Transcript of virtual press conference with Dick Thompson, WHO Spokesperson, and Dr Mike Ryan, Director of the Global Outbreak Alert and Response Network, World Health Organization 2 May 2009

Hi, everybody thanks for joining us. I apologize for being a little bit late but I think you may understand things have been a little hectic. We are May 2, today's guest for this video press conference is Dr Michael J. Ryan. Dr Ryan, is the Director of the Global Alert and Response team. We are going to do this the way we did it yesterday we will ask questions on line and questions here in the audience. As usual, we will have a transcript up and on the web and we are also going to be posting the audio version. Dr Ryan will begin with a brief statement and then we will take your questions. We expect this to last about a half hour and not longer, thanks. Dr Ryan.

Dr Ryan: Welcome ladies and gentlemen and thank you for coming to this press conference and my apologies for being a few minutes late. I would like to give you an update on what has happened today and talk a little bit more after that about the seriousness of the pandemic and would like to talk about how WHO is responding to the situation as we speak. We are still at phase 5, the WHO pandemic alert level. We continue to see an increase in laboratory confirmed cases as of 6 am GMT today, 15 countries have officially reported, 615 cases of A(H1N1) influenza infection with 17 deaths. Mexico has reported 241 new laboratory confirmed cases and 7 new deaths since 23:30 GMT of 1st May. The increase figures from Mexico reflect primarily ongoing testing of previously collected samples and not a surge on people falling sick. We have seen case reports from Hong Kong and South Korea indicating the geographical spread of the disease. But we have no evidence of sustained community spread outside North America.

I would just like to speak a few words about what a possible move to Phase 6 might mean. Pandemics are serious, but it is important to know that Phase 6 describes geographical spreads of the disease and not its severity. We do not know how severe or mild this pandemic might be. History has shown us that disease activity in the past pandemics is like a patchwork, while every country is ultimately affected the state of the development of the epidemic in any given country can be very different at the same time. Therefore measures being taken by governments will differ, depending on the state of the development of the epidemic in that country. This is the time for us to prepare and be ready. WHO continues to monitor the spread of this virus and expand our understanding of its behaviour and severity. We are also moving to a more operational stance to support countries in the readiness and response in collaboration with other UN partners, our technical partners around the world, collaborating centres, NGOs and others. We have begun to dispatch 2.4 million doses of antivirals to 72 countries including Mexico from stocks donated by Roche in 2005 and 2006. We will also supplement our regional stock piles in the six WHO Regions as a contingency for further supplies to countries. The Director-General is continuing discussions with Roche and others on how to best meet future needs of developing countries for antivirals.

On the diagnostic front, the WHO Collaborating Centre at the Centre for Disease Control in Atlanta is today dispatching diagnostic kits to all influenza reference laboratories for further dispatch to national reference laboratories as needed. We have teams on the ground in Mexico continuing to work with the Mexican authorities to improve the quality of data being collected, improve the quality of analysis of that data. On a day to day basis, this is the business we do. We monitor, evaluate and respond to roughly 250 public health events a year, many of which do not reach the news. But some have implications for global health security. Obviously the biggest thing we face now is the possibility of a pandemic, good preparedness will help us mitigate its effects, should we work together in a coordinated and collective fashion. Thank you. I can take some questions now.

John Zarocostas, the British Medical Journal: You just mentioned your dispatching 2.4 million doses to 72 countries. How many of these countries are least developed countries with the poorest health systems, are they going to get priority given the weakness of their infrastructure?

Dr Ryan: Yes, all of this drug is targeted at the poorest countries with the greatest needs.

Andy Edcart, NBC news: The European countries have been reporting some increase in laboratory-confirmed cases. Do you see any sign here that this could be the region that could trigger possibly or indicate that there could be a raise to Phase 6?

Dr Ryan: I can confirm that in the European area, France has confirmed an additional 1 case today totalling 2, Germany has confirmed 2 additional cases, the UK 2 further additional cases and Spain has confirmed another 2 additional cases and Israel 1. And those figures will be updated in our daily update at 19:00 today. Those figures are not reflected in the figures as released this morning. But I think what you need to see there is a very small number of cases, is very limited, the countries have done an amazing job, number one to detect those cases, they have got people to hospitals, they have put people on treatment and they are following up on contacts. So I think it would be, at this stage, unwise to suggest that in any way that those events are out of control or spreading in an uncontrolled fashion. I think the next few days will tell as this develops but at this point, I could not agree with you.

