



**Transcript of virtual press conference with
Gregory Hartl, WHO Spokesperson for Epidemic and Pandemic Diseases,
and Dr Sylvie Briand, Project leader in the Global Influenza Programme,
World Health Organization**

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Gregory Hartl: Welcome to the WHO's daily press briefings, today Friday 8 May 17:00 o'clock Geneva. First, a couple of housekeeping matters if I may please, just to let you know that there will not be any virtual briefings on Saturday or Sunday, but we will be back on Monday, at 17:00 o'clock Geneva time, and to remind you that shortly after this briefing is over the audio file and a transcript of this briefing will be available on the WHO web site where of course you can find all the latest information about this A(H1N1) outbreak. I would like to hand over now to Dr Sylvie Briand, Project Leader in our Global Influenza Programme who will make an opening statement and then take questions from you.

Dr Sylvie Briand: Good afternoon and thank you very much for being here. I am currently working in the Global Influenza Programme, but since this crisis began, I am leading a group of experts and this group is called Science Knowledge Management and Standard. In fact this group comprises experts in various areas of influenza attention, including for example infection control, clinical management, occupational health, and environment and so on. I will talk today with you about some of the results of our work.

I would like to begin as usual by updating you with the latest figures that are available. As of today, 8 May 2009 at 2:00 pm we have had 25 countries reporting 2500 confirmed-laboratory cases of A(H1N1), which have resulted in 44 deaths. The news is that Brazil recently reported 4 cases. However, we see this increase in number of cases but we still remain in Phase 5, which means that we have no evidence of community transmission. We have new cases, most of them are imported cases from travellers, returning travellers or close contacts of these people. These figures are important of course, but the major figure of our work – I mean technical and scientific work – has been to try and understand better what is this new disease exactly? Because this is a new virus and of course we are still learning about this virus and how it behaves in human population.

Before having this crisis, WHO in the past years, worked very closely with Member States in the world to get them better prepared to face a pandemic. During this preparedness work we envisaged different scenarios, very worst case scenarios or slightly better scenarios, or more optimistic scenarios. Now that this new virus has emerged we need to look at the figures, look at the evidence, and try to see how we can now adapt these plans to face this new disease. This is why WHO is organizing conference calls with a number of scientists or people in the field to try and gather this detailed information on the disease. Yesterday, we had a conference call with clinicians in Mexico, because we are still trying to understand who are the high risk groups for this disease and it is important for us to get in touch with these people in the field who have seen the patients, who have treated the

patients, and to get from their experience a new knowledge to be able to better address this problem in other countries.

Yesterday on a call with a clinician from the global network of clinicians that is usually working with WHO, together with the clinicians in Mexico, we reviewed one by one the severe cases that Mexico had in the recent weeks. This discussion was extremely interesting and important, because we were able to differentiate two types of people that are at risk for severe illness. One group was previously healthy young people, and they get sick and they experience a rapid deterioration of their health status and most of them have died from acute pneumonia. The second group were people with chronic underlying conditions such as diabetes, tuberculosis, cardiovascular diseases. These findings are really important because it enables us to better understand the course of the disease, and to also better understand what are the effects of the treatment. During this conversation also, it was very interesting to see that there was no major impact of bacterial pneumonia, but rather the Mexican had to see a viral pneumonia, which progressed into acute respiratory distress. So major cause of death was due to respiratory failure and major organ failure.

These findings are really interesting, because in previous pandemics we have seen two types of complications. One type of complications is a viral pneumonia, which is a disease due to the virus itself – severe disease due to this virus – and the other type of complications is a super infection with bacteria, so bacterial pneumonia. And as you understand these two different outcomes have an importance in public health, because then we know which kind of treatment should be applied to these different groups of people. From this, we understand that this disease is mild in the majority of cases, however, we will have some serious cases, mostly in people with underlying conditions, which is close to the pattern we see in seasonal influenza, but we can expect also some cases in people, previously healthy, who will suffer from this virus directly.

