



**Transcript of Virtual Press conference with
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for Health Security and Environment
World Health Organization
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Dr Fukuda: Good afternoon everybody and again thank you for joining this press briefing. We apologize for any technical difficulties. I want to start off with the situation update and provide where we are in terms of the cases of laboratory-confirmed infections which have been reported to WHO. I do not want to put too much of an emphasis on these numbers because we know that the numbers are changing all the time and there are numbers being reported by various media outlets, as well as by countries, but these are the numbers that have been reported to WHO as of 5 p.m. today.

From Canada we have 13 cases from 4 states. Seven of these represent new infections from the last time that we spoke. In the United States we have 64 cases, which is the same number as before, but we do have 1 death being reported now in a young child. In Mexico there are 26 cases with 7 deaths, this is the same as before. In Israel we have 2 cases reported. In Spain 4 cases. In the United Kingdom we have a report of 2 cases and in New Zealand there is report of 3 cases. This is for a total of 114 cases as of 5 p.m. today, which has been officially reported to WHO.

In addition to the officially reported cases, we know that there are a number of other suspicious cases and other infections being investigated at this time in a number of other countries. One of the things that I wanted to touch base upon today is, as part of the overall attempt to handle where we are and what the situation is. WHO this afternoon convened a large global virtual science meeting, which was held by telephone with several hundreds of participants involved from around the world, as well as presenters from some of the countries with confirmed cases. In fact, I believe that conference call is still going on but I will be able to report some of the findings even though that meeting continues.

In terms of the information that has become available through the discussions on this telephone conference, we have a little bit of information now on the clinical spectrum of illness. Based on what the investigators have reported, it is clear that we continue to see severe cases occurring in Mexico. However, in the other countries, the cases continue to be predominantly mild cases, otherwise I mentioned earlier, we do have the report of the death in the United States in a young child. The epidemiological information to date, strongly, more strongly suggests that we are dealing with a virus that is being transmitted from person to person. And the disease transmission through travels is accounting for the spread of this virus in a number of different countries. Studies are under way in a number of countries to look further up the transmissibility of this virus. For example, there are



studies under way to look at the contacts of people who are known to be infected. And again, I expect the information to unfold over the days and weeks as we go into this.

Some virology confirmation was discussed today and the most important point is that the virology analysis today again confirms that this was originally a new swine influenza virus, but it is now behaving more or less like a human influenza virus, the transmission going from person to person. At this point we do not see any evidence that people are getting infected from pigs. We do not have any evidence to suggest that pork meat and those sorts of products pose a risk to people. This appears to be a virus that is moving from person to person.

Many countries have increased their surveillance, so they are looking for cases both in general communities and in hospitals. This, as you remember, was one of the actions recommended by WHO a few days ago. Finally, the work on developing vaccine, seed viruses and candidate viruses continues in a number of laboratories, with both laboratories in the United States and Canada working on the development of viruses that could be used in a vaccine.

I think that if we take an assessment of the situation right now and ask ourselves where are we, what is going on and where might we be going, it is clear that the virus is spreading and we do not see any evidence of this slowing down at this point. All of the information that we have both from the formal analysis that are being done, but also from the reports of the investigators on the ground, what they feel that they are seeing, suggests and indicates that we are seeing person-to-person transmission and this is continuing in a number of places. When we take that information and we assess the overall situation, it suggests that as the outbreak evolves we are moving closer to Phase 5. We are moving closer to that, but I do not think that we are quite there yet. Phase 5 is a significant milestone in preparation for countries and in warnings, and what we are trying to do right now is to make absolutely sure that we are dealing with a sustained transmission in at least two or more countries. The analysis of the data, the analysis of the outbreak continues as we try to firm up this understanding and this information. Investigations continue in many different countries as investigators in all these affected countries continue to try to collect information and analyse it as quickly as possible.

The science conference that took place today and which is continuing confirms the impressions that we have had to date and there is nothing that we have heard at the science conference that suggests that these preliminary assessments of what we are dealing with are not right. However, as always, we will continue to monitor the research findings which hopefully will shed new understandings on what we are dealing with and more detailed understandings.

