



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

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Gregory Hartl: Good afternoon. This is the World Health Organization in Geneva, welcoming you to our 5 o'clock briefing weekly at this moment. So, Tuesday 5 o'clock Geneva time. I would like to welcome Dr Keiji Fukuda, the Assistant Director-General for Health Security and Environment here at WHO, who will make some opening remarks and then we will hand over to you all listening to ask questions. And now I hand over to Dr Keiji Fukuda.

Dr Keiji Fukuda: Thank you Gregory. Good afternoon, everybody. What I will do is follow the usual format where I give a very brief overview of where we are in terms of the epidemiological situation, and then there are some issues which I will cover and then we will throw it open for questions. In terms of the global situation update based on the officially reported information provided to WHO as of this morning, there are now 64 countries that have reported these new influenza A(H1N1) cases, the number of official laboratory-confirmed cases stands at 18 965, and this includes 117 people who have died with infection.

In terms of the overall situation, we continue to see three basic epidemiological patterns going on worldwide. The first one is that group of countries in which the spread of viruses advances and these are the countries in North America consisting of Mexico, the United States and Canada. In this area in which the spread of virus has been most advanced, we see activity going up in some locations and going down in other locations, then going up again in locations in which it previously went down. So we have a kind of mixed pattern going on in these countries in which activity waxes and wanes in certain locations, but overall there continues to be spread through these countries.

In a second group of countries we see that they appear to be in transition. These include countries in Europe, some countries in Asia, some countries in South America as well as Australia. In here, we are seeing larger numbers of cases occur with some I think early spread into communities but many of the infections related to institutions, to travellers but also a mixed pattern. We are seeing both travel-related cases and then some early community spread.

And then we have that group of countries in which there are limited numbers of cases and these appear to be related primarily to travellers, but sometimes to institutions, but without any real evidence of spread into communities. In terms of an overall assessment of the severity of what we are seeing, it is probably fair to call the situation something like "moderate" right now. We do have some hesitation in calling the situation mild for a couple of reasons.

First, what we know, is that the overall number of serious and fatal cases appears to be relatively limited compared to the number of known infections. However, based on the reports that we are getting from countries and based on the assessments of a number of experts, we also know that we really do not have a full handle on the number of people with serious illnesses. For example, yesterday on a conference call, we heard from some experts how they were seeing some people in hospitals with clinical symptoms which were a little bit different than what might be expected, who have A(H1N1) infection. We also know that we do not know the full number of people who are infected across the entire spectrum. So right now it appears that the number of serious illnesses appears relatively limited, but again we do not have a perfectly good handle on both the numerator and the denominator of what we are seeing.

The second thing is that we also know this infection can be fatal in a number of individuals and this includes both people who have some underlying medical conditions – it includes women who are pregnant – but it also includes people who are perfectly healthy, and so we do have some hesitation calling such an infection mild.

Finally, we do remain quite mindful that the future impact of this infection has yet to unfold, so we do not quite know what is going to happen in the Southern Hemisphere in the next few to several weeks, and we also do not know what the picture will look like in the fall time in the northern hemisphere.

Globally, we believe that we are at Phase 5 but are getting closer to Phase 6 and this is based on the following assessment: it is clear that the virus continues to spread internationally, we know that there are a number of countries who appear to be in transition moving from travel-related cases to more established community types of spread. Some of these countries are the countries that you have been following for quite a while, but they include countries such as the UK and Spain in Europe, Japan in Asia, Chile in South America and also Australia. However, we still are waiting for evidence of really wide spread community activity in these countries. I think it is fair to say that they are in transition and are not quite there yet, which is why we are not in Phase 6 yet.

Now, over the last several days we have had a number of discussions related to Phases and to the severity of illness. This is based on several different reasons including the input and requests from several different countries for WHO to look at this. Yesterday at WHO, we held a series of consultations with a significant number of experts – over 30 experts and public health staff coming from 23 countries spread across the globe – and the reason for these consultations was really to understand their perspectives and their concerns about a possible move from Phase 5 to Phase 6, and what considerations WHO should be mindful in doing so.

These discussions were very fruitful for WHO and provided a lot of excellent advice and guidance, and there is also consensus in a number of areas. First, the experts advised WHO to continue using the geographical spread as a basis for moving to a pandemic Phase 6. However, they also indicated that WHO should modify this kind of movement to Phase 6 with assessment of severity. In doing so, WHO should also provide more tailored guidance to countries, really to help them respond better to whatever the degree of severity of the situation is, in addition to just declaring that there is a Phase 6. Much of the discussion through the experts was over the matter of severity: how one makes such assessments with suggestions coming from the experts ranging from clinical assessments of illness up into economical impact and very large social measures.