Bloomberg: Were we yet to pinpoint this exactly how this swine drive evolved, can you expect it with more intensive livestock production, we could see more instances of enzootic viruses causing widespread disease in humans?

Dr Ryan: I think this is phenomenon we have all been observing over the last number of years. If we look at major threats to international public health security over the last three decades, many have emerged from animal origin and diseases that breach the species barrier can establish themselves on humans, we have seen this with SARS, we see this with haemorrhagic fevers like Ebola, Marburg and other diseases. And this is something that remains poorly understood, and something there is always that risk that these diseases can cross that species barrier. The animal/human interface needs to be watched carefully and needs to be managed through the proper risk management and collaboration between the animal and human sectors. In the particular case of the current outbreak, we have seen in the past, on occasions disease can spread from pigs to humans, but in generally ends and dead ends with one or two cases, in this case we see a virus transmitting in human populations and there is no evidence at this point that there is transmission from pigs to humans, its very important to restate that and that people understand how to protect

themselves is to prevent being infected by another individual and not to be concerned about being infected by pigs.

Helen, Canada: I was wondering if you could tell me the World Health Assembly is coming up in a couple of weeks. I think hundreds of health ministers and people in their entourage will be descending on Geneva, which is, you know, quite a large gathering and I am wondering if WHO is reconsidering how wise that is at a time like this because they could make the SARS distribution schematic from the Metropole hotel look tiny?

Dr Ryan: Thanks. At this stage WHO has no plans to cancel or postpone the World Health Assembly. But, when it comes to mass gathering events in general, these are decisions that individual governments and organizations will obviously be faced with over the coming weeks. We have virtual advisory group of experts in managing the risk associated with mass gatherings and recently issued guidance on mass gatherings in general in relation to epidemics and as we speak we are developing some basic guidelines for countries right now so they can use those guidelines to assess in the coming weeks and months, whether mass gatherings are advisable or not. I think it is important though to remember at this stage as I said before the epidemic would be at different stages of development in different countries with different risks. There are different local risks and there are different global risks, so each individual event must be assessed on its own merits and we will be assisting countries with the advice they need to make those decisions. But I can reconfirm that there are no plans to cancel or postpone or curtail or limit the World Health Assembly, it is a very important opportunity for global health leaders to come together and address the issues around this pandemic and other very important health problems that we face in the world today.

Deborah: Just a clarification: on the 72 countries, can you explain how did you get to the 72 countries? Are the government asking for them? Are these countries all from the developing world and a little over 2 million doses seems very little to 72 countries?

Dr Ryan: In terms of these countries they are very low resource countries in the world and the ones who are most vulnerable. We are also establishing what stocks countries already have, so there are a number of considerations in that dispatch. 2.4 million treatment courses reflects a large part of a rapid containment stock pile and that stock pile had been reserved for the purposes of containing the virus rapidly should that have been an opportunity. Having determined that such containment is not possible, WHO has decided to dispatch that to countries in order to assist them in their preparedness and readiness. Many countries have access to their own stocks and as I said, the Director-General is working with Roche and with other companies to establish how much more antivirals can be identified and transported. But we believe, at this point it is important that all countries have access to some antivirals in order to treat severe cases should they occur.

Jason Gale: Just based on the cases confirmed so far, what is your epidemiological data telling you about the severity of disease and are you still seeing a bias towards otherwise healthy young adults in their 20s, 30s or 40s getting severe illness?.

Dr Ryan: We are seeing disease across all age groups and certainly Mexico is the country which has the most developed epidemic and we certainly see about half the cases are under 21, half the cases are over 21 and it is spread across the different age groups.

In terms of severity, part of the issue here is trying to look at the Mexican epidemic vis-à-vis the other outbreaks and this determination that it looks more severe in Mexico. I think you can see today that the Mexican authorities, in looking at their data, have now confirmed

that 17 of the deaths were laboratory-confirmed and still have to wait and see how many of the reported deaths will ultimately be assigned to a laboratory diagnosis of A(H1N1). So severity is not completely established from that perspective. It also reflects possibly that in Mexico we probably have had this virus spreading for a very long time, so the number of people who have been infected and mildly sick maybe much larger than we previously suspected. And therefore, the deaths we are seeing may reflect the small proportion of deaths to a very large event and what we might be seeing is a very small number of deaths in other countries reflecting small numbers of cases so far. So I think we have to be very, very careful in trying to make an accurate estimate of severity. We are working with disease modellers, we are working with epidemiologists to get a better handle on that but I think if you cast your mind back to SARS, if you cast your mind back to other epidemics, at this stage in an epidemic it is sometimes very difficult to make an accurate estimate of severity. We will give you that as soon we have something that we can stand over.

