



**World Health
Organization**

**Transcript of Virtual Press conference with
Dr Keiji Fukuda, Assistant Director-General ad. Interim
for Health Security and Environment
World Health Organization
30 April 2009**

Gregory Hartl: Welcome to the media briefing from the World Health Organization in Geneva for 30 April 2009. My name is Gregory Hartl. To remind you, an audio file and a transcript will be available of this press briefing shortly following. With me today is Dr Keiji Fukuda, Assistant Director-General at WHO for Health Security and the Environment.

Dr Fukuda: Thank you everybody for joining again this afternoon. I will keep the situation update relatively brief and just touch upon the most major points and go over the situation and, as then usual ask any questions anybody has.

As of 14:50 this afternoon Geneva time, the number of officially reported laboratory-confirmed cases of influenza A(H1N1) to WHO have been 236 cases. This is up from 148 cases that were reported yesterday. The largest jump in cases come from Mexico which went up to 97 cases, compared to 26 cases, which were reported earlier. The jump in numbers being reported by Mexico probably represents a lot of the work that is being done right now to go through the back log of specimens that have been collected from people with different symptoms. So they are going through several thousands of laboratory specimens right now trying to identify those that may be positive for the A(H1N1) virus. In terms of other important developments, last night is when the Director-General of WHO made the announcement that she believed that we should go from Phase 4 to Phase 5, and as of today that assessment holds steady and we do not have any evidence to suggest that we should move to Phase 6 today, or that any such move is imminent right now. In terms of the global epidemiological situation, I think it is fair to say that the situation continues to evolve. We see some countries reporting new cases. We also see that some countries in which infection has been going on are reporting continued cases and I think that Mexico is a good example. We have also seen that in other countries, cases appear to be holding steady, for example, the United States. At this time again, I want to repeat that there is nothing to us which epidemiologically suggests today that we should be moving towards Phase 6. Now, one thing that I did want to mention, because there is a great deal of interest about oseltamivir and antiviral drugs, that in 2005 and 2006 the manufacturer, Roche – which makes oseltamivir – donated 5 million treatment courses of this drug to WHO, and this was in the form of two different stockpiles: one was in the form of 3 million doses to support rapid containment operations (if WHO deemed that was necessary or possible), and then 2 million courses to be distributed out to Regional Offices in order to be provided to countries in most need. At this point, WHO has began immediately distributing these drugs to developing countries which are determined by WHO to be the most in need of this kind of assistance. The work of getting this out is now underway. In addition, there will be a portion of this stockpile that will be sent to Mexico to provide assistance to that country.

Roche has also indicated that it is both scaling up its production of the drug and is working with WHO to develop a framework where it can provide WHO with additional supplies beyond the currently available stockpiles, so that these drugs can again be made available to the developing countries most in need. The details are being worked out on this. At this point I think I will stop and see if there are any questions that I can answer.

Reforma Newspaper, Mexico: Do you think that from 10 to 12 days of quarantine or suspicion of the no-decision service, it is now enough, enough time for actually to pass the most critical stage. Do you think it is time enough?

Dr Fukuda: This is a very good question. Typically when we are dealing with an illness like pandemic influenza or regular influenza, the amount of time that you see people getting infected tends to differ in different parts of the country; that is, disease cases do not occur at all places in the country at the same time. Even in the modern world, where we see a lot more travel and people moving around a lot more, we continue to see this kind of pattern. Mexico is a pretty large country so it is quite possible that we will see different peaks and valleys of activity from this new A(H1N1) virus at different times. Now, we are still studying this virus, and how it spreads, and how long it may be established in communities and in towns or areas, so I think it is too early to say whether 10 or 12 days are enough days to slow down or reduce transmission in a neighbourhood. It is possible that longer time periods may be needed. It is also possible that depending on when those kinds of measures are put in place, they can dampen down the peak. For this disease and this circumstance, I think it is not quite clear right now.

El Mundo: My first question is to see if you could repeat the number of confirmed cases in Mexico for today. The second one is what is the WHO opinion regarding the recommendation from the President of Mexico that people stay at home these days of holiday. Is it a good idea or what does the Organization think about it?

