



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

11 February 2010

Gregory Hartl: Good afternoon. This is Gregory Hartl from WHO headquarters in Geneva. With us is Dr Keiji Fukuda, the Special Adviser to the Director-General for Pandemic Influenza, and we will now hand over to Dr Fukuda who will begin by making some opening remarks about the epidemiological situation in general plus some upcoming events then we will open it to questions from you. So once again, welcome and over to Dr Fukuda. Thank you.

Dr Keiji Fukuda: Thank you Gregory, Welcome everybody to the virtual press conference and thank you for tuning in. As we have usually done these press conferences what I will do is first go over some general aspects about the current situation and then go into a couple of topics and then we will throw it open for questions.

In the first part, I want to go over the current epidemiology which indicates that activity continues in some parts of the northern hemisphere. So for example we are seeing that the highest levels of activities continue to occur in Northern Africa, parts of eastern Europe and parts of eastern Asia, as has been true for the past few weeks. In addition we are beginning to see some new areas of activity that we have not seen before.

So, for example, we have had reports of cases of infection occurring in Western Africa but more recently we have received the first reports of community infection or community transmission occurring in countries like Senegal.

But overall we are seeing a declining pattern of infections occur in the northern hemisphere and at the current time the number of laboratory-confirmed deaths

continues to be over 15,000 cases. So if we look at this situation and we ask ourselves where are we, I think that it's fair to say that we are seeing an overall declining pattern in activity in the northern hemisphere or we appear to be. However it's also very clear that the virus has not disappeared and that it is continuing to cause disease and deaths in many parts of the world.

As I mentioned earlier for example we have now seen the first evidence of community transmission occurring in Senegal. I have discussed in earlier reports that Western Africa is one part of the world in which we have not seen much activity. So for WHO, this is an important piece of information.

This overall pattern suggests to us that we may be seeing a general decline in pandemic activity but that the pandemic itself has not yet run its full course and in some locations - not all locations - but in some locations - we can expect to see that community outbreaks can be expected to occur in the near future or in the future at some point.

Now because of this situation which is different than what we are seeing say some months ago, WHO will be asking the Emergency Committee to convene later this month to review the situation and provide WHO with guidance on whether we are entering into a so-called post-peak period. In the Pandemic Preparedness Guidelines which were developed between 2007 and 2009 and provided to countries for preparing for pandemic influenza, the post-peak period is really described or is in essence a transition period in which pandemic activity may be continuing at various levels in different parts of the world or in different countries. But there may be some evidence that the highest levels are now past us. To be very succinct here, what we are hoping for is that the worst is behind us and that we are on a general decline in activity but we still do see that there is significant pandemic activity in some locations and we do want to point out that even if we are entering into a period of general decline, we can anticipate that in some locations there could be significant local upsurges of activity. This is an important point to remember.

The emergence and spread of the new pandemic virus has been very well documented scientifically and we saw that associated with this spread there were for example unusual summer outbreaks of activity in many countries and we saw that there were unusual patterns of severe illness and death occurring in younger age-groups. At this point the virus has spread to most countries in the world and so we hope that an overall decline is being seen although again I want to point out we have

to expect that we will see some local outbreaks occur and some local upsurges of activity to occur.

The 2009 Pandemic Preparedness Guidelines anticipated at some point that there would be a transition out of a pandemic period but the world would not have reached a normal state in which we would be fully back into seasonal influenza patterns that we normally see in a non-pandemic period and this transitioning period where the pandemic activity continues but may be tailing down was really called the post-peak period. Again, the post-peak period can be considered a transitional period in which the pandemic is continuing but there is a scientific judgement that the worst, on a global level, is probably over - again even though there may be some local outbreaks occurring or local upsurges.

One of the questions which has come up about the post-pandemic peak period is why is the transition period over? Can you not just say that the pandemic is over and declare that? When the scientists who worked on this - and there were about 138 scientists from over 45 countries who worked on this for quite a long time - considered the situation they really indicated that the ending of a pandemic cannot be considered an abrupt on or off situation, that there would inevitably be a transition period in which we would see that the patterns of influenza activity would be different in different countries. So for example in some countries the activity may be very low while in other countries we may be still seeing significant community transmission as we discussed earlier in this report. I think that the designation of a post-peak period or a transition period is really a way of helping national authorities to look ahead to the future and to begin planning, but also to make sure that they know that local outbreaks and upsurges can be anticipated in places and that appropriate steps still need to be taken.

In closing here, I want to simply say that WHO will continue to work very closely with the countries in providing recommendations on what to do during a transition period. As I mentioned earlier, we will be discussing the situation with the Emergency Committee later in the month and asking them for their guidance on whether we have indeed entered into a post peak period.

Given this overall situation, one of the additional activities that I wanted to highlight was that as we see the unfolding of the pandemic continue, WHO continues to work on many of the activities which have to go forward to deal with influenza and this would be true whether we are dealing with a pandemic situation or whether we are dealing with a regular seasonal situation.

