this is why we are so serious about this event. That is what we want to prevent if something happens in the future and if it moves into the southern hemisphere, and there is more severe disease or the virus turns more virulent and we see increased disease in many places. So, come back to me with whatever questions you have if this is not clear. This is something that, I think it is very important to get right. It is not simply an issue of “Is it mild?”, “Is it severe?”, “If it is mild we should forget about it”. This is really something that it is important to convey to your readers.

Now the second issue I just wanted to touch upon before we go to questions, is eating pork. Again in earlier press conferences we have tried to make it very clear that we see this current situation as reflecting transmission of infections from person-to-person. Eating of pork does not cause risk to people for catching this infection. Eating pork is not a danger in

terms of getting this infection. I just want to reemphasize that point again, because it has been very confusing over the past day or so. That was a pretty short update today, but let us go directly into questions.

Martin, Science Magazine: ... happening in the southern hemisphere in the month ahead, especially in Africa where surveillance is presumably going to be very, very difficult and is poor. How will you know how many people become infected there?

Dr Fukuda: There are different surveillance capacities in the southern hemisphere. If we look at countries like New Zealand and Australia, the surveillance capacities are quite good. One of the things that WHO has been doing in working with its Member States, particularly because of the concerns about pandemic influenza over the past 4–5 years with H5, is to strengthen surveillance. In Africa we have been working very closely with our regional and country offices as well as the countries, to strengthen influenza surveillance there. In fact, there are now, I believe, eight laboratories in Africa that can detect these viruses. We have been working quite closely with our Member States there over the past few years to establish stronger network of laboratories and to increase that laboratories, and what we are hoping to do is to even move towards the building of Collaborating Centres in the future in Africa. There is a great deal of concerted efforts to strengthen surveillance there. In addition, there has been, I think a great deal of emphasis on improving diseases surveillance in Africa. So while, I think there is room for improvement, it is better than it was a while ago. In addition, one of the strong efforts that has been done with the collaborating centres in response to this infection is to get diagnostics test out to laboratories. I want to mention that over a 100 laboratories now have the capacity to diagnose this virus in laboratories around the world. These are some of the steps being taken for both the southern hemisphere as well as the northern hemisphere.

Elia Nenguela, Associated Press: You said there were more than 400 new cases reported since yesterday. I was wondering if these cases reflect a backlog in lab testing or if it is really new cases? And secondly, if one third of the world population gets infected, in case of a pandemic, that would mean if this kind of influenza has the same mortality rate as a normal flu – which is 0.6 percent – that would mean that more than 12 million people could die. Do you agree with that estimate?

Dr Fukuda: No, I think the estimated deaths from seasonal influenza is lower than that, if you look at the data coming from places such as the United States, which has several decades of data on death estimates. But I think that the concept is right. If you take approximately two billion people – that would be the third of the six billion people – it just means that, if you have a virus that is capable of leading to serious illnesses, again you can have very large numbers of people getting sick and requiring hospitalization. I think the other thing to remember is that seasonal influenza itself is not a simple level of disease. Within regular influenza seasons we see very mild seasons, we see very severe seasons. The most severe seasons for seasonal influenza can be very similar in levels to pandemic influenza – to milder levels of pandemic influenza. There is a wide range of the impact of seasonal influenza that is important to understand in looking at this matter.

Mr Bugaren, Reforma Newspaper, Mexico: Two questions if I may. We are at the day 13 in this outbreak. Could you tell me your balance of the situation in Mexico, how are 13 days ago and which is the situation today. Do you think the international community should be grateful with Mexico for the drastic measures taken, knowing the impact in terms of economic and perception?

Dr Fukuda: Earlier on in this series of press conferences, I said that one of the things I didn't want to do is comment on a particular action being taken by any one country, or any countries as individual countries. But let me point out some of the things that the national authorities in all countries have to weigh when they are confronted with these situations. The kinds of measures that a country may take, such as the closure of schools, closure of meeting places and so on, is an attempt to reduce the number of people getting sick, reduce the spreading of infection in the local area. Often times the local authorities have to make those decisions before it is clear what the full effect of the disease on the population is. These are very difficult issues for national authorities to weigh. I think it is a little bit hard from the outside, simply to say: these are good or bad actions. They are very difficult actions having sat it on some of the kinds of discussions which countries have to take into consideration, because if on the other hand it turns out many people are very severely ill and they were not jumping on it early, they will also be criticized. I will just stop there and say that these are very difficult issues that the governments wrestle with and of course they try to make the best decisions that they can, given the information they have.