Severity and the movement of Phase 6 have really been part of the pandemic planning process for the past few years in which a large number of other experts have taken part in. It is clear that assessing severity is a rather difficult job and there are some important considerations.

Severity is not just a quality of the virus and its ability to harm people, but it is a combination of that virulence but also the vulnerability of populations.

For example, how well off they are in terms of chronic conditions and so on, or perhaps poverty and malnourishment, as well as the resilience of populations: how well they are able to cope with new diseases or cope with diseases – for example, health care systems and so on. It is also clear that one of the tasks for WHO in providing severity assessments is to provide both global assessment, so everybody has a relatively good idea of what are we talking about, how does this situation compare with other situations, but also to provide guidance which is useful for countries and for sub-national public health authorities to make more local assessments.

The reason for this being important is that we know that severity is going to vary. It is going to vary by location, depending on those factors which I mentioned above but particularly the vulnerability of populations as well as the resilience of populations, and we also expect that severity could vary over time. For example, what we are seeing now may not be relevant for what we will be seeing later in the fall time. One of the tasks, one of the difficulties of doing this, is to provide such assessments so that they are simple to understand, so that they are accessible to everybody, so they are feasible. They can actually be measured by people at the local level as well as national level, and also internationally, and also to provide these assessments in a way that they can be used by the countries, by the media in terms of communicating information to the public, and really be understood by people.

We know that doing this is going to be quite a challenge. Based on the discussions that we had yesterday that lasted for several hours, WHO will be doing several things. One of the things that we will continue working on developing ways to assess severity and finalize these measures as soon as we can. One of the other things will be to provide more tailored guidance to help Member States so that they can better calibrate the actions. One of the things that we hope to do by providing this kind of tailored guidance is really to help reduce some of the more drastic actions, which may be uncalled for, but also to provide guidance to countries as to what steps they can take.

Some of the other things that we will be doing is trying to provide communications so that people understand what Phase 6 means, what the relationship of Phase and pandemic means in terms of severity and to convey across the spectrum that really all pandemics are not the same. Some pandemics can be milder, some pandemics can be more severe, and to try to make this a little bit clearer to people so they really understand what the situation is.

Finally, one other thing that we will be doing is running some of these actions and some of these issues by the International Health Regulations Emergency Committee. This is the same Committee that provides advice to the Director-General, or has provided advice to the Director-General in making the earlier phase declaration. So we will be running this kinds of information by the Emergency Committee to get their input and advice and guidance.

Helen Branswell, Canadian Press: A bit of a clarification on that question here. About the assessment of severity: I assume there will be some mechanism where you can change it over time, that if things start to unfold differently from the way there are going now, that you will be able to adjust that and adjust the guidance to countries. The question that I wanted to know is, now that we are starting to see spread in the southern hemisphere – I know that they are seeing it in South America and obviously in Australia – are we seeing that the virus is behaving any differently in terms of the variety and the toll it is taking on health care systems? Are you hearing reports of places where hospitals for instance are being taxed by the scale of the illness?

Dr Fukuda: Yes, we will build flexibility into the assessments of severity. One of the steps which we are entertaining, and this is again based partly on the thinking that when into the pandemic preparedness process, but also based on the guidance provided by the consultation yesterday, is to take a relatively straightforward approach, perhaps something like a three-point scale in which different levels of severity can be conveyed. The trick is not going to be so much coming up with the three levels of severity, but it is really how to do it in a way which can be implemented across a lot of different countries, but that is the basic plan. It is possible that, if we are in Phase 6, that we may see Phase 6 in which the severity is assessed to be relatively lower, and later on in the year have the severity assessment move up higher even though we are in same Phase.

In terms of the spread to the southern hemisphere, in general, it is fair to say that at the clinical level much of the reports that we are getting are pretty similar to the reports that we have gotten from the northern hemisphere. So that the illness that is being seen in Chile or the illness that is being seen in Australia, is similar to the reports of the northern hemisphere in which the majority of cases have been mild enough so that people certainly do not have to go to hospitals, but also instances in which we are seeing quite severe cases of the same kind of respiratory failure as we have seen in the northern hemisphere.

The other thing that is fair to say is that in some of the countries such as Australia, we have had similar reports to what we have seen in some of the locations up in the northern hemisphere, such as New York City, where there is a lot of activity going on. We have yet to see whether the sort of up and down pattern in the southern hemisphere is going to be the same as in the northern hemisphere, but there is probably a pretty good chance that this will be the case. Over all what we are seeing in the first few countries in the southern hemisphere is relatively similar to what we are seeing in the northern hemisphere.