The illness that we are seeing is generally consisting with seasonal influenza infection. That is the kind of symptoms that the milder cases are experiencing and generally what are seen with other influenza viruses, although there is some suggestion that perhaps cases are developing diarrhea more often than is normal with seasonal influenza influenza



or seen with seasonal influenza. So we will continue to follow this and see how the picture of clinical symptoms evolves.

The question that is really on many people's mind is what can we say about the severity of the illness at this point. I think that the information to date clearly points out that this infection can result in anything from very mild illness, where people do not need to be hospitalized and generally recover without any complications after several days, to fatal illness. We have now seen this occur in two countries and this is in keeping with how other influenza viruses behave. The question that we do not know right now is that when people get infected, how often are people going to develop mild illness, how often are people going to develop severe illness, and which groups of people may develop fatal illness. We do not have to handle on this right now and this is one of the questions which is important to identify. What is also important to identify is, among those people who develop serious illness, is there anything that can be done, are there any risk factors that can be identified, and so the investigations will continue in these areas.

At this juncture, I think that a fair question to ask is where we are going. Is it theoretically possible that this epidemic could certainly stop for unknown reasons, although this is probably unlikely at this point. It is also possible that we could continue on with spread of relatively mild illness in most countries recognizing that death and serious illnesses will occur sometimes. And it is also possible, that as we go into the future, we will see more serious cases. These options are all possible. We do not quite know how this is going to evolve but we will, as we mentioned over the last few days, monitor the situation very carefully. We will report the findings as they become available to us.

At this point I will stop the update. I wanted to just have a brief update today and we can move on to questions.

Reporter from Mexico: First of all, since yesterday, restaurants in Mexico City are not able to operate normally, only take away service. Is this measure advisable for Phase number 4 of the pandemic alert or it can generate a wrong impression in the society creating the risk that people are seeing this disease with the food. And my second question is, and this question was for the(...unclear....) why Mexico is the only country reporting deaths at this very moment, while considering US reported a death today. Why Mexico?

Dr Fukuda: Whenever we have epidemics and pandemics occurring in countries or diseases outbreaks, the patterns may differ in different countries. Right now the picture appears more severe in Mexico than it does in many other countries, and national authorities do need to adapt their disease control strategies and actions to what is going on in the country itself. In this point, I think that the authorities are probably focussing on how to reduce the chance of infection when people gather together. In terms of the second question, why is it only Mexico that is reporting a significant number of deaths, the answer to this is that we do not know right now. It is clear that deaths can occur in other countries and serious illnesses can occur in other countries but most of them are



being reported in Mexico. We do not know the reason for that, but this is one of the main focuses of the current investigation.

Reporter from The Wall Street Journal: I have a couple of questions. You mentioned that we are moving closer to Phase 5 but you do not think we are quite there yet. I just wonder if the Emergency Committee is meeting again today or tomorrow, probably not today but soon, to evaluate that. And secondly, I wonder if you could help us understand a little bit better the different numbers of deaths being reported from Mexico. I mean, clearly WHO is reporting only deaths that have been laboratory-confirmed by CDC or another lab. I am wondering if you know what testing capabilities the Mexicans can have right now, and so when they are saying they have 150 deaths or whatever numbers they are using, what level of testing and confidence do they have.

Dr Fukuda: There is not set time right now for the Emergency Committee to meet. Right now, the way that the Emergency Committee operates, and this is the Emergency Committee as convened under the International Health Regulations, is convened to provide advice to the Director-General of the WHO. At this point, there is very intense analysis of all available information going on, and when the Director-General feels that she needs advice from the Emergency Committee, then she will convene it. This is something that could happen on very short notice, it could happen later today, it could happen tonight, it could happen tomorrow, it could happen in a couple of days, or whenever the evidence suggests.