Dr Fukuda: The numbers that have been officially reported to WHO as of 14:50 today Geneva time, are 97 laboratory cases of this new A(H1N1) virus and which includes 7 deaths. So those are the numbers from Mexico today. Yesterday the numbers that were reported to WHO were 26 laboratory-confirmed cases and 7 deaths. In terms of the kinds of recommendations being provided, one of the most important steps that people who may be ill can take, is really to stay at home when they are feeling ill and not to go work or not to go to school if possible. What this will do is both improve the care that they get – by staying at home they can get rested, they can get help from family members and so on – and it also will reduce the contact they will have with other people and perhaps reduce the amount or number of other people who might get infected by having contact with such people. So, this kind of measures can be helpful.

Radio Canada: What is the flu vaccine capacity worldwide? Do you delay the production of vaccine because the virus could still evolve or is it because of a lack of capacity that would impede the production of the seasonal flu vaccine.

Dr Fukuda: I don't have a precise estimate of the total vaccine capacity right now, but it is approximately about 500 million doses of regular seasonal vaccine that can be produced by the combined production capacity around the world right now. What is a little bit difficult to estimate however, is that how much this kind of production capacity translates into the production capacity for a potential pandemic A(H1N1) vaccine, because the technologies



World Health Organization

have gotten better and there are newer ways to make vaccines, which may stretch out this supply. That is roughly the capacity to make seasonal vaccine but I cannot give you a precise estimate right now about how that may translate, or how much potential pandemic vaccine that can be made. At this point, it is not a question of delaying the production of the pandemic vaccine or of an A(H1N1) vaccine for this virus. In order to make a vaccine against a new virus, such as this new A(H1N1) virus, you have to go through several different steps, and going through these steps takes months of work even when you accelerate the pace at which you are doing them. For example, you have to take the viruses that have been collected from people who have gotten ill, you have to do several steps in a laboratory to turn it into a virus that can be used to make vaccine, and then the vaccine manufacturers have to see if they can work with that virus, if it works well with their production systems, there are safety checks on the viruses to make sure that there are no obvious dangers to using that virus. It also requires time to actually produce the vaccine. All of this work combined even when companies and the other public health laboratories are working around the clock, really takes some months of work to do.

National Public Radio: First question is, you had said in yesterday's and earlier briefings that what you were looking for before you are moving to Phase 5 is evidence of transmission in the community. You said: ordinary people just going around and not just close contacts. What specifically was the basis then from moving from Phase 4 to 5. The epidemiological picture is still very unclear to the public and the information flow is slow. Is there evidence that WHO had last night of community spread up that schools and families, that did convince the Director-General that this needed to be done. And secondly, why if you know and can you explain why deaths in Mexico were 20 confirmed deaths, laboratory-confirmed presumably, and then 7 and then no increase despite all the testing. What does that represent?

Dr Fukuda: Let me just review the Phases a little bit and explain how we look at them, and what the information today tells us. The difference between Phase 3 and 4 is that in Phase 3, we see an animal virus – a virus like the avian flu that we saw before – able to infect people, but it doesn't really transmit. With this new influenza A(H1N1) virus we went to Phase 4 because it was a new virus to people and we thought it was able to infect people quite easily, more easily than the H5N1 than we saw before circulating in many different regions among birds. That was the evidence which told us we thought we should go to Phase 4. Phase 5 represents a spreading out of the virus in a way that we are seeing sustained transmission going on in countries, not just travellers bringing infection to a country and then nothing happening. WHO looked at all of the data that were available to work, and these were the cases being reported by the countries that you know about, the travel-related cases and also the cases being reported in Canada and in the United States. We also had discussions with a number of different scientists from around the world, which was done yesterday in a large global conference, and then we also talked with the health departments doing these investigations; and then in addition, there was modelling work which was being done by some of the scientists that are working with WHO. It was on the basis of all that work put together, which indicated quite strongly that what we were seeing is sustained transmission going on for multiple generations and the overall picture was not really possible to explain in any other ways. There was no alternate explanation for what we were seeing. Now, when we look specifically at the countries, particularly in Mexico, and also what was going on in New York City, what we began to see was an emerging picture where this virus was really beginning to act like an influenza virus, like a human influenza virus, establishing itself and in the areas, and really seeding itself in these areas in



