



**Transcript of virtual press conference with  
Gregory Hartl, Spokesperson for H1N1,  
and Dr Nikki Shindo, Medical Officer,  
Global Influenza Programme, World Health Organization**

**12 November 2009**

NB: there are some passages in this transcript which have not been transcribed because of poor audio quality.

**Gregory Hartl:** Good afternoon it is 1.00 o'clock in Geneva on today Thursday, 12 November and welcome to our weekly virtual press briefing. Today, I have the pleasure of bringing to you Dr Nikko Shindo, Medical Officer in our Global Influenza Programme here in Geneva who will speak to you about the clinical treatment of H1N1 cases. So without further delay I hand you over to Dr Shindo who will make her opening remarks and who will open questions to you. Thank you.

**Dr Shindo:** This is the beginning of the influenza season in the Northern Hemisphere. We are seeing upsurges of pandemic influenza activity in countries across Europe and Asia. In some countries, hospitals and clinics are overwhelmed with the number of patients they are treating.

One way to save lives and to lighten the burden on healthcare systems is to prevent severe disease.

Today, I am here to talk to you about the importance of early treatment to prevent severe disease. I will also discuss what WHO is doing to help developing countries dealing with the pandemic.

When WHO first published guidelines for doctors treating patients with pandemic H1N1, we were focussing on how to TREAT severe cases. Now, with more data and experience with the disease, we have better information on how to PREVENT severe disease. WHO has now published updated clinical management guidelines. They are based on what we now know about the virus and how it affects people.

In a country where the virus is circulating, we have 3 updated recommendations.

1. Firstly, people in at-risk groups need to be treated with antivirals as soon as possible when they have flu symptoms. This includes pregnant women, children under 2 years old, and people with "underlying conditions" such as respiratory problems.
2. Secondly, people who are not from the at-risk group but who have persistent or rapidly worsening symptoms should also be treated with antivirals. These symptoms include difficulty breathing and a high fever that lasts beyond 3 days.
3. Thirdly, people who have already developed pneumonia should be given both antivirals and antibiotics, as we have seen that, in many severe cases of H1N1-caused illness, bacterial infection develops. These medicines, antivirals and antibiotics, if used in a timely manner, can help save lives.

I want to stress that people who are not from the at-risk group and who have only typical cold need not take antivirals. We are not recommending taking antivirals if otherwise-healthy people are experiencing only mild illness, or as a preventive measure in healthy people.

So, to recap, we have updated our clinical guidance to emphasize that seeking early medical attention can save lives. We have heard that, doctors involved in caring for very sick patients in intensive care units regretted that the patients arrived too late and even the most sophisticated medical procedures

could not save their lives. We asked what could have been done differently to avoid the tragic outcomes. All of them answered, without exception, that things may have been very different if they had been treated with an antiviral drug earlier.

The pandemic virus can cause severe pneumonia even in healthy young people, though rather minor in proportion, and the virus can take life within a week. The window of opportunity is very narrow to reverse the progression of the disease. The medicine needs to be administered before the virus destroys the lungs.

In the initial guidance, we took a more conservative approach because we had almost no experience with regard to the effectiveness of the antiviral medicine in this disease, and also we were aware that access to the influenza medicine was very limited. Now, we have gained knowledge in effectiveness, safety of the medicine and we have also contributed to the global availability of the medicine.

I want to talk a little now about how WHO is supporting developing countries to face an upsurge in cases.

We are supporting countries with technical guidance, of which the recommendations are part. A further recommendation we make is that countries decentralize the distribution of antivirals, and ensure that general practitioners have access to these medicines for their patients. Patients should not need to visit a hospital in order to get antivirals prescribed. This should help ensure that individuals get the care they need faster, and that the burden on hospitals, is reduced. This will leave hospitals freer to treat the most severe cases.

We also recommend that where antiviral supplies are limited, countries prioritize the distribution of antivirals. This means an emphasis on early use with at-risk groups, and use to treat progressive and severe illnesses.