Saki Ushi: I have a question on who has a say on deciding whether this disease is being transmitted in community. Say for instance, Spain or the UK, will it be the country health authorities who would sort of decide that there is a community-level transmission, or will it be the WHO who would say "look guys it is at community level." And I am wondering, if would you care to comment on remarks by a top CDC official who said that "he would be very surprised if WHO didn't go into Phase 6."

Dr Fukuda: I can only comment on the official comment that is: am not quite sure if we know if we are going to Phase 6 or not, and when we would do so. It is really impossible for anybody to predict right now. But the question you asked is very interesting. It is clear, under the International Health Regulations, that the Director-General of WHO is responsible for calling for change in Phase. But the way that decision is made is to take in advice, and to build upon the scientific understanding. We are having these frequent conferences, science conferences, in part to get a sense of what do the scientists in the world think, how they are analysing, how they are interpreting the events. We go over the surveillance data ourselves. We talk with the people in the countries who are conducting the surveillance, asking them how they see things, what is their analysis. Because this is done in real time basically, it is an unfolding event, there are no easy numbers just to look at, there is nothing really to add up that is very precise. It requires getting information from a lot of different sources because that is the nature of unfolding events. There are no simple answers. If it was very clear, we would not have to make such kinds of contacts, but in fact we do make those contacts because we want to have a very robust feel for whether there is really transmission going on in countries and so we speak with as many scientists and investigators as possible. This kind of information comes into the decision making process. It is not just WHO sitting around saying: "Why don't we go up to Phase 5 or 6?". It is just not calling up the country and saying: "Should we go from Phase 5 to 6?". But it is really looking at all possible information that we can look at, and then using that assessment to decide – we now think that there is a solid basis – provide the advice to the Director-General so she understands what the assessment is, and then the Director-General can make the decision.

Gopal Raj, the Hindi Newspaper, India: You and others have explained how in 1918, the pandemic started mild and then became severe later on. Could you explain why that happened, was it because the virus mutated or were there some other reason?

Dr Fukuda: One of the absolute statement that you can make about influenza viruses is that they change. You know there are not so many absolute statement that you can make about these viruses, but one of them is that they change. They undergo mutations. Sometimes the genes inside of the viruses exchange with genes from other influenza viruses creating a new hybrid virus. This is just part and parcel of the natural biology of these viruses. A lot of times those changes do not make any real differences in terms of the properties of the virus. They do not make it more virulent, they do not make it more transmissible, they are just changes which are going on in the genes; but sometimes those kinds of changes make a large difference.

In 1918, based on the available historical information, it looks like the virus started spreading – certainly in the spring time if not before – but the effect of that spreading was relatively mild. There was not severe disease and then it became more noticeable during the summer with more deaths going on, but it was really in the fall time, when it exploded with large numbers of people getting sick and large numbers of people dying. Since then, there have been scientific studies looking at that virus trying to identify exactly why was that virus so virulent. I think that, the exact reason for why that virus was so virulent compared to other viruses is not so clear. It is clear that there are genetic differences, it is clear that there are things that you can see in the genome, which are a little bit different than other viruses. But to take another example, in the past few years we have been dealing with this H5N1 virus, again probably the most lethal of all influenza viruses, which has ever been seen. When you look at the genes, it is not exactly the same as the 1918 virus. So there are still things about what makes these viruses so lethal that we cannot really explain. We cannot tell you what combination of changes exactly, what combination of qualities within the virus makes one virus much more lethal than the other. But we just know that it happens. And so it is something that we have to watch out for.

Jonathan Lynn, Reuters: If the pandemic affects one third of the world's population, on the basis of what we know right now, what would be your projection for how many people would die as a result of that.

Dr Fukuda: I think again you cannot make those projections until you really see much more of what proportion of people get seriously sick, what proportion of people who are infected die. We said over and over again, we are in this period where the spread of the virus is evolving. Our understanding of what the clinical spectrum is, is evolving, more information is being collected. But I think it is very premature to make those kinds of projections.

NHK: Is there a possibility to shorten the time of the World Health Assembly of WHO?

Dr Fukuda: That is under consideration – sure, it is possible. I think that right now there are many people in many different countries involved in responding with this situation and so, if it becomes useful for making some of the meetings shorter then this is a practical consideration.

Jamil Shade, Sao Paulo: Two questions, please. Again on pork. Of course you were mentioning since yesterday, meaning the story that appeared with someone from WHO. Are you actually dis-authorizing what this person said, or can you clarify at least what he said about meat that is already contaminated? If you can clarify that to us. And secondly on terms of preparation, you said that this is the moment to prepare. Do you have any idea of how much it will cost, this preparation, either to your own budget – WHO budget – or to

the UN budget, or to the Global Fund or UNITAID? Have you done any estimates so far of how much this preparation will cost?

