



# World Health Organization

## Transcript of virtual press conference with Dr Keiji Fukuda, Special Adviser to the Director-General on Pandemic Influenza, World Health Organization

14 January 2010

**NYKA ALEXANDER:** Good afternoon. We welcome you to this virtual press conference, today, January 14<sup>th</sup> 2010. My name is Nyka Alexander. With us is Dr Keiji Fukuda, Special Adviser to the Director-General on Pandemic Influenza. He will be giving a situation update, speak in more detail on some topics, and will then take your questions. Before he begins, let me clarify that there is indeed video available of today's briefing. Sorry about the error in the advisory. We have also prepared two sound bites and B-roll of Dr Fukuda which went out via EBU, for those of you who might be interested in that format please contact the communications team if you want more details on that. Dr Fukuda, over to you now. Thank you.

**Dr KEIJI FUKUDA:** Thank you Nyka. Welcome everybody to this virtual press conference. Now before I begin with the main topic of the day which is the pandemic, I would first like to take a moment to note the very severe earthquake which has struck both Haiti and Dominican Republic. WHO wishes to express its profound sympathy for all of those who have been affected by the severe loss of life and the destruction in those countries. I know that there'll probably be a lot of questions about this event and if you have additional questions, please contact the communications team here.

Now what I would like to do today is again start off the conference with a very brief overview of the epidemiologic situation and then go into some of the main topics for the day.

In terms of the current situation, at this time the most intense pandemic activity continues to be in a couple of places in the world such as North Africa, in Southern Asia and then in parts of East and Southeast Europe. In other parts of the world, we see that activity is declining or has declined but we also continue to see in these areas a transmission of the virus, so it has not disappeared, and it has not gone back to baseline. Based on the situation, our current assessment is that it remains too early to say that the pandemic is over. This is because we

continue to see continued activity at elevated levels in a number of countries. And because it is unclear whether we will see in the northern hemisphere over the next few months during the winter and spring period another significant wave of activity and also because we do not know yet what will happen in the southern hemisphere during its winter months. So for these reasons, we consider that the pandemic is still ongoing.

Now, as an international health institution which deals with major global health events, WHO understands that it is the subject of criticism and questioning about what it may have done, and in this respect, we really welcome this when it is constructive, because it significantly helps us to improve how we do things. Now recently we were asked by the Council of Europe to participate in hearings about pandemic influenza, and we welcome this opportunity to talk about the pandemic, to provide accurate information and to clarify misconceptions. However, since there are still some misconceptions circulating among the media, right now, what I would like to do today is address some of this directly and some of the questions which have been coming to us in the recent number of days.

The first question that I will talk about is whether this is a real pandemic, the second one is, did WHO change its definition of the pandemic, the third topic is, did WHO overplay the pandemic and the fourth issue is, was WHO unduly influenced by industry.

So let's go to the first question: is this a real pandemic.

Here the answer is very clear: yes.

The allegation by some, that the H1N1 pandemic is a fake is both scientifically wrong and historically inaccurate. Let me start by going through some of the basics, so I can provide you with the context for why we can say this so clearly. With infectious diseases, scientists often talk about groups of infections, and they use different terms. So for example, when we talk about a small number of people being infected, we may use the word cluster, or we may use the word cases. And then when we're dealing with something larger, we may be using words, such as outbreak or epidemics. Now these are not precise terms, but they give you a sense of a relative difference in size. When we talk about the largest size, which is involvement of most of the world, then we're talking about a pandemic. If we look specifically at the H1N1 pandemic, we can see that WHO was first notified about human infections in late April. At that time we had laboratory information which told us that this influenza virus was genetically and antigenically very different from the normal human influenza viruses circulating around the world. We had epidemiologic information which was provided initially from the North American countries Mexico, Canada and

USA, which demonstrated convincingly that there was person to person transmission occurring at the start. Then we had clinical information, especially coming from Mexico, which told us that this virus could cause severe or life-threatening infections. At that time these reports themselves did not tell us that we were in a pandemic situation, but they did send a very strong warning to public health authorities around the world, including WHO, that we should be ready for a pandemic.