WHO has a stockpile of antivirals that is used to bolster the supply in resource poor countries. In May, at the beginning of the pandemic, WHO shipped antivirals to 72 countries. More recently, we sent supplies to Afghanistan, Mongolia Belarus and Ukraine, and we will soon send additional supplies to Azerbaijan and Kyrgyzstan. All our 6 Regional Offices have oseltamivir stockpiles and we will use these to support countries which are likely to be hard-hit this winter, and unable to meet their needs on their own.

WHO has also sent other supplies, such as specimen collection materials, reagents for diagnosis, personal protective equipments, antibiotics and medical equipment, such as pulse oxymeters. We will continue to work with these countries to develop strategies to fight the pandemic.

In conclusion, I would like to repeat our key message. In at-risk groups, in order to prevent progression to severe disease, antivirals need to be administered early. This also holds for otherwise-healthy people who show progressive symptoms. In addition, patients with pneumonia should also be treated immediately, with antiviral medicine, antibiotics, oxygen and balanced fluid management. At the same time, remember that the vast majority of people who have H1N1 will recover without medication or going to the hospital. However, individuals without underlying conditions also should watch for danger signs and seek medical care if worsening or if no signs of improvement in 3 days - preferably from your family doctor, who knows you best . Only then may a doctor prescribe antivirals to otherwise-healthy individuals. Do not take antivirals without the doctors advice.

Thank you very much for your attention, and now I am happy to take your questions.

**Gregory Härtl:** Dr Shindo, thank you very much for the opening remarks. Before we go to questions may I remind everyone listening that an audio transcript will be available immediately after this briefing and a written transcript will be available later in the day on the WHO website which is [www.who.int](http://www.who.int). Now for journalists who want to ask questions please type 01 on your keypad to get onto the queue. The first question is from Frank Jordans of Associated Press in Geneva, go ahead please.

**Frank Jordans, AP:** Good afternoon Dr Shindo. Two questions: the first question is, you talked about some countries being overwhelmed with the number of cases they have in their hospitals and clinics. Can you tell us which countries you are talking about here? And secondly, about the risk

factors that might cause otherwise healthy young people to get severe cases. Have you identified any more of these risk factors?

**Dr Shindo:** OK to answer your first question, we are getting reports from Ukraine, Afghanistan and Mongolia about the overwhelming number of cases of pandemic influenza. And for your second question, the risk factors for the previously healthy people to have the progressive or severe disease it is incompletely understood. It was pointed out that perhaps obesity especially morbid obesity could play a role.

**Richard Knox, NPR:** Thank you very much Dr Shindo. A couple of things. Is there enough Tamiflu, in WHO's estimation, to support these guidelines? And if shortages do develop in certain areas is as infection rates increase with cold weather, is WHO recommending prioritisation of Tamiflu within either high risk or non high-risk in people? And then I have a second question if I may.

**Dr Shindo:** To answer your questions, we are getting 5 million additional stockpile that makes in total global WHO's global stockpile up to 10 million treatment courses and plus some paediatric capsules. But we don't think that this is enough to meet the need of the countries. So we have been working with partners and also with other countries who have enough supplies to meet the global need. And your second question?

**Knox:** Yes, to follow on that, what do estimate the global need is under these guidelines?

**Dr Shindo:** So we calculated the at-risk groups in developing countries and population profile and perhaps they are more or less about 4% of the population of the developing countries.

**Knox:** And that translates into how many needed courses?

**Dr Shindo:** So you calculate that, it's the 6.3 billion population in the world, so ...

**Knox:** Has WHO apprised CDC in the United States to this policy change? And can you tell us if CDC is going to go along with the new treatment guidelines this time?

**Dr Shindo:** So our antiviral guidance are quite similar and we are in the same line because we have been collecting evidence globally and also we have organized a global consultation in October to collect information both from published sources and unpublished sources. So we have quite similar sources to develop these guidelines which is the evidenced based guidelines so as far as antiviral recommendation is concerned we are quite in the same line.