Dr Fukuda: Let me take these two issues. No it is not disenfranchising what we said yesterday. I think it is really to clarify. The clarification is that we do not see that pork is a danger to people in terms of transmitting this infection. When pork is handled well, when it is cooked well, this is just not a threat to people for transmitting this infection. Yesterday and over the night some of the confusions have to do with that some of the points made by the speaker that were not so clearly understood, or were not so clearly picked-up. If you have meat that has gotten material on it, you know, that kind of situation, then of course you have to be careful. If you have animals that are dead and you do not know why they died, then of course you want to be careful with those kinds of animals, and not put them into the food chain. There are standard general ways to make sure that the food that you are preparing, that you are giving, is safe – regular standard procedures – and these are standards which should be adhered to. This is important. But I think this got confusing as to whether WHO was saying something different. But the bottom line that has been said in the past, that we really do not see eating pork as a danger – or process pork – it is a very clear message.

In terms of preparations, over the past 4–5 years with the pandemic preparations due to avian influenza, there have been significant numbers of dollars provided by the donor community. And again, in the order of a hundred, two hundred million dollars, I do not really know the precise estimates. It is really difficult to give you a single figure, that if this amount of money is made available, then the world is prepared because much of the preparations of the world really have to do with the training of people, making sure that people have the kinds of equipment, the kinds of information, the kinds of know-how that they need. Often times there is turnover in people who are working and so they go on to other positions, you have to continually retrain, there are things that have to be redone over and over again. You have to look at the plans that you made, make sure that they remain contemporary, that they are up to date. In a sense really being prepared for public health issues is a never ending job. Because the diseases change, the scope of the problem changes, the world changes and public health has to keep up with it. The bottom line message is that the kinds of dangers we face are changing in the modern world. Of course public health has to change to keep up with it. It is kind of a dog race.

John Zaracostas: I was wondering if you could elaborate a little bit on this 2 billion people that could be infected. We heard yesterday from your vaccine expert that 1–2 billion doses could be ready within a year. My question is, in the interim, since there will be a 4–6 month period before the vaccines are available, what capacity do you have of antivirals – the first line of defence. What is the capacity for antivirals that would be used in the first 4 or 5 months.

Dr Fukuda: Let me point out there are really several lines of defence. In many ways, antivirals are an important one, but maybe not the most important one. To put this in perspective, when you are facing a new disease threat probably the single most important thing, more important than drugs or anything, is just information. If communities and families have information, if countries have information, that is the most powerful thing that you need in the beginning. Without that, you really are in the dark, you do not know what to do, you cannot understand what is going on. I think that you can see certainly in this response, the effort by a large number of organizations is to get out information as quickly as possible. This is probably to a greater extent than has happened in many outbreak situations in the past.

Then there are a number of other manoeuvres that can be instituted which do not require drugs, which do not require special technology. The whole idea of personal hygiene, being careful how you cough, washing your hands, that kind of etiquette, these are steps which can be taken by any country. Then there are manoeuvres such as isolation and quarantine that – we have talked about that – in certain situations can be very helpful. It depends on when you are using it, in one situation or another. And then you have other things such as antiviral drugs, hospitalizations and those kinds of defences that require materials. Here, in the past few years, the capacity to make antiviral drugs has increased a great deal. The manufacturers of these drugs has increased their capacity, and in addition there are generic drug manufacturers that also make these drugs. Again, I cannot go into absolute numbers, but to point out that these capacities have increased. But perhaps even more importantly than that there are a number of actions that countries and communities can take in terms of their handling of these kinds of disease threats.

Dermot, Bloomberg: Are there any indications or is there any anecdotal evidence that the virus is gaining a foothold in the community in either the UK or Spain?

Dr Fukuda: Based on the information that we have, and again we are in close contact with the countries, it is pretty much the status quo over the last few days. No strong evidence that the virus is establishing, has established the kind of community spread that we have seen in the United States and Mexico.

One more point.

Dr Fukuda: Everybody, one additional point that is important. I want you to not walk out of here saying that there is an estimate of 2 billion people to get infected over the next year or so. What I am pointing out is that in the past, when we have had pandemics, approximately about a third of people have gotten infected, but again in keeping with all things about the future, we live in a different world. It is the same, will it be greater, will it be smaller? We do not really know. This is a benchmark from the past, so please do not interpret this as a prediction for the future. Thank you.