Frank Jordans, AP: I would like to ask you about the ongoing spread of the disease around the world. You said it has now reached 64 countries, and some of the countries that you mentioned in the middle category such as Britain, seem to already be exporting cases. There were reports of students in Germany having picked it up in school in Britain. Can you tell us at what stage you believe Britain and Spain are right now, whether that disease is spreading from person-to-person and whether they are now exporters of the disease?

Dr Fukuda: These countries like some of the other countries are really in a kind of in-between stage. These countries are not detecting nor reporting a kind of very wide national activity that is being reported from the North American countries. On the other hand these are also countries in which infection has been detected for a significant period of time and are not just restricted to some travellers coming back. Without knowing exactly what is the situation in each of these countries, it is fair to point out that they are in a very different epidemiological situation than countries at other extremes. Where people get infected is of course very difficult to know. It may be that they pick up infection in a country that they are visiting, it may be that they pick it up at some transit point while they are travelling. The attribution of where people get infected for each individual is a little bit hard to tell. Nonetheless, having said that and having infection going on in these countries for some weeks, it would not be surprising if travellers can get infected in these countries.

M. Walsh, BBC: Can you give me some idea of the profile of the age group of the people who more likely to get A(H1N1) and those who are most likely to die from it. Is there a pattern emerging?

Dr Fukuda: The age profile has remained fairly consistent although we are getting some more information. The majority of people who have gotten infected are under 60 years of age. However, one thing that is becoming clear is that there are some people over 60 years

of age who have also become infected. But still, the majority of people turn to be younger, so younger than 60 years of age. Among that group of people who have tended to develop serious illness, and by that we mean severe pneumonia that perhaps requires ventilator, or at least very severe pneumonia or people who have died from the infection. This tends to be younger to middle-age adults people who are in the age-range of 20 to 40 years old, but not just in that age group but, this is the overall epidemiological pattern of who has been getting infected and who has been developing the most severe manifestations.

Hedayat Abdelnabi, Kuwait News Agency in Geneva: I would like to ask confirmation about a case in Egypt. Did you get this confirmation? I do not get an update from the web site concerning the figures today?

Dr Fukuda: I will check on the figures. I am not sure, they should be updated but I do not quite know ... sorry, I have just been told that the disease outbreak news goes up on Monday, Wednesday and Friday, so the figures will be updated on those days. In terms of the case in Egypt, no, I do not have any specific information on that case.

John Cohen, Science Magazine: I would like to make sure that I am actually understanding what has happened to it. It turns that WHO put on hold all the notion of geographical spread until you had this consultation and then changed it back to the original definition and now you are adding a severity scale that has yet to be determined to the phases. Is that right?

Dr Fukuda: Not quite. Let me go over this. If you look at the *Pandemic Preparedness Guidelines* which has been up there for quite a while, in fact you will see that there is discussion of Phases, 1 to 6, and there is also discussion of severity. Severity assessment of going to mild-moderate-severe, something in that range, and so adding severity to the pandemic Phases – or discussing it in terms of the pandemic Phases – is something which has been on the radar screen for quite a long time. Much of this work was really pioneered in the US for example, where they have a little bit more complex scale, but it is also something that at the global level, WHO and many countries thought as a good idea. This is worked on with the input of a lot of scientists for quite a long time.

But what did happen was that recently, at two large meetings – one of these was the ASEAN+3 Meeting held in Asia where many of the developing countries from that region – as well as a number of countries who came to the World Health Assembly had request WHO to look at the situation from going to Phase 5 to Phase 6, and to make sure that we are taking into consideration everything which ought to be considered, and not just going directly to making a Phase assessment. What that did was to really led us to go back and reassess what are the needs of countries if we go from one Phase to another, and particularly from Phase 5 to Phase 6. What in fact is needed by countries to make that kind of movement helpful to them? This really did take us back to looking at severity, looking at the Phase criteria, and then consulting with a large number of experts and also public health staff from a number of different countries.

What it did was to reinforce to us that what countries are saying is that the spread of this virus is really a phenomenon that nobody can stop and that nobody can get in the way of, but in order to provide tools and guidance to countries, which is really helpful to countries, that is not enough just to say that we are at a certain Phase and that the virus has spread to a certain extent. That kind of announcement really has to be accompanied by some indication of what the severity is and then some guidance to countries as to how they can modify their approaches to what is going on. What it really did was not change things so much, as really re-emphasize to us the importance of the additional information which has to go along with

Phase changes. I hope that this puts it in the context and give a little bit of historical context to the development.

Helen Branswell: I was wondering – back to what is happening in the southern hemisphere – in the northern hemisphere, when it first broke out we were seeing a mix of flu viruses and then in the last little while the seasonal flu strains have really kind of subsided and almost everything that has been seen at this point is the swine flu H1N1. What is the pattern you are seeing in the southern hemisphere? Is it blowing out the existing influenza A strains and B as well?

