



**Transcript of Virtual Press conference with
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World Health Organization
28 April 2009**

Good afternoon everybody. I think we started almost on time today so we are getting a little bit closer. What I would like to do is again provide a brief update of the current situation, go over a little bit of the new developments and then go over some of the main points that we should be thinking about at this time. In terms of the current situation, we continue to remain in Phase 4 and I think that you remember that we recently went from Phase 3 to Phase 4, which was a significant change but we continue to be in Phase 4 and have not escalated that at this time.

Since yesterday there has continued to be an increase in laboratory-confirmed cases of the swine influenza infections. Yesterday we reported that there were 73 infections and today we are reporting that there are 79 laboratory-confirmed infections, as of the information that we had this morning. Again we are mindful that the situation continues to evolve and there are new cases being identified but, as of the information provided to us this morning, we have 79 laboratory-confirmed infections. These are reported from the United States with 40 laboratory-confirmed cases (these come from five states); we have 26 laboratory-confirmed cases being reported from Mexico (these come from four different states); in Canada we have 6 cases reported (these come from two provinces) and then we have 2 cases being reported from Spain, 2 cases from the United Kingdom, and 3 cases reported from New Zealand. There have been 7 deaths among these total number of cases, and all of these have been reported in Mexico.

In terms of new developments, it is clear that the epidemiological situation continues to evolve and we continue to press ahead with investigations to understand the situation. In terms of the movement of this virus, we see that there have been two new countries that are reporting infections and these are the United Kingdom and New Zealand. I want to make some important points related to these latter cases because I think it will help everybody to understand the Phases and how we are assessing the overall situation. The recent cases that have been reported from both the United Kingdom and New Zealand are infections in travellers returning from overseas: these are direct travel-related infections. They are really critical to identify. Right now it is critical to identify every case because it helps us to monitor what the potential spread of the infection is worldwide and how the epidemic is moving. It is also important to identify these cases because these are infections in people and the sooner these infections can be identified, the quicker people can get the optimal treatment that they need in this situation.



But in terms of assessing the epidemiological situation and in terms of considering when there should be a Phase change, what we are also looking for are cases in outbreaks indicating that the infection is becoming established in a community, or becoming established in a country. Even though we know that the virus has reached at the United Kingdom and New Zealand for example in the form of infections in travellers, this is still a different situation than the infection becoming established in a community in those countries; this is a distinction that is important epidemiologically and important for everybody to understand.

In this situation, WHO continues to work very closely with all governments but especially with those governments in which the infections are occurring. In addition, WHO is continuing to work very closely with Mexico in the form of providing assistance for these investigations.

One of the ways that WHO does provide assistance to countries is to provide expert staff, for example laboratorians or epidemiologists and so on, and we often do this through something called the GOARN Network (Global Outbreak Alert and Response Network), which is a way for international institutions – public health institutions – from around the world to work together to bring the resources and consolidate the resources together and really to provide help where it is needed. It is one of the useful ways in which the international community really gets its act together and really provides help where it is needed, when it is needed. In addition WHO continues to work with many partners around the world to consolidate our understanding. So, the work on surveillance, the work on research in the viruses, on understanding the epidemiology, this is really done by many different people in institutions around the world, and WHO helps to facilitate this and to coordinate this. Some of the organizations formally associated with WHO also continue to do a very critical work.

The WHO Collaborating Centres – and these are reference laboratories in the United States and in London, UK for example – are working on the development of vaccine virus candidates and these are the vaccine viruses that are going to be needed to make a vaccine. In addition, there are other laboratories which are also working on these kinds of vaccine candidates and this is the kind of work that we are pushing ahead very hard on, so that we can have a vaccine as soon as possible if it is indicated. In addition, the WHO laboratories continue to work on the development of diagnostics and reagents which will be needed by laboratories around the world to diagnose these infections if they reach other shores.

In addition again, as I mentioned before, WHO continues to provide as much guidelines and guidance to countries as possible and so we have guidelines up there for clinical diagnosis, we have guidelines up there about surveillance, about case definitions, about how to conduct some of the laboratory work for these infections. In this way we are trying to work with our partners, we are trying to provide as much assistance as possible so that we can monitor and deal with this situation.



In assessing where we are right now, yesterday's move to go from Phase 3 to Phase 4 was clearly an important step in alerting the world, really sending a signal that we are dealing with a very serious situation, but as I also mentioned yesterday, we are not positive about how this situation is going to evolve and the evolution into a pandemic at this point cannot really be considered inevitable, but of course we are taking this possibility extremely seriously. I think the point here is that we really are in a period in which countries should take this opportunity to prepare themselves for the possibility of a pandemic, especially for the countries which are not yet dealing with an established infection in their country. This is really an important time to look at your plans and to prepare as much as possible. Now, we are continuing to deal with the immediate situation, the urgent situation, the spread of the virus in a number of different countries, but we are also looking ahead to the possibility that we could go into a pandemic situation.

