



**World Health
Organization**

**Transcript of the Press Conference undertaken with
Dr Keiji Fukuda, Assistant Director-General ad. Interim
for Health Security and Environment
World Health Organization
26 April 2009**

The first thing is that we will be giving regular meeting with the press on a daily basis and this is the first of those meetings. We know that the need for information is very great and we hope to help fill that gap by meeting with you every day. First I shall start by setting the context of what we are thinking about and what we are facing and then I will go into some of the specifics of what we know right now, and then we shall also provide some information about some of the actions which are being taken and then we shall take questions.

Many of you know that the world has been talking about and preparing for pandemic influenza for at least the past five years and there are a number of reasons for this. We know that influenza pandemics have occurred at least a couple of times each century and in the past five years we have been working very hard with our colleagues in many different countries because of a specific pandemic threat known as avian influenza or H5N1 and because of that many countries have been very focused on strengthening their defences for such a situation.

In the past several days, we have now heard about cases of infection in people caused by a different influenza viruses known as the swine H1N1 influenza virus. Influenza viruses have been know infect pigs for quite a long time and we know that every once in a while such viruses have caused infections in people. But right now in the current situation we appear to be in a situation where one of the swine viruses appears to be affecting significant number of people in at least a couple of different countries in different locations. This situation has raised questions about whether we are entering into a pandemic period.

Before we go further to what we know about this specific situation, let me just quickly review what we mean by a pandemic. A pandemic of influenza means that we have a new influenza virus to which most people in the world either have little immunity or no immunity and so this is different than our situation with regular influenza viruses. When we see such a new virus, if it has the ability to infect people and if it especially has the ability to move from person to person in a way that it is able to cause community outbreaks, large outbreaks of infection, then we certainly have the potential for the virus to spread from one country or one location to another.



Again, we have seen such occurrences a couple of times each century and so the question right now is whether we are in such a situation right now. Let us review the specifics:

One of the first things I want to caution everybody about is that we are in an evolving situation so we cannot be too focussed on numbers. These numbers can change quite rapidly as we know from any outbreak situation. So we have confirmed virus infections in the United States and in Mexico. Let me take the situations. In the United States as of the 25 April, yesterday, there were 11 laboratory- confirmed human cases of this swine influenza H1N1 virus. Seven of these infections in people occurred in California, two in Texas, two in Kansas. So we have 11 infections in total and I want to point out that all of these infections have been relatively mild, one of them did lead to a hospitalization for a brief period of time, but in general the infections have been mild.

Traditionally, as I mentioned these viruses have circulated in pigs but so far we have no evidence which suggests that these people were exposed to any sick pigs so we don't have any direct connect to swine right now. In addition preliminary virologic analysis of these viruses all show that they are basically the same virus when the genetic analyses were done. Other analyses continue right now, but basically we think the viruses that have been seen in California, and in Kansas and in Texas are the same virus.

We also know that in the United States, there have been other reports of illness, so these are being investigated. For example, we know that in New York City, there have been cases of influenza, eight cases of influenza that have occurred in students, and that specimens have been sent to the US Centers for Disease Control for confirmatory testing. In addition, we know that at 100 students have been reported to have influenza like illness.

So far, among these students, as far as we understand, the disease has been mild. Right now we await further confirmation from New York.

In Mexico, we know that there have been cases of respiratory disease and cases of pneumonia. And amongst these people some specimens have been sent out for testing, confirmatory testing. For example, 51 specimens from 51 people were sent to the public health laboratory in Winnipeg, Canada, and we know that 16 of these samples have been positive for this swine H1N1 influenza virus. Furthermore, we know that based on the work done in Canada and in the United States, that the viruses being seen in Mexico are essentially the same as the viruses that are being seen in the United States.

Testing is on-going and as this testing goes on we will have a better handle on all of the properties of these viruses.

Moreover we know that in Mexico there have been at least 1,000 cases of respiratory illness that were reported when the authorities have been studying this situation in April and among these cases there have been about 71 deaths. But I want to point out, these are



cases of respiratory illness and we don't really know whether these cases represent a lot of swine 'flu infections or very few swine 'flu infections and so as investigations continue, we hope to have a better picture on this information.