David Brown, Washington Post: Getting back to the last question, are there any very early estimates of case fatality rate and in particular, fatality rates in pregnant women who I believe are traditionally the most vulnerable group in the influenza outbreaks.

Dr Ryan: No, we do not have any specific data on pregnant women and what I would like to do is not deal with this question until the next 24 hours when I believe we will have better estimates of case fatality, or at least ranges of case fatality that we can determine. But at this stage, I want to leave it to the teams working on the epidemiology assessment to complete that epidemiology assessment so that we can give you a better figure, and again even when those figures are given, those figures may change.

Reuters: I wonder if you can tell us about how things are in the SHOC Room now if there is a sentiment that things are a bit calmer in recent days and how has that been?

Dr Ryan: As we call it the SHOC Room – the Strategic Health Operations Centre – is the nerve centre where all of our data information and various task teams work out of. I would have to say that there are now hundreds and hundreds of people within our Organization fully committed to the response to this disease and working in a number of task forces focussing on; global tracking, monitoring, risk assessment and disease evolution, working on a vaccine task force, working on an antivirals task force, working in a communications task force. And also, a science and knowledge and standards group that is really focused on our understanding of this disease, and this group is connected to a virtual network of modellers, epidemiologists around the world and there will be further scientific consultations on Monday and Tuesday in smaller very expert groups looking at this data from Mexico, from the US and elsewhere.

We also have a growing field operations and country support group working with and through our Regional Offices which combines the skills and field capacities of our programmes, our programme on Global Alert and Response, our sister programme in Health Action and Crisis who deal normally with the floods and humanitarian settings, our colleagues in the Polio Eradication Programme who have proven their capacity to support countries over the years. So what we are seeing within the Organization is, in my view, an ability to surge and turn the capacities of the Organization onto an urgent problem – very, very quickly at all levels of our Organization.

Now, having said all that we are tired, the odd loud word is said, but what we have is had lots of practice unfortunately, with SARS, with tsunamis, with major responses to epidemics. We vaccinate millions of people every year in response to meningitis epidemics, we can move millions of vaccines and we can mount mass campaigns to vaccinate people, we can contain outbreaks of Ebola in the rain forest. So we have that capacity to assist

countries but epidemics of the nature and the response to them does create stress. We are resting our staff and we have operational "on" and "off" periods and we know this maybe a long haul. In SARS we got very tired and many of us appeared to have reached burn-out, this time we intend to be able to maintain this pace for as long as is necessary to provide our public health service to our Member States and to communities.

John Cohen, Science Magazine: Are there any cases where there are probable or confirmed cases of hospital transmission? When we moved from Phase 4 to 5 it seemed as though the sensibility was that Phase 6 was inevitable and just a matter of time. I am hearing something a little different; have you shifted your perspective about that?

Dr Ryan: I didn't quite catch the meaning of the last part of your question but in terms of health workers, there have been reports of health care workers affected. I am struggling to remember, I believe in the UK, Germany, but I would have to check that and get back to you, but we have had confirmed reports of this disease in health workers. It is important to remember that our health workers are in the frontline, they are caring for the people who are sick. And they are the ones most at risk in many ways, of becoming sick themselves. They need more than us in Geneva – sitting in our SHOC room – they are at the frontline of this epidemic response. We need to do our best to protect them in their daily work and support them as they care for the victims of this disease.

At the present time I would still propose that a pandemic is imminent because we are seeing the disease spread to other countries. We have not seen yet that sustained transmission outside one WHO Region. At this point we have to expect that Phase 6 will be reached. We have to hope that it is not reached.

Telery Tamera, NHK, Japanese broadcast: I want to make sure again that so far in Europe there is no evidence that there is no sustainable community infection?