One of the important tasks at this point is to anticipate the needs of countries if we go into that situation. In particular, what we are really focusing on, or beginning to focus on, is the anticipated needs of developing countries if the pandemic should develop and if those countries get impacted. We know from history, we know from the analysis of past pandemics, and we also know from many infectious diseases and health problems that the poorer and the developing countries are the ones who really get hit the hardest. They are really hit disproportionately hard and they also have the least resources to deal with these kinds of situations, and so we are mindful of that and we really would like the help of countries and organizations to also help anticipate and to meet those demands. This is a very important role for the international community.

Now, the last point I want to make is that in this situation, WHO is very focused on this emergency situation. We are putting all resources possible into dealing with the current situation, but we are also mindful that even in this kind of situation, other urgent health matters and issues do not go away. There are still many other health problems to take care of, there are still many other diseases that have to have attention and so, while we deal with this situation, it is important for WHO, but it is important for other health agencies in countries out there to be mindful of these other health priorities that continue to need attention.

I think that I will stop at this point and see what questions we have today.

Thank you.



German press agency in Geneva: I just wanted to clarify something regarding the names. I have seen that the ECDC (European Centre for Disease Control) is now renaming, saying that they prefer to rename this novel influenza. Does WHO have an opinion on the name as I can imagine the importance to have a single name that everyone uses in such a situation: if you could clarify the status of the name? The second question is regarding the discrepancies in numbers; we see some countries are reporting numbers that WHO has not right now; you said 79 cases, but if you count the numbers from the countries it is a bit higher. Can you just explain how WHO is counting the cases?

Dr Fukuda: Let me take the second question first and then come back to the first question. There are a lot of numbers floating out there and in the first interview we talked about the possibility of a lot of confusion over numbers in part because in some instances we are talking about laboratory-confirmed cases, in some instances we are talking about disease cases, which have not been confirmed specifically due to this new virus. And then also the world is a 24/7 world now and so numbers come in from different countries around the world at different times. In this situation as the epidemiological situation itself changes and as the world is awake at one part of the day, and then the world is awake in another part of the day, and if we have different kinds of cases, the specific numbers can be a little bit hard to keep track of, and certainly we see different numbers reported at different times.

What WHO reports right now is we are really focusing on the laboratory-confirmed cases. These are the ones that we specifically know are due to this virus infection, and the numbers that we report are the numbers that are being reported officially to us by the country I think at times during the day there can be different numbers reported by media sources and so on, but we are reporting numbers that are reported and verified by the countries in which they are occurring. Now in terms of the name, again I think that the naming of new diseases, the naming of epidemics can be very confusing. At WHO we have not initiated any plans to try to change the name "swine influenza". This epidemic started basically with that name and the virus that is identified is a swine influenza virus, and we are hopeful that the introduction of new names does not cause any undue confusion. But right now we do not have any plans to try to introduce any new names for this disease.

National Public Radio USA: If travel to Mexico diminishes, presumably it is and it will, and as travellers start returning home with the virus from wherever they came from in the next week or so, if there are no more cases that are appearing elsewhere, will that tell us that the trends of transmissions are short, and that the likelihood of sustained-community transmission is less or diminishingly small? And second question is: how long do you think it is realistic to expect, I realize that you cannot be precise about it, but before WHO and others get the data from Mexico that can be used to plug in to the models that are already there to make a first step at calculating things like peaks of virulence or cases.



Dr Fukuda: In terms of the first question that involves a little bit of speculation but if travel decreases to the effected countries and we see fewer outbreaks occurring and fewer infections occurring, we will know that in fact the situation is over. One of the things about influenza is that we see big peaks of influenza during the winter months in both the northern and the southern hemispheres, and then in the tropics we often see peaks of activities occurring a little bit less regularly. And then during those non-peak periods it often appears very quiet. So I think that when we see the introduction of a new virus like this, which clearly is able to transmit among people, I think it will be very hard for us to know whether this, even if activity goes down and becomes quiet over the next few weeks, very hard to know whether this virus is actually disappeared until several months have gone by at the very least. That is the nature of this infection and that is something that we would be on the look out for. And here again, I think that we can look to avian influenza and if you look at that virus you will see how it seemed to have disappeared for periods and then reappeared with a vengeance. And so it is very hard to know when something like this disappears. I do not think that we will be able to conclude that in the next few weeks no matter what happens.

In terms of the second question, how long before we know about specific characteristics of the epidemic such as the R_0 which is really a number which describes how likely or how often does an infected person pass infection onto other people who are uninfected. Some of this information may come from Mexico, some of this information may come from the outbreaks or cases occurring in other countries. We hope to have this information of course as quickly as possible, it would really be nice to have it within the next few days or so, but at this point I cannot second guess the investigators out there and it may still be several days or longer before we have that kind of information or even longer than that.

