



World Health Organization

**Transcript of virtual press conference with
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and Dr Keiji Fukuda, Assistant Director-General ad. Interim
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World Health Organization**

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Gregory Hartl: We would like to welcome today Dr Keiji Fukuda, WHO Assistant Director-General for Health Security and Environment. Thank you very much, and now over to Dr Fukuda.

Dr Fukuda: What I am going to do today is just cover some general points. I think that there have been a number of questions which have come up and I am happy to answer those. But in keeping with the way we have been doing these press briefings, what I will first do is provide an update on the current situation, the figures, go into a little bit about an assessment of where we are, and then I will be very happy to take any questions.

As you know, we have been really stressing the fact that we shouldn't focus too much on the figures because they are pretty fluid and they change fairly often. To give an example, the Director-General addressed the General Assembly of the United Nations just a little while ago and at the time that she gave her talk, the figures of numbers of cases was 1003, but an hour later, as we get updated figures coming in from countries, the numbers are a little bit different. At the current point now, from the figures that we received just a little while ago officially, we are dealing with 1025 laboratory cases –similar but different. And these include 26 deaths and the cases have been reported from 20 countries and that's as of a little while ago this afternoon.

In terms of the overall situation in the epidemiology, the largest number of cases have still been reported from North America. The greatest number of cases have been reported from Mexico, the United States and from Canada. But we have continued to see a number of infections related to travel in a number of different countries, so these have included reports of cases in Asia, in Europe and in Latin America. We see a little bit of movement of the virus going south. At this point, these cases in other countries including Spain and in UK, which have had a number of cases reported remain travel-related cases. We do not have any evidence that the virus has taken hold and has led to community-level transmission in any other countries right now. So our overall assessment is that the situation continues to evolve as we have been stressing from the beginning, and in keeping again in the messages from many speakers, we are not quite certain how this is going to evolve. There is always uncertainty about the evolution of a new disease as it spreads worldwide. I do want to emphasize that at this point in history, this is the best surveillance we have ever had. We are really monitoring and able to see a situation unfold in a way we have never been able to do in history before. So again I think that people are watching perhaps the virus move out and seed itself in different parts of the world. But this is a new phenomenon, this would not have been possible 20 or 30 years ago.

Now, in this situation, it is critical that we continue to maintain and strengthen our alertness and surveillance. We have concerns about the infection travelling to the southern hemisphere because that part of the world will be heading into the winter months and the winter months are when influenza viruses usually thrive, and so you typically see epidemics and outbreaks of influenza occur during those colder months. But, I think you can see from right now, that this virus continues to move to a variety of countries in the northern hemisphere. So it is not that surveillance has to be strong just in the southern hemisphere, it really needs to be strong everywhere. Right now we really don't know how this will go, what other countries it may move to in the northern hemisphere and in the tropics. We are very mindful however, that we are heading into the winter in the southern hemisphere.

The issue which many people are asking about – rightly so – is about the spectrum of illness. What do we know at this point? To summarize from the information that has come in from all of the countries from the cases we can see a spectrum of illness going from very mild cases where people develop some fever, some symptoms but don't require hospitalization, to cases that end in fatalities. As I mentioned earlier, we now know that 26 people have died from this infection.

There also have been some important observations that have to be verified but they are important observations. So from the investigators in Mexico, for example, we know that severe pneumonia and death can occur in young and healthy people. This is a very important observation we have to follow up on and keep monitoring. Another kind of observation is that, based on the available cases, we have seen that diarrhoea is reported more often than we typically see with influenza. So there may be 40–50 percent of cases which develop diarrhoea which, again, is more than we see with typical influenza.

At that point, I think it is hard to say much more about the clinical spectrum of illness. We do expect information to continue to be collected. The investigators are very mindful that this is one of the critical aspects that we all want to know about and so I expect more information to come in over days and weeks.