One of the issues that all of this raises is what is the overall take on this situation and where are we. I think if look at the epidemiologic situation we have new influenza viruses that are being detected in a couple of different locations and we know that these are the same viruses and so there are a number of questions we have about the extent of spread of the viruses that is how far are, and to what extent they might be seen in the countries where they are being reported from now and whether they are being found in any other locations. There is a great deal of work being done by authorities in many different countries.

In terms of the virology of these viruses, or again what is known about the viruses themselves, they are swine influenza viruses, that is they are an animal influenza virus. However, they are different from other swine influenza viruses that have been described in the US and in Mexico. To that extent they do represent a new kind of swine influenza infection. So at this time it is fair to characterize our assessment of the situation as serious and WHO and the countries which are being affected by this, and certainly all countries are looking at this situation very seriously, but it is also clear that we are in a period in which the picture is evolving. It is also clear that we are in a period in which we have to be very careful to collect the best possible information.

We really need to understand a bit more about the epidemiology, we want to understand a bit more about the behaviour of these viruses and we want to understand to the extent that these viruses cause mild infections, and the extent to which these viruses can cause serious infections.

So in response to this situation, WHO has initiated several different actions. Let me go over some of them to give you an idea of the range of the activities underway.

On Friday (24 April) WHO activated its emergency response room, what we call the SHOC Room (Strategic Health Operations Centre) and what this allows us to do is be in contact simultaneously with countries, institutions, different authorities around the world, with the media, different partners and this allows us to bring together a lot of different functions which can handle an emergency situation. We have been in very close contact with many different governments as well as many other partners. For example we have been in contact with the UN, with non-governmental agencies, with industry, and we shall continue to work with all these partners so that everyone is as informed as possible and so that we can coordinate any necessary actions as well as possible.

The Mexican authorities did request that some assistance be provided and so WHO working with the governments in Canada, in the United States and in Mexico has helped



to put together a number of people to go in to provide assistance to help clarify the epidemiologic situation as well as possible.

Another action undertaken by WHO was to convene the Emergency Committee of the International Health Regulations (IHR). This occurred yesterday (Saturday 25 April). The International Health Regulations are basically the overall public health architecture for how we deal with these large public health events or potential large public health events and basically it gives a way for all of the countries and authorities in the world to interact together, to coordinate their actions and to deal with health threats and this is one of the major improvements in modern day public health.

The role of the Emergency Committee is to provide advice and guidance to the Director-General of the World Health Organization. One of the issues that was discussed with the Emergency Committee in which they provided advice, was whether we are in what is called a Public Health Emergency of International Concern. Basically are we facing a situation which appears quite serious. I think that the Committee unanimously agreed that we are in such a situation and that it really warrants the utmost attention. So on the basis of that and the basis of the work and assessment being done by WHO and other colleagues, we have requested countries to help clarify this situation and to provide as much information as possible. So for example, we have asked all countries to increase their surveillance and watchfulness so that we can detect as quickly as possible how this virus may or may not be spreading.

One of the issues which was raised to the Committee, was whether we are in a situation where WHO should increase its pandemic phase. We are currently in Phase 3 and whether we should move it up to Phase 4. The Emergency Committee deliberated on this, and what they said is that we would like a little bit more information and a little bit more time to consider this. This is underway and more information is being collected and the Committee will be reconvened on Tuesday (29 April) unless there is additional information which indicates that we should meet earlier and right now the information does change on a fairly frequent basis. We will be mindful of that.

In addition, WHO is also undertaking a number of other actions. For example, we know that if this situation evolves, one of the questions that will come up very soon, is what is the availability of vaccines. We are already working with our collaborating centres, we have begun the preliminary work need to prepare influenza viruses for potential swine vaccine if we need it.

In addition, there has been a lot of work going on to make sure that we reduce the confusion as much as possible. For example, to produce a standard case definition which will be helpful both to the authorities looking for potential swine influenza cases as well as for the rest of us when we talk about what the situation is, so that we don't get disease mixed up with laboratory-confirmed cases and so on. In addition, the collaborating centres have been working very hard to produce the kinds of tests and reagents needed by



other laboratories around the world so detect these infections. So there is a great deal of work going on so that we can as quickly detect and monitor the situation and do this as well as is possible.