Dr Fukuda: As you mentioned, in the northern hemisphere when A(H1N1) appeared we were at the tail end of the normal influenza season and we saw a mix of influenza viruses and then, with the ending of the regular season, the northern hemisphere – or the influenza activity – has really been dominated by this new A(H1N1) virus. In the southern hemisphere we have some information coming from Chile that even though they are going into their regular influenza season, in fact virtually or most of the influenza viruses that they are seeing so far are the new influenza A(H1N1) viruses. They do have a number of influenza A viruses that have not been sub-typed but, importantly, they are seeing many fewer of the normal seasonal influenza viruses, and the majority of viruses are the new A(H1N1) virus. This is still early in the season in the southern hemisphere and we need to see whether this pattern holds up in other countries, but as you probably know from previous pandemics, this has been one of the patterns that has been seen with the earlier pandemics. And so I think that it bears very close watching.

Burnett Muffy, Clinial Medical Technology: I am just wondering. Canadian researchers from British Columbia CDC on May 6 reported the presence of H2N3 mutations that might explain the more intense incidence of the flu in Mexico, but there has been no further confirmation of the potential role of this virus. I am just wondering whether this virus or H2N3, how sure can we be that A(H1N1) is the only virus involved?

Dr Fukuda: Do you have the H2N3 virus strain? I think that you may be talking about H3N2 viruses, which would be a completely different matter. But to answer the broader part of your question, in these countries, an extensive amount of virological surveillance is done. For example, in the United States over 100 000 viruses – over 100 000 clinical specimens – typically get tested during the year for influenza viruses. Based on that testing, they identify what kinds of influenza viruses are circulating in the country. This – to varying degrees – is done in a number of other countries including Mexico. It is that kind of information which lets us know whether one virus or another virus is tending to predominate in that season, and that is how these questions get answered.

Daniel, Web MD: Dr Fukuda, almost nobody has your perspective on the current situation. I wonder how you personally see this outbreak developing over the next six months. What specific signs would indicate that this flu outbreak is becoming more worrisome or less worrisome than one would have expected?

Dr Fukuda: Well, like anyone who has worked in the field of influenza for any period of time, I would be very nervous to make any predictions about what will happen over the next six months, but I can tell you some of the things that we would be looking for.

Just to quickly review where we are right now, and to give you some basis for understanding what we would look for. We have this new influenza virus that we have not seen before. In the northern hemisphere, it is causing a significant amount of infections and disease in a time of the year in which you typically do not see influenza occurring. It is

causing disease in age groups that are atypical for what you normally see with influenza and it is causing serious illness and some fatalities in an age group, and in a group of people who you do not frequently see such serious illnesses occurring. So we have an unusual situation right here.

As we move into the southern hemisphere, we are moving into a period of time in which that part of the world would be going through their regular influenza season. This is typically a time in which influenza viruses thrive. One thing that we will be looking for very carefully is whether the kinds of clinical illness that is typically seen with influenza is seen in the southern hemisphere or whether we see any unusual manifestations and particularly looking at things such as the age groups: do we see a repeat of the age groups being infected as in the northern hemisphere, or do we see some change in that pattern? Do we see some kind of change in the numbers of people developing serious illnesses and fatalities? Do we see changes in the virus itself? We expect the influenza virus to begin to drift and to develop some changes based on mutations, but does that really lead to any kind of changes in the behaviour of the virus, does it lead to any changes in terms of the antigenicity of the virus? We will be monitoring those kinds of characteristics very carefully. But the bottom line for all of this is really what is the impact on populations. Do we see disease populations which suggest that the virus is beginning to become more dangerous to people than it already is and that is the bottom line for all of the investigations. These are the kinds of things that we will be monitoring quite closely.

Jon Cohen, Science Magazine: You mentioned that at discussions you had that you talked about reducing drastic actions that are uncalled for. Could you specify some of the drastic actions that are uncalled for that you discussed?

Dr Fukuda: In this kind of situation we have not seen people getting infected from swine populations or from pork meat or things like that and yet initially on, a lot of the actions by some countries were really directed at embargoes, trade embargoes, some actions were directed at the culling of swine. Those things probably – certainly did not make people safer and may have caused some concern among the populations about the safety of either live animals or of the food that they were eating. Some of the things that we would like to do is to improve how we are able to communicate information, how we are able to provide guidance on what can be done in this situation, so that actions which are really unnecessary and potentially anxiety-provoking and unhelpful can really be modified or curtailed. Those are some of the things that we would like to see get done.