Another question related to the illness is the incubation period. To put this in perspective with regular influenza, we typically see that the incubation period for influenza viruses is probably up to about 5 days – that would be a good range of incubation periods for regular influenza. With this virus, based on the current investigations, there is some uncertainty as to whether the incubation period may be up to a few days longer. So, there are questions about whether the incubation period may be 6, 7 or 8 days. Again I think the investigators will be working hard to refine those estimates. But that's the current question about the incubation period.

If we ask ourselves what are the main questions about the disease that we would all like to know about, I think the most important one is how often does it lead to severe disease. If you infect a large number of people, will you expect to see a small percentage develop disease that needs to be hospitalized or will we expect to see a larger number of deaths. I think these are the questions that we are trying to understand as quickly as possible. Again I mentioned that diarrhoea may be a more prominent feature of this illness than with usual influenza. Are there other symptoms? Are there other unusual findings? Again this is an important question.

The third area of questions is what age groups are most heavily affected. In past pandemics we have seen that all age groups are affected, but sometimes young and healthy people can be disproportionately affected compared to what they normally would be from regular influenza.

So these are the kinds of questions that the investigators are looking at right now and trying to figure out.

A third point I want to cover is the pandemic phase, because there have been many questions about this. How would we go to Phase 6, what does it mean exactly. So in terms of what we are looking for, the difference between going from being in Phase 5 which is where we are seeing sustained community activity in at least two countries in one region in North America, we are now looking for whether there is evidence of sustained community transmission in a country in another region. So it could be Europe, it could be Asia, it could be in Africa, it could be in South America, but we are looking for the evidence of that and that is why we are monitoring the cases so carefully to see whether there is any evidence that there is a pattern different than the travel-related cases.

There is some confusion about whether going to Phase 6 says anything about the severity of disease. These are separate issues and I hope everyone is very clear about it and if you are not, please ask me questions. Phase 6 means that we are seeing continued spread of the virus to countries outside of one region, and if we are seeing community outbreaks occur in multiple regions of the world, it really tells us that the virus has established itself, and that we can expect to see disease in most countries of the world. But that is different from the severity of a pandemic.

The severity of a pandemic has to do with when people get infected, how often are they going to develop really severe disease. Will we see younger people develop serious disease more often than usual, will there be anything unusual about pregnant women, will there be anything unusual about children? These are the kinds of things that we would be looking at in order to determine severity. So there are two separate things. I hope this is clear and please ask me if it is not.

This is the last point I will make – just to summarize the kinds of actions we are taking at WHO and I hope it gives you an idea on what we are focussing on. The first thing is that we continue to stress with countries and continue ourselves to be very alert as to what the disease activity is. We are stressing monitoring as a very critical first activity, and as we keep saying the situation is evolving. The only way we are going to know how does it evolve and are there any important changes is by ongoing surveillance around the world and the participation of all countries. So this is activity number 1. At the same time however countries, communities, institutions, have to deal with the situation at hand. They want guidance, they need guidance. So there are a variety of questions that people have. How do we take care of sick people, what kind of control measures might be instituted, what kind of surveillance is recommended or what case definitions can be used and so there are a lot of questions like that. One of the things we have been working on from the beginning is to provide that kind of guidance. And again, it is something that you have to work pretty hard at in the beginning when you are dealing with a new disease, recognizing that there are often things which are unknown.

The third area which we are focussing pretty heavily on, is what is the science. And when we are dealing with a new disease we can look at how things develop, we can describe what is going on, but we really want to understand why, because it is the “why” which is going to give us a handle on how do we handle this better, how do we treat it in a really scientific way but science does not come overnight. So there again, a lot of groups, a lot of people asking a number of questions about the disease, about the epidemiology and it something that we will continue to facilitate. To give you an example, last week we held a global science meeting focussing on most of the areas: the epidemiology, the viruses, the clinical features. Tomorrow, we will be hosting a second global virtual conference to focus more on the clinical aspects, and to try to get at the question of what is know about the severity. These are one of the examples of how WHO will try to bring together the science as quickly as possible.