That provides a broad overview of why we take the situation seriously, what the specific situation is based on the information we have at this time and some of the actions which have been initiated at this time. As you know from experience, situations evolve and we will continue to meet with you on a regular basis and provide the information as it becomes available to us. Let me stop there and we will take any questions.

Journalist - Canadian Press

You mentioned that reagents are being developed and that process is still underway. As a consequence, there are places that are finding influenza viruses which are probably going to turn out to be swine 'flu as the New York cases just confirmed. Can you tell us how many countries have reported to you that they have probable cases as a consequence of finding untypeable influenza viruses.

Dr Fukuda - I cannot right now give you the number, but we can find that out. We have been monitoring the media as well, and I know that there have been in the media in the last day or so reports of possible cases in places such as New Zealand and in the UK as well as I believe in Canada. But we know that some of these cases have been excluded, for example the person who was ill in the UK is known not to have swine influenza and so we await further information on the other cases.

Journalist: You said yesterday the Emergency Committee wanted more time, but to many people here in the real world it looks very much like does not fit the definition of Phase 3, and I am hearing from people in the infection control sector that this is really making life difficult for them. They don't know if they are going to 4, 5, 6, sometime in the next few days, and they don't know whether to stand up or not. Should they be operating under the assumption that this is probably a pandemic?

Dr Fukuda: I think that whenever we face any emergency situation there is of course a balance between the need to have a fair amount of information so that we feel that our decisions and our assessments are based on solid grounds. On the other hand, I think we are also mindful of the need for different groups to act and to make decisions. Now, if WHO goes ahead and makes a declaration that the phase has changed, then this is really a very serious signal to the world that they are to be initiating certain actions and really dusting off plans. Now I have no doubt that many countries are already taking these actions, but it does send a signal. We want to make sure that we are on pretty good solid grounds.

Right now we have cases occurring in a couple of different countries and in multiple locations, but we also know that in the modern world that cases can simply move around



from single locations and not really become established, so one of the things for example is that we would like to have a little bit more information about the spread of these viruses and if it really indicates that it is taking hold in many different places. So I think a combination of information from different countries and from the countries and locations where the virus has been verified, it is the kind of information that the Committee is asking for. We will not wait for a very long time for such information to come in because we know that many different groups are waiting for this kind of decision. We have decided to wait and try and get a little more information so that the Committee can deliberate on this.

Journalist: Wall Street Journal: Just following on that, could you remind us of what the implications are of raising, should the pandemic alert to be raised to Phase 4. What would be set in motion, that makes it different from level 3 (in terms of actions). Secondly, you as an expert on influenza viruses, it is possible that we are at the early stages of a still mutating virus that could become even more potent. I ask this because the disease in some people has been very mild.

Dr Fukuda: First I think, let me clarify what a phase change means going from Phase 3 to Phase 4 and then the later phases potentially. Currently the world is in a phase or has been in the Phase 3 situation which means that we have seen potential pandemic viruses such as avian influenza infect people, in fact we have seen that virus infect people in many different parts of the world. However, those infections, by and large have been sporadic infections where single people get infected, or rarely it has caused infections in very small groups, so for example when parents or siblings have taken care of an ill family member we sometimes have seen situations of person to person transmission. If we go to Phase 4 because of the swine influenza virus, it basically means that we believe that the virus has significantly, or a potential pandemic virus has potentially shown that it is able to transmit from person to person and cause large outbreaks. This is a pretty big change from Phase 3 to Phase 4. If we go to Phase 5 and 6, that basically indicates without going into details, that the virus has shown the ability and is spreading around the world. So it is really a geographic spread around the world.

The change from Phase 3 to Phase 4 is an important change.

If we go from Phase 3 to Phase 4 you can see that on the website. There is a document indicating about the phases and potential actions that governments should consider, but what it does is that it sends a signal that governments should very strongly increase things such as surveillance, look at their pandemic preparedness, and begin to really assess seriously what steps they can take that if this should continue on to be a pandemic situation. And so those are some of the implications for going from one phase to another.

In terms of your second question, is it possible for this virus to mutate? So currently we cases we are mild and we see cases which appear to be quite severe, although again we don't know the exact relationship of this specific swine 'flu viruses to the serious cases,



you know we don't know how often it causes serious disease as opposed to mild disease. But none the less we see both of those things occurring right now.