In terms of the different numbers of deaths, I think that one of the features that is simply to follow investigations especially when you have big outbreaks occurring, is that the numbers can be very confusing and you can have cases of disease reported, cases of deaths reported, and then some of them might be laboratory-confirmed deaths, and often times these are deaths which are epidemiologically suspicious but not laboratory-confirmed. I cannot address directly why do the numbers vary a little bit, right now, but I do know how these outbreaks unfold and how difficult and overwhelming it is to get the numbers quite straight. It is very common to have the numbers vary somewhat in the beginning of these large outbreaks. At this point, I cannot address the specifics, but that is generally, what is true with the outbreaks.

Reporter from CBC: The majority of confirmed cases outside of Mexico are among people who travelled solely to the resort areas places like Cancun, but the Mexican authorities are not reporting any confirmed cases in the resort areas in places like the Yucatan State, the Riviera. Could you please explain why that would be?

Dr Fukuda: I cannot specifically explain what is going on in Mexico right now, in terms of the epidemiology. I think it is still quite early in the overall investigations. Mexico is a very large country. The investigators are scrambling to map out what is the course and the distribution of the infections in that country. It is quite possible that there is this infection in many different parts of Mexico that have not yet been confirmed by

laboratory testing, but we will have to see how this goes over the next few days to several days.

Reporter from Asahi: I have two questions. One is concerning the nature of the virus. I am wondering if you have any evidence that there have been mutations which turned from the pathogenicity and also the ability to transmit from human to human. And second question, concerning the core infection in Mexico. At previous briefings you mentioned that there might be a co-infection in Mexico and if possible could you name some of the responsible viruses or any other pathogens?

Dr Fukuda: The influenza virus that we are dealing with now, this swine H1N1 virus is a new influenza virus and so far, most of the viruses which have been, or all of the viruses which have been isolated and studied in laboratories, appear to be remarkably consistent and remarkably similar with each other. When you look at the genes, these are all genes from influenza viruses that have circulated in pigs before, so we consider it a swine influenza virus. Yet it is clear that this virus has somehow gained ability to infect people and to transmit among them. I think we are still too early in the investigations of the virus themselves to understand what kind of changes, what kind of mutations might have allowed this to happen. I think that in the future we should be able to talk more about what kinds of changes might have allowed this to happen, but right now, we do not have that information.

In terms of co-infection, just to maybe correct a misperception. We do not know of any co-infections that are also occurring with these swine flu virus infections right now. However, having said that, it is often true that when influenza infections occur, that there can be other bacterial infections which occur, which may lead to pneumonia or may lead to other complications. This is a typical finding for influenza viruses in general. However, right now we do not have any firm evidence of whether there is co-infections, or whether secondary infections occurring in the people who developed fatal cases or who had serious illness cases. This is something that, as investigations continue, I think will become clearer in terms of the clinical picture..

Reporter from Canadian Press Agency: I have a couple of questions if you would not mind. You said that it seems like the world is approaching Phase 5 but we are not there yet. The other day you talked about wanting to see, continuing transmission within communities where there have been importations of cases and we are seeing that, I think, quite clearly in New York City at the very least. What would trigger Phase 5 at this point. That is my first question. My other question is that, obviously the fact that the disease they have had in Mexico is quite mild is a very nice thing, but are you concerned that people may not take the possibilities of a pandemic seriously enough as a consequence and that they may not prepare themselves because they do not see this as a big deal.

Dr Fukuda: Right now, we have epidemiological information and a number of cases in a couple of locations. One of these is Mexico and another of them is New York City. In New York City what we have seen is clearly person-to-person transmission occurring in a

large high school. This is what we often see with influenza viruses occurring in many different kinds of institutions. It might be nursing homes, it might be colleges, it might be high schools, and this is a typical from what we see, but what we are also looking for is whether we are seeing transmission of this virus out in the community itself. In neighbourhoods, not just those who are going to high school, but among people who are not necessarily connected with the high school. Ordinary people who are just going around. This is what we typically see with community level transmission of influenza and so this is the kind of information we are looking at before we really move to Phase 5. As I mentioned with one of the other questions, we are very intensely looking at the data as they come in and trying to get a handle on this.