Next week, WHO will be convening a meeting to decide which strains should be recommended for going into the northern hemisphere influenza vaccines. We hold these meetings twice a year, one for the northern hemisphere and one for the southern hemisphere and these meetings are held quite often - much more often than for other vaccines for the simple fact that influenza viruses change very often and we need to conduct these analyses on a frequent basis and these meetings on a regular basis in order to keep up with these changes.

The strain selection meeting for the northern hemisphere will begin next week, as I mentioned, and on the 18th there will be a public meeting at which the recommendations of the advisers to WHO will let it be known what the recommendations are for the upcoming northern hemisphere influenza vaccine.

In reality, the work of choosing these strains really goes on year round. It does not just take place at this meeting. There is a great deal of work which goes on before these face to face meetings. But twice a year WHO brings all of the advisers and also some observers together for a face to face meeting and the purpose of that consultation is to finalize analysis of genetic and antigenic data and also to take into consideration any relevant clinical and epidemiologic patterns to help choose the best strains to go into the influenza vaccine. In these meetings there are advisers to WHO and there are observers in the meetings. The advisers are the ones who make recommendations to WHO and these are representatives of the relevant WHO Influenza Collaborating Centres also from a group of national regulatory agencies that we term the Essential Regulatory Labs.

The observers are often directors or representatives of national influenza centres, these are the laboratories which provide the data for these analyses and also from academic centres and sometimes other partners.

Following the discussions and the in-depth analyses which go on for a few days, there is a public meeting at which the strain recommendations are announced and this information is made simultaneously available to the people in the room and it is also posted on the web. So this information is waited for by the vaccine manufacturers so it is made available to all vaccine manufacturers making vaccine everywhere in the world at the same time.

At the same meeting, there are often questions which come from the audience and so there is a back and forth between the advisers and the people sitting in the audience. What I want to do is close out here and point out that this is one of the

activities that we conduct on a regular basis in order to meet the challenges of influenza both seasonal and pandemic. And I also want to highlight the fact that this is one of the key ways in which the public sector and the private sector work together on global health problems. This kind of collaboration is really essential for dealing with a disease like influenza because the information comes from countries through their monitoring and assessment activities and then the vaccines come from the private sector because that is where the manufacturing capacities are. What we try to do is facilitate and make this process as effective as possible. With that let me close the talking part of this and then we can go on to the questions and answers.

Thank you.

Gregory Hartl: Dr Fukuda, thank you very much for those remarks. Before I open this up for questions, just a couple of reminders to you who are listening, if you would like to ask a question, please type 01 into your keypad and that will put you in the queue. And secondly to remind you that an audio transcript of this briefing will be available immediately afterwards on our web site www.who.int. and a written transcript of this briefing will be available later. Thank you very much and first in the queue is Frank Jordans from Associated Press in Geneva.

Frank Jordans, Associated Press: Hello Dr Fukuda. I have got two questions, first of all a clarification on this transitioning period. If I understand you correctly the Emergency Committee is going to meet later this month and it's going to decide whether the pandemic has ended - what you are describing as the post-peak period - so if they decide that is the case that means basically the pandemic is on the way out. The other question is whether you think it is likely that the H1N1 strain will be added to the seasonal vaccine.

Dr Keiji Fukuda: Thanks Frank for the questions. As you know the Emergency Committee is a Committee which is created under the International Health Regulations to provide guidance and advice to the Director-General so what we will do when the Emergency Committee meets is to provide them with any information that they request in order to assess the epidemiologic situation and then what they will do is that based on the review of that information and any other input they decide to take into account that they will then make a recommendation to WHO as to whether they think that we are entering into a transition period or a post-peak period. That is one of the things which will occur. In terms of your second question, is it likely that the H1 virus will be in the upcoming season's vaccine. Again, I do not want to second-guess what the experts advisors will recommend at the strain selection

meeting. However, I think it is fair to point out that the current pandemic virus, the H1N1 virus, is by far, the most common virus being isolated for influenza viruses around the world. It shows no signs of disappearing and that, and that there is very good bet that we will expect to see this virus around for quite awhile. So it is I think easy to guess that the experts who will be really be looking at this viruses, one of the virus for which the vaccine has to protect against. Thank you.

Gregory Hartl: Dr Fukuda, Frank thank you. The next question is from Richard Knox of National Public Radio, go ahead.

Richard Knox, National Public Radio: Hi, thank you very much. A couple of things. I wonder if you could talk a little bit about what the surveillance is showing most recently about the other flu viruses out here H3N2 and B flu and whether there is still stability in the pandemic virus as far as you can tell.

Secondly, I wonder if you could comment a little bit on the utility of having some of this leftover pandemic flu vaccine that might be re-deployed in the next seasonal flu vaccines.