Now influenza viruses as a group of viruses are just very prone to changing. They mutate easily, they evolve easily and so yes, it is quite possible for this virus to continue to evolve. So when viruses evolve, clearly they can become more dangerous for people, that is to cause more serious disease, or they are also able to mutate so they cause less serious disease and that is very difficult to predict. It is one of the things that we will watch for very carefully for the signs of evolution.

Journalist, Kuwaiti News Agency: Given the fact that President Obama was in Mexico just before the outbreak, is the Emergency Committee going to look into the possibilities of bioterrorism and my second point is why is there a big difference between the situation in Mexico and the United States? You have the death toll in Mexico - 71 - while in the United States, there are no deaths from this 'flu. Has the absence of a vaccine for this strain made your efforts over the past five years not up-to-date or they will not be useful or what do you think?

Dr Fukuda: Right now we have no evidence at all to suggest that we are dealing with bioterrorist action. We know from the past that pandemics occur and we know from the past that pandemic are caused by new influenza viruses, so right based on the analysis of the virus that we see, we have no signs we are dealing with purposeful action. However, as always we will continue to assess the situation, we shall continue to study these viruses and learn what we can.

In terms of the second question, why is there possibly such a big difference between what is going on in the US and Mexico in terms of the severity of illnesses. Here again it is very important for everybody to understand that the cases being reported from the US are laboratory confirmed cases of illness. In Mexico, we have a couple of different things being reported. We have both cases of disease being reported that we do not yet know are really due to this swine influenza virus, and we also have some laboratory confirmed cases. Right now it is very difficult to know whether we are seeing quite different situation in US and in Mexico. The typical picture for any influenza virus is that it causes both mild 'flu cases and severe 'flu cases and so again the picture is changing and there are very big gaps in what we understand about the clinical impact of this virus. This is one of the things that we will watch very, very carefully and keep you up-to-date on as our understanding develops.

In terms of the question of whether the absence of a vaccine over the past five years has made this work more difficult, one of the things that I did want to highlight is that I believe the world is really much, much better prepared than we have ever been for dealing with this kind of situation. This is for a couple of different reasons. In the past five years the world has spent a huge amount of effort, countries have worked very hard to assess the threat of avian influenza, they have worked very hard on pandemic



preparedness planning and we have new tools such as the International Health Regulations in place.

We also have new defences in place, we have better surveillance, we have stockpiles of anti viral drugs that have been prepared at regions as well as by internationally in case of a pandemic situation. So if anything, I am really impress at how well the countries have handled this. The communications have been very good, the laboratory work has been conducted very fast, epidemiologic investigations always take longer, but information on the genetic sequences of viruses are now available in data bases for people or other scientists to see quickly. There are discussions going on among scientists around the world and so in many ways I would say the past five years has put us in the best possible position to handle this kind of situation so nothing has been wasted.

Journalist, German Press Agency: Is it possible that the WHO is working too slowly here, and that governments should actually be doing more besides monitoring the situation and reporting back. If so, what can governments be doing besides simply monitoring and reporting?

Dr Fukuda: I think that certainly governments do not necessarily wait for WHO to make recommendations before they do anything and in fact many governments are very proactively working on the situation now. So I think that this is a very high priority that we all have a better handle on the situation and so the information collection activities are critical. On the other hand I know that many governments are also looking at what their plans are if the situation escalates and what possible actions they may take. So I think the governments are being very active right now and they are certainly not being passive. Nonetheless, I think that they are looking to WHO for guidance and again because of that we are moving at a good clip, but we are wanting to make sure that we move in a way that the evidence really supports.

Journalist, Associated Press: Clarification about the virology of the virus. I was talking to a colleague of yours who said that the virus was entirely swine, but it has been described by CDC as having human/bird/swine elements. Could you clarify that? Secondly, if the virus turns out to be mild, is this going to be worse than the common cold?

Dr Fukuda: This virus appears to be a swine 'flu virus but one of the interesting things you know about influenza viruses is that the gene from influenza viruses can come from many different kinds of influenza viruses, so the internal genes of the virus that we are seeing now do come from multiple different sources but consistent with the kinds of influenza viruses that have been circulating in pigs for many years with two notable differences. Two of the genes appear to come from swine influenza viruses that have been circulating in Europe and in Asia and then the rest of the genes appear to be consistent with the kinds of genes found in viruses circulating in pigs in North America.