So let's go to some of the sequence of the events at that time. On 29 April 2009, WHO reported confirmed infections in 9 countries. About 6 weeks later, on 11 June, WHO reported that laboratory confirmed cases were being reported in 74 countries and territories. Just a few weeks later, on 1 July, WHO reported that there had been confirmed infections in 120 countries and territories around the world. It is this global spread which led WHO to call for increasing phases as we proceeded, and also to eventually tell the world that a pandemic was definitively under way.

So at this point, let's not play word games, and let's not be indirect about this matter. This is a new influenza virus that emerged in 2009 in North America. At the most conservative count that we have, we estimate, we believe, or we know that about 13,000 people had been killed directly by this virus. When final estimates are made, for the world, at some point in the future, we anticipate that these figures will be much larger than what we see now. The allegation that this is not a pandemic is scientifically wrong and is historically inaccurate. I also want to note in passing that it is somewhat disrespectful, for the many people who were affected by the serious illnesses caused and for the deaths that were caused by this influenza virus, as well as to the very large number of people in all countries who have been working around the clock to protect others from this pandemic.

Now let me move on to the second issue. Did WHO change its definition of a pandemic? The answer is no, WHO did not change its definition.

So again, let me provide a little bit of context here for this answer. Let me start by pointing out that there are many sources that any of you can go to, to look up the word pandemic, and find the definition and you can find these in textbooks, you can find these simply by going to the web, and typing in 'definition of pandemic'. What you'll find is that definitions are sometimes worded somewhat differently but all of them basically agree that the pandemic is a worldwide spread of an infection or a disease. Now different diseases can have different features when they cause a pandemic. A pandemic of HIV/AIDS for example has features which are very different from a pandemic of influenza. And even when we look at influenza pandemics, we can see that there are significant differences between the pandemics, for example, the pandemic caused by the 1918 virus, resulted in the greatest number of deaths that we know of, and more than what we saw in

1957 or 1968, as well as 2009. But the basic idea is the same: there is the world wide spread of a disease. WHO has consistently emphasized this concept in these definitions.

The formal definitions of pandemics by WHO can be seen in the guidelines which have been provided to countries. Now these guidelines were first developed in 1999 and then updated subsequently in 2005 and then in 2009. And when you look at them you will see how the many hundreds of scientists who work with WHO on these definitions and on these guidelines really tried to improve the definitions to make them clearer from the guidelines. One of the things that WHO did not do in any of these definitions was make severity part of the definition. And the reason for this was very simple: when we look at history to tell us, that the impact of pandemics can range from being mild up to very severe. We know that, and so we know that when we see the spread of these new infections, that the impact of the pandemic may eventually vary from one extreme to the other extreme. So the documents are technical, but I really encourage you to look at them to see what the definitions really have said.

Now let me go to the third issue: did WHO overplay the pandemic? The answer here is no, it did not. I would like to refer you back to the speech given by the director-general, Dr. Margaret Chan, when she first announced the pandemic. In that talk to the world, what she said was that we had reason to believe that the pandemic would be of "moderate severity".

Now from the very beginning WHO has gone out of its way to let everybody know that the future course of the pandemic was uncertain, that we did not have a crystal ball and could not tell you at the beginning, which way it was going to go. This remains as true today as it was back then. It is true, however though, when we're at the start of a new health threat, and particularly when there are so any unknowns, that often times the public and the media can react very strongly to the emergency of such a health treat, that at the time and all through the pandemic, WHO has been very consistent in the information that it has given.

Now given this reality there is no health authority, including WHO, which can afford to sit back before making decisions, and actions have to be taken, because we have to provide support to countries and other institutions, working to reduce the impact of the situation. In providing this information, WHO has always been very balanced and I think sober in providing its assessments. We've worked very hard to neither overplay, nor underplay the situation and we have worked very hard to try to reduce confusion, rather than to create it. Now, since we have always known, and have repeatedly said, that pandemics can range from mild to severe, we have also pointed out that the severity can change midstream. And given this situation, WHO and other responsible

health authorities have adopted a precautionary approach – that is, we have tried to prepare everyone for the worst and to hope for the best.