a way which suggested that it really was becoming part of the community, not just travel-related cases. And so it was on the basis of that overall analysis, looking at all of these considerations that the Director-General made the judgement that this was now the time to increase this pandemic Phase from 4 to 5. One of the things to understand about pandemic Phases that is really important, is that these Phases are not intended to be a barometer of epidemiology per se. This is not a measurement of the epidemiology per se, but it is really a warning and an alert to countries and to the global populations, that the risk of this new virus spreading and reaching their countries is now judged to be significantly higher and it is really a call for governments and people to really take stronger preparations, to move ahead and take the preparations that they need to in order to reduce the health impact of the new virus. In terms of the numbers in Mexico, I think that right now the investigations in Mexico are looking at a very large amount of data: they are looking at laboratory specimens, a large set of numbers in terms of disease cases, and we are trying to match up those pieces of information, and right now I think that mainly what is needed is time by the investigators to take a look at the disease cases, to go through the tests which are done. As I mentioned, there is backlog of several thousands of specimens which have to be tested. Some of these specimens may come from serious cases, some of them may come from mild cases, and some may come from other people who have died. After they go to the testing and they can match it up with this kind of information, I think we will have a better handle on how many of these may be associated with death or with serious illnesses. So, until the investigators really have more time to go through and complete those kinds of analyses, it is a little bit premature to try to understand more fully what these numbers mean.

Le Temps, Switzerland: I would like to hear you about the modellisation of WHO on the ground in the regional offices. What does this really concretely consist of?

Dr Fukuda: WHO is an organization that is spread out in many different countries and the way WHO is put together, it has country offices and regional offices, and several programmes located at the Headquarters in Geneva. WHO simultaneously tries to address several levels of activities when dealing with a large complicated emergency like this. For example, in a country office, which are run by WHO representatives and the staff that are there, they will be working directly with the staff of Ministries of health and then with technical agencies to help conduct investigations, to help cope with the data, to help identify needs for the countries, to act as a liaison between the countries and the international partners who may be able to provide assistance, and to coordinate international systems that may be available for the country. This is where WHO really hits the ground and is running really hard: it is at the country office level where they are working side by side with the colleagues from the country. These are the kind of activities that they typically do and these may help with the communication, provide guidance – the guidance is rarely available – help find that guidance and try to provide that kind of assistance, The regional offices also do the similar kind of activities but at a regional level and try to coordinate what is going on in any of the six WHO Regions. At the WHO Headquarters level, we also do again in a similar concept, but the context are being made between the large international organizations with many of the countries different donors who may have resources available to provide to the countries that need them the most. What we are able to do at this level is to contact and coordinate and put together all the scientific resources to pull together the best information. All of these sorts of activities are going on simultaneously. They are really geared towards the same thing: how do you get assistance to the countries that need them the most, where do you find resources, what sorts of gaps are there, how do you meet them, and then how do you coordinate the international



World Health Organization

approach to try to provide assistance. It is a complicated mix of activities going on and at several different levels but the idea is very simple: get help back to the countries that need it the most.

Time Magazine: We are now at the end of the flu season in the northern hemisphere but of course that means it is coming up in the southern hemisphere. What will happen if this does begin to spread in the southern hemisphere countries and on the top of that, should they be allowed or should be thinking about structuring travel restrictions to protect themselves since they may be at a greater danger rather than those in northern hemisphere now?

Dr Fukuda: We are coming to the end of the influenza season in the northern hemisphere and the season will be starting up in the southern hemisphere. It is particularly important now to pay attention to what is going on in the second hemisphere. Even when you have the introduction of a new influenza virus as we are seeing now, it still usually follows some kind of seasonal activities. For reasons we don't fully understand, in the winter months of the northern hemisphere we tend to see more activity in the northern hemisphere, and in the winter months of the southern hemisphere we tend to see more activity in the southern hemisphere. So it is possible that we will see outbreaks of the A(H1N1) virus occurring more frequently in the southern hemisphere than in the northern hemisphere. This is what we have to be watching out carefully for. In terms of travel restrictions, we have discussed earlier that WHO does not believe that travel restrictions will help slow down the movement of this virus and that has to go for the southern hemisphere as for the northern hemisphere. We do very much think that all steps should be taken to protect people. In terms of travel, again the two most important pieces of advice are that if you are feeling ill, before you begin travel or before you begin air travel, you should strongly consider to delay that travel and stay at home until you are feeling better and not symptomatic, and if you are travelling and you become sick during that travel, you move from one place to another, and you get there and you are not feeling well, it is important to seek medical attention so that you can be taken care of. These steps will help ensure the safety of people who are getting ill. We will also not disrupt travellers, it will minimize the disruption to travel. This is the advice that we will provide at this point.