Somewhere along the line these genes combine to produce the virus that we are seeing now.

Now in terms of lethality, again I think we are too early in our investigations to be able to address the lethality of the virus. Clearly we are seeing reports of cases which are mild, and these are coming from the United States and we are also hearing reports about cases in Mexico, although it is a little a bit less clear how often these are associated with either fatal cases or serious illness cases. So at the start of a pandemic, one of the things that we try to do is get an assessment of the severity but it is important again to remember that the properties of 'flu viruses can change over time. They can go from mild to being more severe as time goes on and they can also move from being more severe to less severe over time. It is way to early right now to predict whether we might see a mild pandemic or a severe pandemic, but again we will keep you updated as we understand.

(The next part is unintelligible) both in humans and I am wondering if you are also aware of any studies in pigs or any pig deaths as a result of this virus. How are you studying the immunology of virus what are you looking at?

Dr Fukuda: Well right now the studies the studies themselves again are conducted by many scientific institutions and public health institutions which are involved in the investigations and so I think much of the emphasis right now is being devoted to characterizing what is the epidemiology of the situation as well as what are the characteristics of the viruses, which are available. What is the antigenic properties? What are the virologic properties and then there are some important questions related to whether antibodies produced by current seasonal vaccine may provide any protection against the swine flu virus. So there are a variety of studies like that being conducted and underway. So a combination of laboratory studies and epidemiologic studies.

Journalist BBC: You said that the situation in Mexico was unclear. I am just wondering if the deaths in Mexico - have you got a figure of ones you know where swine flu? Have you got a figure of those that weren't?

Dr Fukuda: Right now the authorities are working to clarify some of that information, I think that it would be very helpful again to know how often infections of these viruses do lead to death but at this point I'm not able to say that.

Journalist, New York Times: Couple of questions here and one has to do the semantics of calling this a swine influenza virus. If we have no evidence that it has caused any outbreaks in pigs and have no association there, is it causing confusion to call it a swine influenza virus is it more appropriate to call it a H1N1 and I realize that causes confusion because that is similar to the 1917/1918 one.



You said there was rapid communications but there is talk about delay in Mexico in terms of reporting or investigating these. What do we know about those delays and lastly do we know anything about when the deaths occurred in the cases that were the severe ones in other words could they be mild and suddenly turn lethal?

Dr Fukuda: Let me try to address these in terms of the semantics it is a little bit confusing but right now I would say that animal authorities will be looking at this situation in pigs. Right now we don't have any information on outbreaks, large outbreaks in pigs but their calling them swine influenza viruses comes from the genetic analysis of these viruses. So when you study them and you look at how they're constructed, they're constructed in the way that swine influenza viruses are as opposed to the human H1N1 viruses. So I think that this is an area which is quite easily going to lead to confusion because we have human H1N1 influenza viruses that are currently circulating around the world and we also have H1N1 viruses circulating in pigs and there different groups of viruses and then among those circulating in pigs you know the one we are talking about now appears to be different than the other H1N1 viruses in pigs so we will be very mindful to try to keep that confusion down. But I think it is fair to say that these are swine influenza viruses causing infections in people right now.

Having said that I think that one of the things to explain is that typically pandemic viruses start from animal viruses and in a sense they becomes humanized so animal viruses for whatever reason every once in awhile come over from the animal side or some other genes do and then they lead to infections in people and when they progress long enough they really become more human influenza viruses. And so in a sense that is what a pandemic is.

Now in terms of communications I think that personally the communications have been very open and very transparent in my time in public health I really have worked on a number of different outbreak investigations and I think that the communications and the willingness of the countries and authorities in this situation have really been exemplary they have been really good so no I can't characterize this as being slow.

And then in terms of the information about deaths again we are trying to clarify and get more information about that so I think that I can't really give a good description about the time of death and whether how the progression goes but we hope to be able to provide more of this kind of information as soon as we can and hopefully soon.

Journalist CNN - my first question is about stockpiling the Tami flu or the antivirals. Are you concerned about people who proactively might be trying to stockpile them privately or within communities and also are current supplies of the antivirals available and adequate? And how will the decision be made internally whether or not use whatever has been stockpiled by the World Health Organization and its affiliated organizations, that is one question.