So at this point, I think that the health impact of this pandemic can fairly be said to be moderate compared to the health impact of some of the pandemics in the past. But I also want to point out that the means and the actions taken by countries to deal with this pandemic have been by far the best in history. We don't know how many infections and death have been avoided or prevented by the actions taken by countries and we don't know how much these efforts have helped mediate the overall effect of the pandemic, but we firmly believe that these effort should not be discounted.

Now, I would like to go to the fourth issue: was WHO inappropriately influenced by the pharmaceutical industry? And the answer here is no.

Now, again, let me try to provide some context. When WHO responded to the pandemic, one of the things we did as soon as possible was to reach out to a wide variety of experts and sectors around the world including industries. We had discussions with them on a variety of topics, and with the industry representatives, we talked both about vaccines and vaccines viruses and what could be done to expedite the production of vaccines as quickly as possible.

Now the question is not really whether we had contact with the industry, but whether we had any undue influence exerted upon us by commercial interest. And the answer is no. WHO has long recognized that in reaching out to such a broad group of experts and interest groups, that there is a risk for potential conflicts or interests in the advice which is provided to the organization. So to protect the integrity of the advice which was given to WHO, to remain free from any undue influence, WHO has had in place routine safeguards against potential conflicts of interest in the advice given to WHO. This is really a longstanding practice and is true at all times, and certainly well before this pandemic, but also during this particular pandemic.

Now WHO requires the experts, who provide advice to the organization, to declare all their professional and financial interests including funding, which is received from pharmaceutical companies, or consultancies, or other forms of professional involvement with these commercial interests. This information is then shared with other members, shared within the institution to look at them for appropriateness, and then if the person is part of an advisory group, it is shared with other members of the advisory group and it is taken into account by WHO in determining whether the experts concerned should continue to provide advice to the organization.

Finally here I'd like to note that any allegations of undeclared conflicts of interest are taken very seriously by WHO and we respond immediately and appropriately to them.

So in passing let me just make or end with one other point, and this is, we have received some questions, about whether WHO will be undergoing a review process and the answer is yes, we will be conducting a self review along with others of what happened during this pandemic. Now similar to almost any organization which is concerned with the quality of its work, WHO assesses its performance during major experiences and then works to learn from that, so-called lessons learned, and then to take those lessons learned and to improve from it. Now in this instance, WHO and the countries in the world operated under the International Health Regulations. Now the International Health Regulations call for an evaluation of how well the regulations have been implemented and so WHO will use this opportunity to begin an evaluation of its own performance.

So at this point, let me conclude again with just three short remarks.

In the first place I want to emphasize the world is going through a real pandemic. The description of it as fake, is both wrong and is irresponsible.

The second point is that WHO has been balanced and truthful in the information it provided to the public. It has not underplayed and it has not overplayed the risks of the pandemic.

The third point is that WHO has reached out to all parties who could help to reduce harm from the pandemic but we did take very great care to make sure that the advice received was not unduly influenced by commercial or non-public health interests.

So with that, let me stop here and then I am happy to take any questions you may have.

**NYKA ALEXANDER:** Thank you, Dr Fukuda, thank you very much. Before we go over to questions, may I remind you that an audio file of Dr Fukuda's briefing will be available immediately afterwards, in the Media Centre section of the WHO web site and a transcript will be available a few hours later. To ask a question, please type 01 on your keypad to get in the queue. The first question is from Martin Enserinck, Science magazine. Please go ahead.

**Martin Enserinck, Science:** Could you be more specific about the review that you mentioned, you were talking about a self review. What does that mean? And wouldn't it be more appropriate to have some kind of independent outside team to look at how this was handled.

**Dr KEIJI FUKUDA:** Thank you Martin, and let me clarify here. The International Health Regulations call an agreement among all member states for which WHO acts a kind of a secretariat for the International Health Regulations. And those regulations call for a review of how the regulations themselves have been implemented. And given that we have gone through such a major experience over the past several months, and continue to go through it, we have decided that this will be a very good opportunity to use this assessment to look, begin to look at the response to the pandemic.