Jonathan Lynn, Reuters: Actually I have three questions. Firstly, can you please clarify what you said about the virtual press conferences over the weekend. Does that mean that there will be briefings in the media tent or no briefings at all. And then for Dr Briand, are you able to say anything about whether the World Health Assembly will be cut short to 5 days – as I believe is under discussion. Secondly we have heard discussions of revising again the pandemic alert scale used. Could you tell us anything about that?

Gregory Hartl: First of all, there are no briefings planned over the weekend. I say “planned” and obviously if something changes and we need to brief you, we will, but there are no briefings planned on Saturday or Sunday, no virtual press conference; the next one will on Monday at 5:00. Secondly, about the World Health Assembly, there have been discussions about shortening it, but no decision has yet been taken. Thirdly, yes we know of this interest or requests or discussions on revising the phases, but I think that it is not something that we are concentrating on at this moment.

Richard Knox, National Public Radio: With the cases that you have been examining with the clinicians in Mexico, can you say anything at all about the pathology of the cases which involved previously healthy young people. Have there been autopsies for instance, has anything been identified that might help to explain why, at least to these people, viral pneumonia resulted?

Dr Sylvie Briand: From the discussions we had with clinicians in Mexico, one important factor was that these people arrived very late to health care facilities, and therefore the treatment was applied probably very late in the course of the disease. This applies mainly to the first patients that they have seen, when this disease was not completely understood at the beginning.

Frank Jordan, AP: I would like to ask about the numbers that you keep publishing every day. Certainly, quite a few of these people will not have the disease any more, they will have recovered, so I am wondering at what stage are you going to stop publishing total case numbers and moving to current numbers or such alike. Secondly, we have heard a lot about discrimination against people from certain countries because there are outbreaks there. Will WHO be preparing any sort of report for Members at the World Health Assembly outlining what different countries have done, what the justifications are, and will you be making that report public?

Dr Sylvie Briand: In fact this epidemiological situation is evolving. We have in some countries ongoing community transmission, and it is becoming more and more difficult to track all the cases. For these countries, we will certainly move to a more monitoring mode, where the number of cases would be updated probably on a weekly basis, when we see that the trend is stabilizing. But for other countries that have been recently affected, I think it is still important to track each case and to try to contain as much as possible the transmission – if possible from the beginning – when there are only imported cases and contacts.

Gregory Hartl: In terms of your other question, according to the International Health Regulations (IHR) a country, if it wants to take health measures above and beyond what is recommended by WHO can do so, but it must justify those in public health terms. Often times, WHO will write to a country asking for justification for these measures. We have done that in quite a few instances already, I don't know exactly how many and we have received responses, and those responses are published on a web site for the national focal points for the IHR so that they are aware of what is going on. That is how the IHR work.

Don McNeal, the New York Times: Could you go into little more detail about the underlying diseases that might have been a problem, for example with asthma problem or any kind of underlying conditions?

Dr Sylvie Briand: When we say “underlying conditions” it means for us that these are the underlying conditions that are common for flu, even for seasonal flu. These people who have diabetes or cancer or immunosuppressive status, or could be also some respiratory chronic difficulties, all these are conditions that we see usually for normal seasonal flu, and these are the common high-risk groups let's say. This is why we are particularly interested to see if there are new high-risk groups that are emerging with this virus, so that we can better target our response – and treatment as well – especially if we have scarce resources, it is very important for us to be able to prioritize.

Japan: Could you elaborate a little bit about the “young healthy patients”, which used to come to the hospital too late. After people were hearing about what is happening, are there less people who came to the hospital too late? So are there only few people, young healthy adults, who became very seriously sick after several days, after hearing about this situation?

Dr Sylvie Briand: The reason why we mentioned this point is that because usually healthy adults, when they get flu – I mean seasonal flu – they usually have mild symptoms. It is very rare that young adults become severely sick with flu. This is a new feature with this virus. But the numbers are quite limited so far. In Mexico they are still reviewing the files and trying to assess the previous conditions of most of these young adults and for some of them, so far, there is no evidence that they had pre-existing conditions, but they are still investigating and trying to make sure that they have not missed any important conditions that were not reported in the medical file. This is why we are looking much more at these young adults, because when they start to develop severe pneumonia, it does not mean that

they will necessarily die, something can be done, but the earlier, the better of course. And very simple therapy can help very much like oxygen, which is available nearly everywhere, can really save lives.