Also I wanted to ask you about did anyone from Mexico indicate to the World Health Organization that they were having an outbreak of pneumonia as a respiratory illnesses when this started happening which appears to be at least as early as mid March. And if not wouldn't that be some kind of wouldn't that omission be considered potentially a breach of the protocol of reporting back to your Organization

And then finally just one more question about the transmission. After hearing reports about the New Zealand incidences, is it possible to get swine 'flu to contract it from simply flying on a plane and after you are exposed, how long after your exposure do symptoms actually develop as far as we know?

Dr Fukuda: These are good questions and a little bit wide ranging. In terms of Tami flu right now. WHO has some Tamiflu stocks which are available. These are about 5 million treatment courses and these have been developed and held both to assist in rapid containment operations if that were to be conducted but also to provide to countries in terms of assistance when it's needed. Now in addition to the stockpiles held by WHO, there are regional stockpiles and then there are national stockpiles of drugs in many different countries. Not all countries. And so right now certainly we have much more Tami alsotamivere immediately available then if we were to go back a few years ago. And in addition the manufacturer has worked hard to increase its manufacturing capacity so I think for the immediate period I would say that we are much better off than we have been in the past if this situation escalates and I think that the demand for antivirals clearly will also escalate and then this will require both the stockpiles probably increased production of this drug.

In terms of hoarding, yes I think that there is, this is something that we would definitely not encourage for people to go out and hoard the vaccines or hoard antiviral drugs but i think this again something that national authorities will be addressing with their countries in terms of updates.

Now the reporting of this issue was done I think in a timely manner by Mexico. Now in Mexico they were having the influenza season when these cases may have started, and so at that time of course they were a lot of respiratory disease cases occurring and these were secondary to the influenza viruses that we normally see. And so this is not the kind of activity that we would typically ask a country to report to WHO as being suspicious.

However when the authorities did notice that they were seeing increased pneumonia cases, and when they did notice that they were seeing an increase in serious pneumonia cases, then I think they took some very prudent actions which was to initiate investigations on their own and try to analyse the situation, figure out what going on they collected samples. They got them to they began the testing in their own laboratories and got them out to other confirmatory laboratories so I think that have done a really good job in doing what a country should do.



You know you investigate what is going on and then when there is something unusual or serious going on that is when this whole mechanism about the International Health Regulations really helps a handle.

Now in terms of what we know of about the incubation of this infection I think that right now we don't have enough information to talk about the specific incubation period of this virus nor the transmissibility of this virus. However if we look at influenza viruses in general, we know that the incubation period is typically about one to four days and we know that when people are not protected against influenza, that it is possible to catch influenza in any number of situations. This can be in families, in can be in schools it can be at work and it can be in an airplane, so it can occur in a variety of different locations.

Journalist from Brazil: Two questions. First of all how much is Latin America exposed in case for example it goes from level three to level four? If you could clarify whether the region is well prepared or not. And secondly we see today that Russia banned meat from Mexico, (pork meat of course), and Egypt is also checking on the meat. Is that something that needs to done?

Dr Fukuda: Let me address the second issue first because it is something I want to say very clearly. Right now we have no evidence to suggest that people are getting exposed or getting infected from exposure to pork or to pigs. Right now we have zero evidence to suspect that exposure to meat leads to infections.

Latin American countries as other countries around the world have been working to prepare themselves for a pandemic influenza. They have been very mindful of avian influenza and although avian influenza has not been a problem in Latin America certainly the governments have taken note of that. And so I think that the situation and state of preparedness may vary from country to country. But we have been dealing with avian influenza and the threat of pandemic influenza for the past few years and so we are better off than we were before but again this is country by country situation.

Journalist from Reuters - I wanted to check two things. Has the WHO sent officials to staff airports in Mexico or in other countries to facilitate health checks of arriving passengers? And secondly earlier on you mentioned the lab tests conducted in Winnepeg where 16 cases have proved positive. I just wanted to check where those samples had come from, I did not hear you clearly.

Dr Fukuda: WHO at the request of Mexico has initiated the sending out of experts to help the Mexican authorities in their investigations and in strengthening labs and so on. We are not specifically sending out staff to different countries to man airports and to do things such as checking passengers out at airports. In terms of the laboratory tests which were conducted in Winnipeg these were specimens which were received from Mexico.

Thank you.



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