Dr Ryan: Yes that is true. There have been some secondary cases, but again in very close situations where family members were closely associated with cases, and we have seen that with H5N1. We are talking about here is sustained-community transmission in the general population where it is very, very clear that the disease is spreading far within that community. Not within close family, cluster-like situations. It is very important to make that distinction before we announce a sustained process.

Question: Many Asian countries worry about the spreading of this disease. Especially about first occurring in Hong Kong and South Korea. What do you think about the recent situation in eastern Asia?

Dr Ryan: Fortunately, some of the best prepared countries in the world will probably be in eastern Asia, after that last number of years and the high level of alerts where preparedness in eastern Asia for a possible pandemic of H5N1. And I think the authorities there have no more than ourselves learned through SARS how to deal with large public health emergencies. So I have every confidence that Asia will perform well in such a situation.

Brian Walsh, Time Magazine: I know it is still an evolving situation but at this point are there any lessons you can draw from this initial response from discovering as far as from mobilizing the pandemic alert system, especially for the Global Outbreak Alert and Response Network? Obviously this is the first real test since SARS. What are the lessons you have learnt so far?

Dr Ryan: One learns lessons every day. To be honest I have not had the time to step back and think like that. But I would like to say that what we have seen, if you compare this to previous events, we have seen remarkable amount of openness and transparency and cooperation between countries. We have seen countries taking their obligations under the International Health Regulations very seriously; we have seen collective action; we have seen sharing of information; we have seen international support from Mexico, from epidemiologists, clinicians and others from the Global Outbreak Alert and Response Network. So we are doing things better, as an international community. We have challenges that we are going to face collectively in the future. And those challenges are going to be: how do we ensure that the most sick have access to antivirals; how do we ensure those most vulnerable get access to vaccines when they become available. So there are major issues that we will face. From an operational right now, I am reasonably content with the performance of our Organization and of our partners. We will take stock at the end of this, every action we are taking, every e-mail we are sending, every note we receive is being triaged, logged in our event management system. We are going to learn from this event, even if it takes a long time to finish with it.

Dick Thompson's addition: *And I would like to add, even if you might be a bit reluctant, but this is our business really, and WHO mobilizes to handle sudden emergencies. We do this very often, whether it is Ebola (haemorrhagic fever) in Africa or the Tsunami spread over a very wide area. Some countries fortunately can deal with a crisis once in a century. As Mike pointed out we deal with 250 events a year. And that isn't just reporting an event, that is responding to an event.*

Brad Clapper, Associated Press: Scientists at the CDC seem to be saying that the study of the genetic properties of this virus seem to suggest that maybe it is less deadly than was originally thought. That it lacks maybe some traits that were in the Spanish flu virus, or in the H5N1, that make it less deadly than maybe we had feared a few days ago. Does WHO share this assessment? And what can you tell us about an assessment of its genetic properties?

Dr Ryan: First of all, I have to admit that I am not aware of that specific report. I am sure that people on the science group are. I would be very pleased if it turns out that this virus is weaker than it could be, I would be the most happy man in the world. However, I think that history has told us that these viruses are very, very, very unpredictable. And this virus is spreading in human populations, these viruses mutate, these viruses change, these viruses can further reassort with other genetic material. So it would be imprudent at this point to take too much reassurance from studies as that. However, any evidence that pushes us towards being able to issue statements on less severity will be very reassuring for the world.

Jaime, Sao Paulo, Brazil: How do you respond to the Mexican authorities that criticize the delay in the WHO's response. If you can perhaps go with us through the process that it took – if it is not too long, of course. And secondly, again on the 2.4 million doses, is there a region that received more? Did you divide 2.4 million by 72, can you give us a little bit more detail or perhaps a list of the countries and how much each one received?

Dr Ryan: In terms of the second part of your question, there is a document currently being drafted for release on that. I think it may be released tomorrow which will detail that process. I think it is better rather than my giving you wrong information, that we wait for that analysis to be dispatched.

In terms of chronology of events, yes we can certainly go through that. We do maintain very detailed records of all our communications with countries. WHO primarily receives information from two major sources:

1) formal sources: official reports of governments to us under the International Health Regulations (IHR);

2) but we also receive information, and scan information from multiple informal sources. The primary one being the Global Health Intelligence Network which is a joint project with the Government of Canada and the public health agency, which has been the core of our epidemic health intelligence gathering for the last decade.