A fourth area that is really in keeping with WHO's core mission and where a lot of the heavy lifting has to be done is how do we shore up the capacities of countries to deal with

the situation, being mindful that the resources and capacities of countries differ out there. This is one of the core areas where WHO typically spends a lot of its efforts, trying to identify from country to country, what are the needs there, and then to bring together the international community. So this may mean working with donors, it means working with technical partners. It means working with all of those different entities out there that can provide help – UN organization sisters and so on. This is another large area of work going on simultaneously. All of these things are going on at the same time. It is not like you deal with one of them first, then move on to the other, you just add on to them and continue. That is a broad overview of where we are right now, so why don't we throw it open for questions.

Saki, Japan: Could you shed a little more light on the Scientific meeting tomorrow? How many scientists are participating? What is the role of Dr Chan? The 29th of April, if my memory serves me right, is the last time we had the science meeting, after that there was the 10 o'clock press conference with Dr Chan, which raised the level from four to five, does this science meeting suggest anything? Thank you.

Dr Fukuda: Let me answer the second last question first. No there is nothing planned. This meeting is planned independent of anything else. One of the things that we are trying to do is to identify what are the most pressing scientific issues, and then to try to address them as quickly as we can. I think that right now, the severity of illness – the clinical features of illnesses – is one of the most important questions, and so in the future we will identify other questions and try to address them. These kinds of meetings are different from the traditional scientific meetings, where you bring a lot of people in a presentation. Because we are dealing with a situation that we consider serious and urgent, what we are doing is sending a call out plus asking investigators that we know are looking at this, to join the conference, which will be done virtually, and then what we do is to ask the investigators who have been seeing the cases to present the information: go over what they have found, and then allow doctors, physicians, scientists from other parts of the world, to ask questions, and this fosters a dialogue. This is much quicker than going through publications. It is much quicker than any other way. It is a very direct discussion literally between people in different parts of the world able to ask questions. So, in this kind of meeting, Dr Chan is really the person championing these sorts of meeting, pushing for these meetings, but she will not participate in it directly.

Helen Brownswell: I was wondering if you could clarify something about what would trigger Phase 6. If this virus behaves in the way seasonal flu viruses do, and activity in the northern hemisphere starts to subside in the coming weeks, but we see it peak up in the southern hemisphere, that would obviously be another region, but would that, if it not concurrent, if it is not sort of spreading in the community in the northern hemisphere, it is in the southern hemisphere, would that be Phase 6 or would you need it in two regions of the southern hemisphere to qualify?

Dr Fukuda: To go back to what Phase 6 mean. The idea of Phase 6 was to capture how was this virus spreading and how far out had it spread? Typically with influenza we know that there can be more activity in the winter months in one hemisphere, than the other. We are not focused on whether we are seeing activities at the same time, we are really trying to get a handle on how far has it spread out and has it really established itself in different parts of the world. So I think that concurrency of activity in one part of the world or another is not so important as it is as showing that the virus has really established itself now in the southern hemisphere as well as countries in the northern hemisphere. I hope that answers.

Deborah B, from Global: Based on these 26 deaths, what can you tell about what kind of persons could be more susceptible to develop a severe disease. Did these people who died were mostly young, healthy? Did they all develop, had diarrhoea or these kinds of things. Do you have any elements at this point?

Dr Fukuda: Right now I have not seen a detailed analysis of the people who died, and so there maybe people or investigators who know much more about the specific features of the people who have died. I think that right now we do know that some of the people who have died have been young and healthy. We also know that some of the people who have died have also had other illnesses going along. Typically influenza can more severely impact people who have other illnesses too. But I cannot tell you much more than that, and I cannot give you details at this point. But I think that in future, hopefully in the not just the future, we will see a much clearer analysis of whether there is anything that we can say pre-disposes the people having severe illness from – or severe outcomes – from this infection. So I cannot tell any more than that right now.