In terms of the mildness of the cases out there and whether people may take a pandemic seriously or not seriously, I think the main point I want to make here, the most important point to make here, is that it is probably premature to think of this as a mild pandemic or as a severe pandemic, and it is very clear that we cannot predict what the cause of this will be. As I mentioned in one of the earlier interviews that we did, the worse pandemic at the last century started out mild in the spring time, it was fairly quiet during the summer, and then in the autumn when it really exploded, this is in 1918 and it was a much more severe form. And so we just know what the future is going to hold. The most important point, now, is that countries and organizations really have a warning, have time to prepare. There are a numbers of things to do, there are things that we have to look very carefully about: how we help with the development of vaccine, how we proceed with control measures and so on, but the important point here is that we have time to prepare ourselves, to implement actions, and this is what we want to emphasize.

Journalist from Reuters: We are wondering if you could elaborate a little bit more on what you have seen in terms of the transmission within the community. The Spanish health ministry has just a few minutes ago confirmed a case of swine flu in a person who had not travelled to Mexico. I wonder if you had any more information on cases that are not so-called “imported cases”.

Dr Fukuda: There are cases that are being reported which are occurring in people who have not travelled and one of the immediate question that comes up is: the people who become infected on one side, do they come in contact, are they associated with people who are travelling, and sometimes that has been seen and that is some of the kinds of questions that the investigators are asking. What we are looking for overall is whether we see many kinds of these infections occurring in a way that suggests that the transmission is occurring independent of travel, and it is being established in communities. That is the sort of pattern of transmission that really helps us to decide when an infection has become established in a neighbourhood or in a community, and then in country.

Reuter from AP Geneva: I think you suggest this issue of pigs. Today the parliament in Egypt ordered to slaughter all the pigs in the country. I am wondering if there is not perhaps too much misinformation still out there, that WHO isn't doing enough to combat, and in a sort of related question, regarding your information policy, we were told that if the Emergency Committee does meet today we would not be informed about what they decide until 2 p.m. tomorrow. That is a long time for rumours to go out, all kinds of speculations might make people do the wrong thing. Does WHO feel stifled in its ability to communicate directly with the public?

Dr Fukuda: In response to your second question, the answer is no. We feel very connected with providing information to the public. I think that this kind of daily briefing and all of the other interviews that are being done, really, are a testimony to that. One of the big pushes by WHO, but I think that many other organizations is to move the information out to people as quickly as possible. In terms of your first question, clearly it is helpful to put out as much accurate information as possible, this is the best way to combat rumours, best way to combat misinformation about pigs. In addition to WHO, there are a number of other organizations that are also working hard to put out accurate information. At this point, I want to make it very clear that we do not believe that the infections occurring in people are associated with getting infected from exposure to pigs. This is a different situation from what we saw with avian influenza – the bird flu – in which people got clearly infected by birds. In this situation, even though the virus originated in pigs, we do not believe that people are getting infected by pigs. This is really a virus that is being transmitted from person-to-person. Therefore, we think that with food-handling practices, the eating of pork meat does not pose a danger to people.

Reporter from The New York Times: Any efforts being made in Mexico to find exactly the origin of this outbreak. Is that being done, would it be an important thing to do, would there be any value to that at this point?

Dr Fukuda: It would be very interesting to be able to trace back and find out where the origin of this virus came from. This is one of the things that everyone is always interested about with a new disease. But I would say that at this point we have higher priorities. The most important priority in terms of investigations is to document what is going on now, how is the picture evolving: are we seeing infections in severe cases that are not being detected, are we seeing infection established itself in areas in which it has not yet been documented... this are the kind of investigations that are really critical right now to answer the most urgent issues of how is this evolving, where is it going, what is the impact on people, what steps might be taken to protect people. Nonetheless, I believe that at some point we should come back and try to understand what are the origins of this virus, both in terms of how it moved from pigs to people, where that might have happened. Very interesting questions but maybe not the highest priorities right now.