Reuters in Geneva: First question, from what you seen so far with the patterns and the changes with transmission, particularly in the US, have you seen any trends there that could lead to an increase in the pandemic level when the Emergency Committee next meet? But also, I wondered if you had any detailed information about what is causing the fatalities that occurred in Mexico and what about the flu there proved deadly?

Dr Fukuda: The move from Phase 3 to Phase 4 reflected that after assessment we think that the virus shows the ability to transmit from person-to-person, so this was an important step. If we go from Phase 4 to Phase 5, what it really tells us is that the virus is becoming established with sustained human-to-human transmission in a number of different countries. So at this point, we will continue to monitor the situation and it is really based on that monitoring: what we see going on in the countries, now but also when we see what happens in other countries, whether the infection becomes established and leads to human-to-human transmission on a sustained basis in those countries. So this is really a monitoring situation. In terms of the fatalities in Mexico, we still do not have a good explanation for why the pattern of cases in other countries appear relatively mild and why the pattern of cases in Mexico appear to be much more severe with the deaths



and the severe pneumonia cases. This will be the object of a great deal of research and attention but at this time we cannot say why there appears to be a difference.

The Washington Post: When issuing a travel advisory advising residents not to travel to certain places specifically Mexico, do you think it is a good idea? And the second question, can you elaborate just a little bit more on the question about the difference in severity of the disease in Mexico and elsewhere and what kinds of things you will be doing to try to investigate the explanation for that?

Dr Fukuda: This is a good question. In terms of the travel advisory, yesterday I spoke a little bit about WHO's recommendations on travel. Just to remind people, one of the decisions of the Director-General of WHO is that we do not recommend border closures and we do not recommend restrictions of travel; we do not call for any restricted travel to any country. However, we are very focused on the safety of the people who may be infected with this new virus or with any other important infection and so, with regards to that point, WHO does strongly recommend that people who are sick should strongly consider deferring travel, that is stay home until you are feeling better and also for travelers who have travelled somewhere and return feeling ill, that they should seek a proper medical attention to see whether this is possibly something that can be treated or in the case of swine flu something that also has to be diagnosed and reported. Now, we are also very mindful that the considerations of different countries have to take a lot of different factors into consideration, and in doing so, countries can come up with their own conclusions and in this kind of situation some countries make a decision to issue one kind of travel advisory or another.

WHO recognizes that countries see these things differently and make different decisions and we do not have any issue with this at all. From the international perspective when we look at whether travel advisories may slow the spread of infection, may slow the spread of the epidemic, we believe that at this time, these kinds of manoeuvres would not substantially help to do this, and so we are strongly emphasizing a focus on the safety of travelers and that is why we are recommending that people who are feeling ill defer travel as possible and people who become ill to seek proper medical attention. In terms of trying to figure out the severity of the illness there are a number of different things that are useful to do. One of them is to understand the overall pattern of infections and disease by looking at the epidemiology. For example, to look at all of the people who have gotten infected to see what ages they are, to see whether deaths and serious illnesses appeared to be close to one group of people or another or different age groups. This is one kind of basic analysis.

Another kind of study is to look at the clinical cases themselves and to see if there is anything in the background of these people which suggests why they may have had a more severe outcome than other people. And then there are other kind of studies which are laboratory studies, either immunological studies to see whether there may be antibodies which help protect the people who got better, or who stayed less sick, is there



any other reasons why the people who develop severe illness got sick based on laboratory tests. Then finally, you do things such as looking at the virus: is there anything different between the virus infecting the seriously ill people versus the mildly ill people. In terms of the latter our information suggest now that we have seen no difference in the viruses infecting sick people and less sick people. It is likely that that is not the answer.

Globe and Mail in Canada: Can you talk a little bit about the origin of the virus; there are reports that the origin are in La Gloria in Veracruz state I wonder if you could talk where you think it originated this swine flu?

Dr Fukuda: I know that there is a fair amount of speculations about where the virus may have originated. I think that right now it is not possible to really know where this virus originated. Most of the virus that we see out there are very similar to each other suggesting that they were a newly emerged virus rather than one that has been around for a while, and has many different variants, but I think it is too early right now to speculate about the origins.

AP in Geneva: My first question is WHO said it is investigating possible human-to-human transmission in the case of the New York school and officials have just said nine people came in contact with the confirmed cases, is it inevitable the virus would take hold outside of Mexico?