We have teams at country level, at regional level and at Headquarter's level who constantly exchange information on likely events that may be picked up, either officially or unofficially reported. If we pick up those events, we carry out an immediate risk assessment and on the basis of that risk assessment, immediately seek verification from the affected country with specific questions relating to the disease, the type of disease, the spread, number of deaths, and also offer assistance with any verification to assist the country with investigation or response should that be needed. That is a daily process. All of that information is maintained within a sophisticated event management system through the levels of the Organization. And on the basis of the information we receive, we can carry out further risk assessment and decide whether or not an international response needs to be offered or delivered to contain the disease.

I think you are particularly interested in Mexico, in terms of the government's perceived criticisms. First of all, I have no criticism of the government of Mexico, they have been dealing with a very complex situation, and difficult epidemic, and have been exceptionally responsive to requests for information from WHO.

We will try and get an exact chronology and get that out to everybody in terms of exactly the chain of events. But if I want to be quick:

- 10 April 2009: the Global Public Health Intelligence Network sent a report to AMRO/PAHO – as many of you know, our regional office for the Americas – saying that there was a rumour of acute respiratory syndrome in Vera Cruz in Mexico. They reported that all clinical cases were recovering and that there have been no cases since the 3rd April and that the epidemic was over. This was unusual because it was a large epidemic of respiratory illness at the end of the influenza season, but they had already investigated that event. When we asked them to verify the event, they had gone there, they had investigated the event, the event was over and nobody had died and all clinical cases were recovering. That was the report we received.
- 11 April: we requested a verification based on our risk assessment.
- 12 April, morning: the IHR focal point in Mexico sent a detailed report of the investigation of that event.
- 16 April: a further rumour was picked up from media sources of a non specified atypical pneumonia cases in a hospital in Oaxaca state in Mexico. The interest in this for us was that the initial report was that of a coronavirus. Coronavirus is the virus that causes SARS.
- 17 April: verification was officially requested from the government of Mexico through the IHR national focal point. Two and a half hours later, the Mexican government responded with a report to say that this was not an outbreak, that this was a single severe case of pneumonia in a middle-aged lady with underlying conditions. The initial coronavirus positive result had been carried out in a private lab, the follow up testing of

respiratory samples were negative for coronavirus influenza and other common respiratory viruses.

- 19 April: we notified Mexico regarding the cases that have been occurring in California.
- 20 April: a teleconference was organized by CDC with Mexico and our PAHO team to discuss the situation in California and to update them on the information from that Oaxaca case.
- 22 April: WHO received official information through the IHR national focal point of reports of severe pneumonia associated with influenza, reporting an unusual increase in cases of seasonal influenza during March and April 2009, the peak of influenza usually occurring at the end or the beginning of the year.
- 23 April: the national focal point further confirmed report of 47 cases of severe pneumonia out of which 12 have died between 18 March and 18 April.
- 25 April: laboratory results related to the cases of Mexico, the Mexican authorities had sent samples to the public health agency of Canada Winnipeg laboratory and those samples were positive and those samples were immediately reported to the World Health Organization. I received the call at 3 a.m. from the Assistant Director-General who had just been contacted by Canada on the telephone, and 22 minutes later our operation centre was open.

I am quoting from a very detailed chronology and am trying to give you the highlights. There is much, much more information documented and we will be very pleased maybe to try and put together a more detailed chronology and let you see how things developed. But it is very important to remember that, at no point were Mexican authorities not wanting to work with the WHO, not responding to our request for information.

New York Times: Authorities in Mexico are reporting that there are many suspected cases, fewer than half now are coming up positive with the test that were given to them by the CDC. Could you tell us what meaning if anything this has about your perception of this outbreak?

Dr Ryan: There are many things that can lead to an outcome like that. Many times, in a situation of an outbreak and particularly one of these very high profile, sometimes you get the worried or other people reporting illness and they get tested and they are obviously negative. So it may just reflect the fact that many people who do not have influenza are being tested. It can sometimes mean, yes, that there are problems at the laboratory level, so it is very hard to make such a determination and I have to know more details. And in some cases, in other epidemics, we have seen this in Africa with the Ebola and Shigella, you can have mixed epidemics. In this particular case, I do not think that this is the issue, but there are many number of reasons why you see a change in the proportion of cases who become laboratory-positive. I would have to have much more information to make a comment. I will be happy to follow up with you on that afterwards if you want.