Bougaren, Reforma Newspaper, Mexico: I have two questions if I may. As you know Dr Fukuda in Hong Kong, around 300 guests are in a hotel in quarantine until May, after a Mexican hotel girl was found with being infected by the virus, between these 300 guests are 21 Mexicans. What do you think of this measure? Does WHO support this kind of measure against this virus? And the second question is that, the WHO knew for the first time about these initial cases in Mexico influenza back in the 10th of April and following day informed the Mexican authorities. For the second time WHO alerted the Mexican authorities on 17th of April. Could the Mexican authorities have reacted against this virus before 20th April when there was this teleconference? What could the Mexican authorities do in this period?

Dr Fukuda: The question is about quarantine. Let me talk a little bit about disease control to put this in perspective. When you are dealing with infectious diseases, quarantine has been a long established principle and so what quarantine means, is that when somebody has been in contact with people who are infective, or who are ill, and what you may ask them to do is to be in a place where you can observe whether they develop symptoms and so on. This is what quarantine is. It is different than isolation. Isolation is when somebody is sick and you put them to the side a little bit so that they reduce the chances of infecting others. I do not want to comment on the specific disease control actions of different countries. I do want to point out that quarantine, in specific situations, can be applied and it is a quite reasonable action to take in specific situations. There are different times when it would be reasonable and other are times when it would not be reasonable. In the guidelines pointed out, or developed by the World Health Organization in terms of pandemic Phases and preparedness, if you go to that document again you will see that there are considerations of when to apply quarantine, when to apply isolation as considerations. But as we have mentioned over and over again, the situations differ and countries approaches to diseases control measures are choices. There is no set recipe of how you approach disease control and so this will differ to some extent from country to country. So I will leave it at that.

Frank, AP: I would like to pick up on that issue of the quarantine because it has been so much in the news over the weekend. Specifically the China has been taking some measures and not just in Hong Kong, but throughout the whole country, so they restrict the movements of Mexican nationals. Can you comment at all on that? And in a sort of related question, if a country that has taken drastic measures claims, like Mexico for example, that the infections are dying down, is it fair from your point of view to actually make that claim

or is any country ever going to be safe if there is still a virus going around in the rest of the world. Could they come back?

Dr Fukuda: I really do not want to comment on specific actions taken by specific countries. You know there are instances where quarantine makes sense. For example we often have cases which occur in families and so we know that other people who are not sick have been potentially exposed and that it is good for those people to be on the watch out for whether they develop symptoms and so on, and that you know there are general times when quarantine makes sense. With the WHO's guidance on quarantine and isolation, there is emphasis on them sometimes in the earlier phases as we get later on into Phase 6 then these sorts of measures will become less useful because there will be just more infections around and you cannot quarantine everybody in the world. So there are selective measures that you take in specific situations. Again I will leave it at that.

In terms of your question about the activity going down in Mexico, I think that one of the confusions about this phenomenon that we are looking at is, that people often imagine that pandemic disease spreads everywhere in the world at the same time. That there may be a simultaneous way of which just it sweeps around the world at the same time. But the way these things occur is that we expect that you will have peaks of activities in some places and then you will have valleys of activities in other places, you will have lulls in some places, you know the hemisphere, which is in the summer months you would expect activity levels perhaps to be lower than activity levels in the hemisphere that is having winter months. And so it is a mixed picture. This is what we have seen in other pandemics. This is what we see with seasonal epidemics, and this is probably what we would see in this situation, if it does continue to spread and become a pandemic. So let me leave it at that.

John: I was wondering on the 26 deaths, if you have any information from the Member States if some of the patients that died were on antivirals or other medication. And my second follow-up question is, the 72 countries where you are going to provide the antivirals, how many of these countries have any pandemic strategy in place, or are they the countries where the strategies are a bit weak?