**Phil Serafino, Bloomberg:** Dr Shindo, I may have missed this but what has changed under the guidelines- what was the previous recommendation and what is the new part of the guidelines and I have a second question also which may not be your area of expertise but have you heard anything about the mutation of the virus or has it changed at all - are we looking at anything different than a few months ago.

**Dr Shindo:** Well, I can answer that question first. The virus is quite stable. It hasn't changed - the disease pattern did not change either. The new points about this clinical management guidelines, the reason why we are updating now is now we can more confidently say that early antiviral use make changes in terms of prevention of severe illness and death. This is one big change. And we were not sure about the safety profile of antivirals at the beginning but we have received much information about very severe illness in pregnant women and young children and we have gained experience in safety in these populations. That's why we are changing the recommendation to make it more explicit about early treatment.

**G. Hartl:** Thank you very much Dr Shindo. The next question comes from Joseph in Kuala Lumpur. Can you please give the name of your media.

**Joseph:** This is Joseph from Kuala Lumpur - I am from the Sun Media. My question has already been answered by Dr Shindo just now regarding the severity of the virus. I just want to ask whether or not any slight mutation even a drift variant has been noticed so far.

**Dr Shindo:** Amazingly this virus is very stable and part of the reason, virologists (are saying) is because of the lack of pre-existing immunity in population so that virus doesn't have to mutate to escape from people's immunity. So it's quite stable.

**Helen Branswell, Canadian Press:** Dr Shindo, I was wondering is it WHO's sense that antivirals are being insufficiently used at the current time and can you get the message out to doctors that this 48 hours rule is not sacrosanct. You are talking about treating people if they start to decline that could be outside of 48 hours and I know that in some cases doctors believe that if it's after 48 hours there is no point in administering the drug.

**Dr Shindo:** A very good point. The treatment is warranted because the effectiveness of the antivirals (foes) together with people's immunity. So if used in people in immuno-suppressive status then the doctors have to think differently for the use and as people really don't have pre-existing immunity for this virus, at any stage his medicine can be used. And regretfully many doctors reported that the treatment has been delayed because the doctors wanted to wait for the test result. They wanted to have the proof that the patients were infected by H1N1 but if the epidemiological information suggests that the virus is circulating then the doctors should not wait for the laboratory confirmation but make diagnosis based on clinical and epidemiological backgrounds and start treatment early. And for severe cases, don't worry about whether within 48 hours but in any stage of severe illness they can start treatment.

**Betsy McKay, Wall Street Journal:** Thank you very much. A couple of questions. One is about the recommendations for people who are not high risk.. One of the problems we hear from readers is they are worried that they could develop these severe symptoms when they get sick. So I'm wondering how worried you are about over use of antivirals. In other words, someone gets sick and they have a fever, they're worried, they don't want to wait three days and they try to get antivirals early. The second question - I'm wondering if you could talk a little bit more about the health care systems in Eastern Europe and Mongolia, some of the countries you mentioned. Do you feel that they are going to be able to get antivirals to some of these people in time.

**Dr Shindo:** Your first question - many countries are developing a system to answer people's questions for example developing a hotline service to answer the questions from the patients. This is very important, and in the United States they have developed a web tool so that the patient can evaluate their illness severity. That's one effort. If you cannot really decide then I would suggest to consult a medical professional to get their advice. And for your second question, the medical system - we have been very closely in touch with ministries of health and local authorities through our country offices and the regional offices and try to disseminate this important message to push out the antiviral treatment to general practitioners level so that they can prevent overwhelmed ICU or hospitals by this measure.

**G. Hartl:** Thank you very much - next question - Aline Gobel of Canadian Broadcasting Corporation.

**Aline Gobel, CBC:** Could you provide us with information on the risk factors. Who gets sick and who dies from the virus. A few months ago we were told that young people were the most target of this new virus, and now it seems that the Lancet for instance is talking about old people dying of the virus more than young people. On the same line, in Canada, we have a debate in Quebec especially on the priority for vaccination. For people with underlying medical conditions, in Quebec the vaccination is given in priority to people under 65. Does WHO recommend that all people with underlying conditions get the vaccine in priority whether they are over 65 or under 65.