Aline Gobet, CBC Canada: I would like to know if you can provide us with numbers, the rate of death of normal flu, seasonal flu in the hemispheres. I would like to know first maybe worldwide, when it is severe or mild seasons for flu – normal flu – and is there a big difference between the south and the north hemispheres? Because if we look at the north hemisphere, there are a lot of very populated cold countries, but in the south hemisphere it is rather not very cold, even when they have their winter. So I was wondering if the question of temperature makes it less dangerous to have flu in the south hemisphere and if you could provide us with some numbers please?

Dr Sylvie Briand: In fact the numbers we have for seasonal flu vary depending on the years. Some years we have a very mild seasonal flu, and other years we have a more severe seasonal flu. Global figures are really difficult to get because each country is monitoring the flu season, and they provide their figures, but not necessarily on a regular basis. But to give you a kind of frame, in France for example, the number of deaths during seasonal flu varies from 5000–15 000 deaths, in the United States you can have 40 000 deaths depending on the years, so these are numbers, but highly variable. Regarding your question whether there are more deaths or severe cases in northern hemisphere than in southern hemisphere, this is a difficult question to answer. First of all, because of the variability between seasons, and secondly it depends also on the availability of data. Now, we know that we are looking much more into, for example tropical countries, where historically people thought that there was no flu because of the hot climate, but in fact recent studies show that there is flu in tropical countries. The difference is that they have probably – it's not as seasonal as in cold climate – but they have two or three peaks per year, and as limited data are available, this problem has not been completely measured and assessed yet. But there are more and more studies on this issue, and we can say that flu is really a global problem.

John [Lawermann], Bloomberg: We saw something from Mexico today are they saying that they had not the total measures that they did take: closing schools, shutting down restaurants. The number of hospitalizations would be close to 30 000...Would you comment on this in light of the US - I guess they are scaling back their estimation of the usefulness of closing schools.

Dr Sylvie Briand: Well, I think that this comes back to what I was saying at the beginning. The more we know about this disease, the more we will be able to have better control measures, targeted control measures and tailored control measures to the severity of the disease. When it started, I mean there were a lot of unknowns about this disease, about its severity and it was at the beginning a huge increase in the number of cases and severe cases in addition, so I think the measures that were taken were consistent with the information that was available at that time. As the disease spread, and we were able to detect more and more mild cases, then the picture changed. If the pictures changes then you have to adapt the measures and be consistent with the reality, not over react and just try to maintain the transmission as low as possible.

Simeon Patterson, Tokyo Broadcasting System: You eluded earlier to a debate, if we can call it that within the WHO, about whether to adjust the pandemic threat scale system itself, perhaps to take greater account of the severity of symptoms and so on. Where is that debate at the moment?

Dr Sylvie Briand: I do not think there is really a debate. The phases are the result of a consensus between WHO and its Member States. It is the result of a number of technical consultations where Member States were invited to discuss and to conclude that the phases that are currently in the *Pandemic Preparedness Guidelines* are probably the best way to approach this phenomenon. Then if you look at the *Guidelines* you will see also that WHO accepted to provide an assessment on the severity, in addition to these phases. The Phases are mainly based on the geographical spread of the disease and we will provide in addition to that an early assessment on the severity, which is what we are doing at the moment with the various scientific teleconferences we have been holding in the past few days to try and get more information on the disease and also to be able to have an assessment on the severity. But of course you have to understand that this assessment may vary according to the evolution of the disease and as we get more information on this disease as well.

Rob Styne, the Washington Post: Getting back to the cases that you reviewed with the Mexican doctors, I was wondering how many cases you reviewed and if you could break them down, what proportion of them were people who had underlying conditions, what proportion were otherwise healthy?

Dr Sylvie Briand: The discussion focused mainly on the severe cases who died, in order to understand first the progression of the disease, how fast severe cases die, and also to review the type of treatment these people have received and when they arrived at the care facilities. Of course, there are many more severe cases in Mexico and that means that we are still discussing with our Mexican colleagues to get a comprehensive review of the remaining cases but the first call focused on the ones that were the most severe.