So the assessment itself, of course, will involve many people who are unrelated to the IHR, or who are unrelated to WHO. These will be people who are not part of WHO but who will be asked to conduct the assessment and conduct the review of the pandemic and our performance. And so in that sense, it is really not a self-performed evaluation. It will be done by others. But what I meant in my comment was that, we recognized that we need to use these opportunities really to improve our own performance, and in this regard, WHO is really pushing for this kind of evaluation to be done. Thank you.

**EVA CRUZ, SPANISH PUBLIC RADIO:** I am asking about the particular case in Spain, I know it's the same in other countries. Spain bought 37 million doses of vaccines of which only 13 million have been used. Is there, will there be any measures put in place, in order to save money in this kind of prevention strategy in future. What can we learn from the excessive buying of these vaccines?

**Dr KEIJI FUKUDA:** This is a very good question. The decisions by countries to, whether to buy vaccines and then how much vaccine to buy have really been decisions made on country by country decisions basis. WHO was not asked by these countries to provide advice on those kinds of decisions, and has not taken part in any of these discussions.

I do want to point out, however, that the public health authorities involved in these discussions, really have a very difficult task when they are facing questions about how much vaccine for example to purchase.

Now at the beginning of the pandemic and during much of the pandemic, it was really not clear what the ultimate impact of the pandemic would be. How many people might die, how many people might suffer serious illnesses from it and so on. And in that kind of uncertainty, the health authorities still had to go ahead and make decisions about what to buy. And so I think it is really impossible to second guess the wisdom of these decisions. And I think that at the time these

decisions were made, I am sure that the top consideration was that, "what needs to be done to reduce harm from the pandemic."

Now I think that at this point, again, I want to point that the pandemic continues. If the pandemic virus changes and we begin to see much more serious illness from infections, it is quite possible that countries will also be asked why they did not buy more vaccines. So I want to point out that this is a very difficult decision that has to be made in the face of not having all the information that one would want to have. Thank you.

**HELEN BRANWELL, CANADIAN PRESS:** Hi, if I could ask a couple of questions.

Dr Fukuda, you were talking about the review in answer to Martin's question, I was wondering if you could tell us what will happen with any report that comes out of that process will be made public, how does WHO go about sharing the findings of that.

The other question was when you were talking about the suggestion that the pandemic definition had been changed. You said that, you talked about the fact that there has been series of iterations. I think you said that severity was not removed from it but I thought it was in an earlier iteration? Is that not true.

**Dr KEIJI FUKUDA:** Thank you for the two questions. So that let me first go to the IHR.

One of the first things that will happen is that the executive board of the WHO will be meeting next week, and so this idea for an assessment will be run by the board. And there will be discussion, and I think that we will receive guidance from the member countries, as to how to conduct some aspects of the assessment. Now I am sure that the results of such assessments will be made available. I cannot tell you at this point how and when this information will be made available. But of course this will both be useful to WHO but also to a number of other organizations and countries. And so I anticipate that the findings of such an assessment will be available.

Now in terms of the pandemic definition, I think that there has been a lot of confusion, because there have been a number of different documents which have talked about pandemics. Now some of the documents which have been put up, have been descriptions of pandemics, and particularly, some of the descriptions of potential pandemics were put up during the time when the concern about the Avian H5N1 infection were very strong. And I think in some of these descriptions, for example, one which is posted back in 2005, there was an emphasis on the more

severe potential impact of a pandemic. And I think that some of the people have gotten this confused, have confused this kind of description with the definition of a pandemic.

But when you go back to the guidelines, and there were guidelines produced in 1999, 2005, and 2009, you will see that although there is discussion about these pandemic definitions and there is some continual attempt to try to make them clearer, severity itself was not part of the definition. Thank you.

**Debora MacKenzie, New Scientist:** We have been seeing a lot in the press in the last little while, commentaries of various kinds saying, 'Oh well, it was not very much, it was ordinary flu'. Obviously that is not true as you have said. But there is a feeling out there, right or wrong, that was an awful lot of alarm, and a lot of vaccines bought, and then it did not turn out to be much. Do you think that there is now a chance that there could be a backlash and this could harm future efforts to prepare for flu pandemics and other kinds of health events and is there anything you would like to say about that?