Dr Fukuda: I think it is probably too strong a word to say that it is inevitable. I know that in New York City some of the students who had become ill did not travel, again suggesting that the virus is able to have person-to-person transmission, from travellers to people who did not travel. It is also as far as I understand true that these infections took place within a school setting and so with influenza we often see that people who are in institutions, these may be day cares, they may be nursing homes, they may be schools, are often sites where outbreaks occur, which is still a little bit different than outbreaks occurring in large institutions or large communities which would be towns, villages or cities, and so there is definitely the possibility that the virus can establish that kind of community-wide outbreak capacity in multiple countries. This is something we are looking for very closely but I think it is too early to say that it is inevitable. It is definitely possible, it is very serious possibility but it is still too early to say that this is inevitable.

Fox News: These are different diseases what has the WHO and international health policy experts learnt from the 2003 outbreak of SARS or avian influenza that can be used today to combat swine influenza at this point. I saw on the WHO website that you guys are working towards mitigation measures instead of containment, but I guess SARS was also kind of geographically diverse I realize these are different viruses and have different transmission abilities but if you have any parallels or can draw out any guidance from that?



Dr Fukuda: It is a very important question. I think that the first lesson that was learned and this is a lesson that these new diseases teaches over and over again, and this is equally applicable to an infectious diseases such as HIV/AIDS phenomenon, which why the world continues to be threaten by these new emerging infections. This in not something of the past, this an ever present reality for the world. Ever since from SARS, the introduction of AIDS in that time period up till now, there will be any number of a new important emerging infectious disease of which SARS and avian influenza have been some of the most important and certainly some of the most recent.

What the SARS and avian influenza epidemics both showed is that when this new kind of threat can appear, they can threaten large numbers of countries in many different ways, not just the disease, but the fear these diseases can have effects on economies, on societies, and they can be very wide spread and you look at why this is true you see that the world is really interconnected at many different levels and the world is connected by families being on different continents, by business, by travel and many different things, and so these new emerging infectious disease threats are truly international and global scope. But the same things which make these diseases a threat, that is the ability to move around the world so quickly, the movement of people and so on, are also things which allow us to control them. With the SARS epidemic, we saw that when the world was able to put up resources together, to work together in a coordinated effort, it was really able to contain an outbreak which could have spun out of control. That is probably the most important lessons learnt from SARS.

One of the most important lessons learned from avian influenza is that when you are faced by a threat like this, a lot of the preparations which go into handling that kind of threat have broad applications to many other situations. In this sense, we are dealing with a different virus, however all of the preparation that went into preparing for a potential avian influenza pandemic and to deal with the threat of avian influenza infection for people are really what we are using now to deal with this threat. So the relationships that were built up planning to develop technologies, the work to advance vaccines and so on, all of those are directly relevant to dealing with this immediate threat. I think the big overall lesson is that we are wise enough to take the lessons from these emerging disease threats if we are able to strengthen our planning, if we put our resources into public health planning and infrastructure, we are really much much better able to deal with this new threat. What you have seen right now, even though we are continuing to watch this epidemic evolve and we are not quite sure where it goes. I think that the response by many institutions around the world, by many countries shows that they have learned the lessons of SARS and of avian influenza, that they are applying those lessons and we are much better off for it.

Daily Telegraph in London: We have heard from at the ECDC that we might be facing what they described as a mild pandemic because there have been no deaths outside Mexico, and the cases we have seen elsewhere in the world are somewhat milder even than seasonal flu: if you could say something about that concept of a mild pandemic. Can



you describe what the WHO representatives on the ground in Mexico are doing right now in trying to confirm more of these cases of H1N1?

Dr Fukuda: One of the lessons that history has shown us is that pandemic span from being moderately mild to being extremely severe. My own sense right now is that it is probably too early to make a pronouncement about what kind of pandemic we may see. It is entirely possible as the ECDC has commented we might see a very mild pandemic, and that would be the best of all possible situations short of this current situation simply stopping and disappearing, but I do want to provide a cautionary note. The worst pandemic of the 20th century occurred close to the beginning of that century and it also started out as a relatively mild pandemic, with illness that was not very much noticed in much cases and then became a very severe pandemic and one of the most severe infectious diseases the world has recorded. So I think that we have to be very mindful and very respectful of the facts that influenza tends to move in ways that we cannot predict very easily. I think that at this point the most important thing we can do now, as it will be later, is to maintain a very high state of monitoring and watchfulness and so, this is really much of the emphasis of the new International Health Regulations and this is really much of the emphasis on how we deal on these infections diseases in the 21st century which is really to use every means possible to keep on top of this threat, monitor because we know that they can change very quickly, so this is what we are doing.

In terms of what the WHO representatives are doing, they are doing closely with colleagues of the Mexican Ministry of Health working on epidemiological investigations, trying to understand the data which have been collected to date, trying to work with authorities on collection of new data, trying to make sure that data is collected and tested in a way shed new light on what is going on. In addition, there are people helping with logistics, helping with communications, so there is a variety of different ways in which the WHO are working with the Mexican colleagues so the partnership is working very well right now and I am hopeful that we have a much better understanding of the situation in Mexico in near future.