Sao Paulo, Brazil: You said that you were the last few year in contact with countries to ensure that the level of readiness was high for a possible pandemic. I would like to ask what do you know about the level of readiness of Brazil and South America, and the weak points of their preparedness? The health minister of Brazil said that it is inevitable that there will be more cases in Brazil. I know that WHO said that it is too late to contain this virus and the thing to do now is to mitigate the effect. But I still wonder if it is not possible to contain in a country that has new cases and to avoid more cases?

Dr Sylvie Briand: About the level of preparedness of South America, I think that South America is like other countries in the world in the sense that since we have had the threat of H5N1 in avian influenza, the majority of countries in the world have embarked to intensive preparedness activities. Of course, you are never enough prepared but a lot of progress has been made in the recent years. South America has a good network of laboratories that are able to detect the disease and they have also in most of the countries a good seasonal influenza surveillance system. So the level of preparedness is quite good. Now the question about whether Brazil have more cases and can we contain it. I think what countries are trying at the moment is not completely to contain the disease, but at least to reduce the speed of spread. And this has major advantage because then you can control a little bit the increase in the number of cases and then be ready to provide more attention to the severe cases that may occur. The intention now is really to reduce the spread and make sure that you have enough time to better respond.

Jerry [Riess], CBC TV Toronto: I have three questions for Dr Briand. What obligation do local health authorities have to report cases especially those involving deaths? Is there a specific timeline that one would be expected to get that information to WHO and to the public domain? And do you feel that we are getting an accurate picture right now of the total deaths and cases around the world?

Dr Sylvie Briand: Within the International Health Regulations, countries are asked and requested to notify to WHO new cases of this disease in 24 hours. So far, countries have really contributed, reported fairly regularly the cases they have had. At the moment the picture we have, on the geographical basis reflects the reality. Sometimes, what is difficult is that you have always a timeline between the day of onset of the disease and the appearance of the first symptoms, and the day when you get the confirmation by the laboratory. So sometimes you can have some delay but in general the reporting system has been very effective and rapid.

Shade, Brazil: Perhaps if you could be more clear on the issue of the spread of the virus in the new countries such as Brazil. Are you saying that it is at the moment the best strategy for the country is to, let's say, reduce the rhythm of this spread and that containment is not a possibility at the moment. Can you be clear that this containment strategy is not feasible?

Dr Sylvie Briand: When initially we were talking about containment strategy, it was referring to the situation where you have the outbreak starting for example in a small village and then you contain the population of the village, give the population treatment and have this containment operation for enough days, let's say to have the transmission die by itself. But as you see now the situation is fairly different. These are travellers coming back with the virus and you can identify some of these travellers, but there is always a risk of some travellers that you missed and the surveillance system cannot track all the travellers and put them into isolation and track all the contacts. Of course this strategy is very effective to slow down and this is a situation we have seen in Europe because with intensive surveillance activities you can really contain this disease to the very few cases of imported cases, but the difficulty is to maintain this effort for a long period of time and also that you may miss some travellers that are in transit in other places and it is therefore quite difficult to make sure that you have identified all the subjects that could be infected with the virus.

John Costas: To come back to the evidence from the physicians who were working with the cases, if you could tell us a little bit the difference between the healthy patients that died and those with chronic illnesses. The doses of the interventions by the medical practitioners and also if some were put on respirators and still died; and if you have success stories of interventions where they have turned the corner to have a comparison.

Dr Sylvie Briand: Of course, I have discussed all these cases in fact. Some people were under mechanical ventilation, others not, some people had early treatment and others not and so on. That is why we reviewed all these cases to try to have a better picture of the different scenarios possible when somebody gets infected and has a severe pneumonia. What I think is important to understand is that people with underlying conditions are the usual people at risk for seasonal influenza. These are the people that are usually targeted for public health intervention during seasonal epidemics. The other group – young healthy adults – that have developed severe pneumonia may require more attention because these are somehow new high risk group, but fortunately among the severe patients Mexico had, these young healthy adults apparently were not the majority of the cases. But, giving you numbers is still very difficult because investigations are ongoing and especially on retrospective cases and we do not have at the moment all this information.