**Dr KEIJI FUKUDA:** I think that in this kind of situation, the greatest danger is from a lot of misinformation being passed, and I think from misperceptions about what was done. So again, what I want to state and be very clear about is that at the outset of the pandemic, when the public health authorities around the world were dealing with this situation and facing many unknowns, this is when they had to make a lot of the decisions about what to do. And this is when many of the hardest decisions were coming up during the pandemic. So I think that, in general, what health authorities, including WHO, most strongly hold forth as the most important goal is to make sure that everything can be done to protect people from harm. So in this situation, I think that this is an application of the so-called precautionary principle: prepare for the worst and hope for the best. And so here, what I hope for is that people understand that the decisions that were made were done in a very sober light. They were done recognizing that the pandemic could be more on the mild side and could be on the more severe side, and that the decisions that were taken were really very prudent, trying to take all practical steps and practical decisions that could be made to minimize the chance that people will be harmed. And so I think that if people understand this, they will understand that their governments by and large, were making the decisions that have to be made when you are facing a new global health threat. Thank you.

**MARTIN, DUBLIN, IRELAND:** Dr Fukuda, you talked about the conflicts of interest, and as WHO requires people to clear any conflicts of interests. Has there been any case in the past with WHO, where they have disregarded the opinion because of a very obvious conflict of interest?

**Dr KEIJI FUKUDA:** Martin, you know, the conflicts of interest are identified by a variety of means, and then these are sometimes brought up within specific advisory groups. For example we have

an advisory group called SAGE, which is the Strategic Advisory Group of Experts, which provides guidance and advice to the DG on immunization practices. And so there may be instances among some of these different kinds of advisory groups like that, but I would have to go back and ask whether we have any specific instances. More frequently is the situation where a potential conflict of interest is identified and then after assessing the situation, a decision is made as to whether there is a real conflict of interest or not. So we can come back and find specifics, but in general this is what is done. Thank you.

**EL MUNDO:** I would like to ask you concerning the group of experts that is going to evaluate the WHO overplayed concerning the pandemic. Who is going to name this group of experts? Please.

**Dr KEIJI FUKUDA:** So the IHRs provide guidance. Again, the IHRs are basically the rules established by all of the member states of WHO, 193 countries. And these are the rules by which the members will be selected to conduct the reviews. So we will follow those regulations. Thank you.

**ANDREA GERLIN, BLOOMBERG:** Can you tell us whether WHO is submitting testimony to the Council of Europe or making any response towards attending plenary session where they are going to discuss some of the issues they have brought up, I think on January 28?

**Dr KEIJI FUKUDA:** WHO has been invited by the Council of Europe to participate in a hearing on 26 January. And so right now, we are trying to find out the particulars of what the invitation actually means, and so we have not been told exactly what the participation means and what is being requested of WHO. Otherwise, we have not been invited to attend any other meetings, or any other events sponsored by the Council of Europe. But we are looking forward to participate but we do need more details from the Council of Europe. Thank you.

**JOSEPH, THE SUN:** Dr Fukuda, there are countries that feel that they have an overload of vaccines, or vaccines that they no longer need with the impression that the pandemic is already a spent force. They are trying to sell off their stocks, and how do you advise them? Another question - this misconception of the pandemic being 'much ado about nothing', how is the WHO going to re-educate the world community that it is indeed a major pandemic out there.

**Dr KEIJI FUKUDA:** In terms of your first question about advice the countries about their pandemic stocks. Again this is not a question which countries are coming to WHO and asking for advice about. These are generally decisions which are being weighed and discussed by countries because it is their vaccines and they are the ones who have to make decisions about it. And I

suspect that different countries may come up with different decisions. So at this time, WHO is not being asked to provide advice and we are not providing any guidance on what to do with the vaccines stocks. However, at this time, WHO is still emphasizing that vaccination is a very important part of addressing the pandemic. There are still large numbers of people out there who are at high risk of serious complications from this infection. And again this includes people who are women who are pregnant. This includes people who have a variety of chronic medical conditions. These are the people who have; in general, developed the most serious complication from the infection. And that continuing to vaccinate these people is one of the best things that can be done by a country, if it has vaccine available. So this is one point that I would like make very clearly and very strongly.