Dr Fukuda: I do not have precise numbers, I do know of the people who have had serious illness, this includes people who have survived but have had serious pneumonia, and then probably some of the people who have died, were given antivirals. But I think in many of these instances, the antivirals were given several days into the course of illness. So some of the information I have heard for example is some of the people were treated at day five or six. Typically, with the antiviral drugs you want to give them within the first two days of illness to give yourself the best chance that they will have an effect. So if you are a physician you are going to treat them with everything you can, whenever you can, to try to see what you can do, but it is probably not a fair task to tell us about the effectiveness of these drugs.

In terms of the question about what do we know about the effectiveness of these drugs, the viruses are sensitive to oseltamivir at this time of year, we know that these drugs work against the wide range of influenza A viruses, and so we expected it would act against this virus too. But, effectiveness means that you have good studies showing that if you give it, you reduce illness by a certain percentage and so this again requires that fairly rigorous studies are set up and done, and so those are not set up and done for this particular virus.

In terms of the countries that are being provided with antiviral drugs, these are generally the countries that have the least resources. Many of these countries have strategies, and have plans in place, but they do not have the capacities to carry out many of the things, and so for example, if in your plans you put antivirals there as part of your overall approach to a

new influenza infection, you still have to have the antivirals available to carry out those plans, and so that is one of the things that we are trying to help with.

Question: First, just a clarification. We have asked for the list of the 72 countries that received – if there is a list of the 72 countries and if you could provide that to us it would be very interesting, especially to know who gets what and how much. This would be one request and secondly you mention again the virus going south. When do you expect – I know it's difficult to predict – but it seems that this virus peaked, at least in the northern hemisphere at the end of the winter. We are still in the southern hemisphere in autumn. Do you think it will take a couple of months still or can it actually be activated immediately?

Dr Fukuda: I don't have the list of 72 countries right here but we will try to facilitate. In terms of the timing of movement to the south, if you think back just to last week we went from Phase 3, to Phase 4 to Phase 5 relatively quickly and then right now we are not certain when we will go to Phase 6 and I think it points out some of the uncertainties about how these things unfold. There is no timetable for how viruses like this spread out. I don't know when we might see travel of this virus to the southern hemisphere and outbreaks there, or whether we will see them. Again, as we have always discussed we can't predict the future but if it does move to the southern hemisphere we could see outbreaks within the next several days, we could see outbreaks within the next several weeks, or maybe longer than that. It is simply very hard to predict on these things and we are careful to try not to create any false expectations.

David Brown, the Washington Post: It seems to me that it is really important to know about what has been happening in Mexico in recent months and not just for historical purposes. I am wondering Dr Fukuda if you know, or anyone knows, whether this diarrhoeal disease that may in fact have been influenza, how far back that goes; has there been an outbreak of diarrhoeal disease for months? As a related question the travel-related cases that are in Europe and also in the United States, were they all to places that had known outbreaks of some unusual respiratory disease, i.e. Vera Cruz and these other places, or did those travellers go to parts of Mexico where there had not been observed respiratory illness which would suggest that it was all over Mexico months ago?

Dr Fukuda: I think that the epidemiological picture of this virus in Mexico will take a considerable amount of time to see clearly. I think if we go back to how events unfolded, one of the things that is important to understand is that it was back in March that there were influenza-like illness cases which were going down and the signal which really caught the eye of the Mexican health authorities was the increase in severe pneumonia cases and particularly among young people. There was not a signal so far as I know of an increase in diarrhoeal cases preceding this and I want to point out that we are looking at diarrhoea in the context of a respiratory illness. When you look at what kind of illness are these people developing, it is not just diarrhoea by itself without the other symptoms, it is diarrhoea within the overall picture of respiratory illness.

In terms of travel to known areas, again I do not know the full travel history of many of the people who have travelled. I think that there were people who had travelled to parts of Mexico before it was known that they had infection in that area but again I don't have a detailed accounting of all of the many travellers.