**Dr Shindo:** I can give you WHO's views on this based on the information we collected globally. If you look at hospitalization rate, it is highest in the age group younger than 2 years of age. This information has been compiled from the experiences in countries in the southern hemisphere who just finished their winter. This is one group that you can expect high hospitalization. Also the second group is the pregnant women. The pregnant women is about 4-5 fold at risk of hospitalization and in severe cases it comprises about 7-10% of ICU hospitalizations. So this is the second biggest at-risk group. And the third one is the chronic medical condition, first comes the chronic lung disease group, especially chronic obstructive lung disease including asthma. So they have high probability of developing severe disease and as we collect more data from countries especially from southern hemisphere countries the risk factors become very similar to the risk factors for seasonal influenza but we still don't have many reports of severe cases in a higher or older age groups, namely over 60 years old or older. But it is true that severity shifts to the older age groups. If we talk about the case count then the highest is very young adults and children. But if you look at hospitalization, the median age

is about 20-35 and then the more severe cases 35-45 so almost 10 years age shift towards the more severe cases. So that is true. In terms of the countries prioritization in vaccination, the countries have to balance what is available and how many vaccinations is available timely. None of the countries will receive all expected quantity of vaccines in a timely manner so they have to prioritize within the at-risk groups. So WHO said healthcare workers are the first priority to make sure that the health service and medical service run through the pandemic season. And the next group depending on the population and the availability of vaccines, countries have to decide whether they should go ahead with very young children or pregnant women or people with other underlying conditions.

**G. Hartl:** Thank you very much. Next question from David Brown of the Washington Post but David before you ask the question can I please remind all journalists in the queue that if you wish to ask a question, please type 01 in on the keypad of your phone. Go ahead please Dr Brown:

**David Brown, Washington Post:** Thank you. Dr Shindo, I was wondering if you could talk a little bit about the countries that you say are being overwhelmed - the ones in Eastern Europe and Central Asia - are they being overwhelmed with relatively mild cases or do they have a much larger percentage of severe cases and if it's the latter is there any explanation for this. Are these severe cases heavy smokers, undernourished people, young kids, alcoholics, is there any explanation if they are actually having a higher percentage of very severe and fatal cases.

**Dr Shindo:** I can answer based on the information we received from the Ukraine. The relatively severe cases proportion wise is less than what we heard from the southern hemisphere. It seems like a load of patients being admitted with rather milder symptoms than people requiring ICU care. And mostly the admitted people (are) young adults or middle-aged adults and we have not heard so much of paediatric patients overwhelming the paediatric wards. And from Mongolia we are hearing that pregnant women are hospitalized and over-represented.

**G. Hartl:** Thank you - next question is from an as yet unidentified journalist - could you go ahead please:

**Terry Rees, CBC:** You talk about antivirals. A lot of people are turning to the internet where they are finding various products that will boost the immune system. First off, is there any merit to using these products. What is WHO's advice to people on these sorts of things.

**Dr Shindo:** We have been collecting this kind of information but we haven't so far had enough information to recommend one of those products so currently we are asking our clinical network to evaluate and that is where we are.

**Terry Rees:** Is there any merit to doing things to boost the immune system.

**Dr Shindo:** We have been asking our clinical network to evaluate but so far we have zero product included in the current recommendation.

**G. Hartl:** Dr Shindo will make a few closing remarks - then we will wrap up if there are no more questions.,

**Dr Shindo:** Thank you Gregory. I just wanted to highlight our key message. First focus, we would like to focus on prevention of severe disease with early treatment. And WHO is supporting resource-poor countries in patient care and we will continue. The majority of people will recover without treatment. You need to consult a doctor if you have underlying conditions or persistent symptoms such as high fever and difficulty in breathing. Thank you very much.

**G. Hartl:** Dr Shindo, thank you very much. This has been our virtual press briefing for today, 12 November. As we stated earlier, there will be an audio file going up on the WHO website almost immediately and later in the day there will be a written transcript up on the website and the address is [www.who.int](http://www.who.int).

Thank you very much.