Now in terms of your second question about what does WHO, what does an organization like WHO do to try to address the point about whether this is a real pandemic and to educate people. And so there are a variety of things that we do.

One of the most important is to reach out to the media and to talk with you, in discussions like this, with the hope that you will be part of getting the information out there, getting real information out which is accurate, and hoping that you will help to combat some of the false information and some of the misperceptions out there. In addition, we continue to work with a variety of different groups, and provide information directly through things such as the web, and through documents, and through interactions at meetings. So we will continue to do all of these things, and we will continue to provide as much good information as we can. Thank you.

**THE INDEPENDENT, SOUTH AFRICA:** My question has largely been answered by the previous journalists. I also wanted to know that with countries reducing their vaccines, whether pharmaceutical will be trying to offload those vaccines in African countries instead. And I know you said that the WHO doesn't get involved in advising governments in what quantities of vaccines to buy but I also wanted your opinion on whether African countries should be wary of this kind of offloading.

**Dr KEIJI FUKUDA:** Let me point out some important things which WHO has been involved in which directly involves Africa to address this point.

Now some months ago, in fact, one of the most important things that the DG did in concert with the Secretary General of the United Nations was to make a call for global solidarity, that is, for the countries that had vaccines, for the richer countries to help out other countries that did not have access to the vaccine. This took place many months ago and was repeated, and because

of these calls for action, one of the things that happened was that a number of countries as well as some of the commercial companies donated vaccines to WHO; pledged vaccines to WHO, as well as some of the ancillary supplies such as syringes and safety boxes and so on, to try to get vaccines to countries that don't have access to these vaccines, largely lower income to middle income countries that without this kind of support would not have access to vaccines. We continue to work on this. Many of these countries, of course, are located in Africa and we will continue to try to get vaccines to them in as rapid a manner as is possible. So we believe that the vaccine in a pandemic situation can be used to protect people who are at high risk from complications and we hope we can push ahead with this effort.

**Nathalie:** I talked to people from the Council of Europe and they said that WHO does not want a public debate on the 28th or 26th, and that you have asked for a session behind closed doors. I wanted to know whether that was true. And also, second question, about the vaccine. I see that some contracts with the industry about the vaccine production were already made in 2007 after the bird flu, and that part of these contracts was that the companies would produce vaccines when a pandemic would arise and that the governments would pay them. There was no real option for cancelling it. So I think that might be one of the problems here, and I would like to have a reaction to that.

**Dr KEIJI FUKUDA:** OK; thank you for the two questions.

In the first question, let me be very direct and very clear. The Council of Europe has not asked WHO whether it prefers an open door meeting or a closed door meeting, and WHO has offered no request to the Council of Europe for a closed hearing. We were expecting that this might be an open hearing, but WHO definitely has not asked for a closed hearing. This is not true.

Now in terms of the second point and the vaccine contracts. Again, WHO has not been privy to any of the contract discussions between countries and the companies. These are considered proprietary discussions both by the individual countries themselves as well as the companies. So we do not have knowledge of the individual contracts which are made between countries and companies. However, I think it is fair to point out that the pandemic preparedness planning for pandemics have recognized that vaccines, if available, would be an important part of the response against a pandemic, and would be one of the better ways to try to prevent people getting infected by a pandemic influenza virus. And so I would not be surprised for the discussions and pre-planning done by countries or companies as part of the general thinking about preparedness for a pandemic. But again, I cannot comment on any of the specifics because we simply have not been privy to the information.

**NYKA ALEXANDER:** That's all we have time for today. I apologise to the journalists who were not able to get their questions through.... This has been the virtual press briefing from WHO Headquarters with Dr Keiji Fukuda, Special Adviser to the Director-General on Pandemic Influenza. I would like to remind you that there will be an audio file posted on our website shortly and later today or tomorrow morning a transcript of the briefing. The web site is [www.who.int/pandemicflu](http://www.who.int/pandemicflu). Thank you again, and have a good day.