Hedayat, Abdel Nabi Kuwait Agency: Could you please brief us on the situation in Alberta, Canada, that some people spoke about yesterday. Is it the same pace of infection in the pigs like human infection. Like each day now we are one third up in human infections; yesterday it was reported 220 out of 2300 swine. What is the situation today, have other farms been infected, the people surrounding those farms. Could you elaborate on that?

Dr Fukuda: I will discuss it to the extent I know any details about that particular situation. In Alberta it was reported that there were signs of infection of this particular virus in a herd of pigs there. To put this in context, influenza is a virus which commonly infects pigs. There are many different swine influenza viruses and these have been known to be infectious for pigs for many, many decades. So it is not new that influenza infects pigs. There is no similar pandemic system for pigs. We just know that in different herds in Europe or in Asia or in North America that they may be infected with one influenza virus or another influenza virus. I don't know of any other outbreaks occurring in pigs at this time. I think this is a finding that is interesting and it is important to investigate it further to see whether this virus is going to be found in other herds of pigs but I want to stress the big picture here which is that the infections that we are seeing in people are not coming from them having contact with pigs. This is really different then from the H5 situation where people were getting infected by having contact with poultry. This is really a situation where people are getting infected from other people who are infected. So really, a different situation.

Joanna Smith, the Toronto Star: Just going back to the Alberta farm, what are your recommendations now for pork producers around the world and are you recommending that countries ban imports or exports. What should people be looking out for?

Dr Fukuda: Let me answer this in two different steps. The recommendations for how to handle pig herds and poultry are really the really the area of FAO and OIE. WHO does not make recommendations on how to take care of animals. What we do focus on is what steps might be taken to protect people from getting infected from animals – zoonotic infections – and also we concentrate very much on the safety of food. In this instance we are very clear that pork and pork products when they are handled right and when they are cooked properly do not pose a risk of infection to people. That is very clear. Here again we are dealing with a situation where the people who are getting infected are not getting infected from pigs. Having said that, of course, we always want to be careful and make sure that there is no risk so this is something that we would continue to look at as to whether pigs may pose a risk to some people but this is really not how people are getting infected and this is really important to understand and be very clear on. The pigs are not the danger to people right now, the danger is from people transmitting infection to other people and this is what we hope to control as much as possible and reduce the dangers.

Isowi: I would like to know about oseltamivir. Everybody knows that if you use huge quantity of same antiviral there will be resistance. Currently, how many people are treated by Tamiflu and are you concerned by resistance to oseltamivir.

Dr Fukuda: With any drug that is used to treat a pathogen whether we are talking about bacteria or virus, then resistance to that drug is always a concern. Of course we are concerned about whether this virus could develop resistance to oseltamivir because right now it is sensitive. Having said that oseltamivir can be a very useful intervention for treating people who are sick and so I think there is no reason to hold back from using it because we are concerned about resistance. In this situation, what we do is try to monitor the viruses which are isolated, try to do the appropriate studies as quickly as possible to identify whether we see any emergence of resistance. At this time, we do not see any resistance to this drug in this group of viruses but we will keep watching it closely.

Lara R, Quattori, Italy: I would like to have more figures on the number of deaths that are still being investigated and the ones that resulted negative. So the whole picture for the data – the positive, the negative, and the ones still to analyse – and the same with the number of cases of suspected flu. How many are still to be investigated?

Dr Fukuda: This is a figure that we do not track very carefully. The suspected cases – all national authorities investigate disease cases – and then there are ones that they have confirmed cases by doing the laboratory testing and then they have other cases that they are looking at. But it is not something that we ask the countries to report to us, it is not something that we try to track because the laboratory-confirmed cases is really the clearest way to monitor the spread of the virus around the world. Then we are not dealing with ambiguities, I simply don't have those figures, I can't tell you how many investigated cases there are right now.