Dr Keiji Fukuda. Thanks Richard. I will take this question as they came up.

Worldwide, we have seen that over the emergence of the pandemic virus, that this virus quickly became the predominantly virus in essentially in all parts of the world. So if you look in some parts of the world, it is virtually all viruses have been pandemic viruses. However, the seasonal virus is so far have not completely disappeared. So we have continued to see for example, H3 and 2 viruses be isolated in some places. And more recently, we have seen, you know, a fair amount of B activity, so B viruses being isolated. So I think that it is fair to say that the H1N1 virus has been by far the predominant virus. But the seasonal viruses have not disappeared and they still continue to cause some infections.

Now in terms of the stability of the pandemic virus, there have been some pandemic viruses which have been so called low-reactors, that is viruses which are somewhat different from the viruses that have typically been circulating. But it is fair to say that by far, most of the viruses which have been characterized, really the vast majority of them, have really been similar to the viruses which are contained in the current influenza vaccine. So to that extent, I would say that there is still a great deal of stability among the pandemic viruses. Again it will be interesting to see how this continues into the next year, because we typically see that these viruses, influenza

viruses, change and mutate over time. But right now, we still continue to see a fair amount of stability in the pandemic viruses.

In the terms of the utility of pandemic vaccines at this time, we continue to see that this virus causes infections. We continue to see that this virus continues to cause death. And we continue to see that in some parts of the world, there is a significant levels of infection going on. So while this situation persists, and while we consider that people are at risk for severe disease from this virus, I think that it is still an important part of the way for people to be protected against this infection. So there is still a great deal of continued utility for this vaccine. Thank you.

Gregory Hartl: Thank you very much. The next question is from Kate Kelland from Reuters, please go ahead:

Kate Kelland, Reuters: Hi, I have two questions. Could you give us a date for the meeting of the Emergency Committee, please. And the second question is on west Africa, and the places where you describe as seeing bubble of infections going on. How well prepared and able to cope are these areas where the infections are still looking significant?

Dr Keiji Fukuda: Thank you Kate for the question.

The specific date for the Emergency Committee meeting has not yet been set. It is probably going to be in the last week of this month. But the specific date is not yet set.

In terms of your second question, how well is west Africa prepared. I think that it would be fair to say that in some ways, they are better prepared than in some countries which were infected earlier. There is a great deal more information about the pandemic virus, and I think that the communications and the information provided about the patterns of disease, has been helpful for the countries in west Africa in their preparations. On the other hand, we again have yet to see what patterns of disease may develop there, and I expect that if there are numbers of severe cases as in other countries, this will again cause some difficulties and stress for the clinical system. So right now we do not have any evidence of any unusual patterns in western Africa. But as I did mention earlier, these are new reports, and so we will see how this situation develops. Thank you.

Gregory Hartl: can I remind journalists once again please to dial 01 on their keypad if they wish to ask a question. And also to remember to consult www.who.int afterwards for both a written transcript and an audio file of this briefing.

So now to the next question which is from Miriam Falco, from CNN, go ahead please.

Miriam Falco, CNN: Two questions. You broke up a little bit when you were mentioning the number of deaths worldwide, if you could repeat those please. And then also, this evidently continuing controversy that WHO and other national health agencies drummed up that the H1N1 fear to help vaccine companies, to make more profits. Could please address that? That seems to be something that is simmering and does not want to go away.

Dr Keiji Fukuda: Miriam, let me address the first question. The number of laboratory confirmed deaths is over 15,000 right now. So these are deaths which are counted one-by-one and tested individually. In some of the earlier press conferences, I have mentioned that, I do not expect that we will know the real extent of death for another 1 to 2 years, after the pandemic. And this because the way that the overall number of deaths is estimated for pandemics and for larger events by using models, using death data from around the world. And so that kind of analyses will not be available. But currently, the laboratory confirmed deaths is over 15, 000.

Now in terms of the controversy about whether this is a drummed up pandemic, our perspective, and our position is very clear. This is a very well documented phenomenon in which a new influenza virus, which originated from animal influenza viruses, became infectious for people and spread around the world. It was really associated with epidemiologic patterns, such as high levels of summer infections that we do not typically see. And it also led to patterns of death and illnesses that we do not normally see. So for example, most of the deaths have occurred in younger age groups. Many of the severe illnesses and deaths have occurred in people such as pregnant women and people with chronic diseases in younger age groups. And so again these are very different from we have seen from seasonal influenza.

Now when this event started, back in April of 2009, WHO worked very closely with Member States, to take the steps which were prudent, that is to provide communications to countries. To provide guidance on the steps that could be taken, and really to update them on the situation as it went forward. And in addition to that, WHO took all of its efforts possible to facilitate steps to protect people. So that is to make things such as recommendations on control measures, such as what

individuals could do to protect themselves, what individuals who are infected could do to help prevent spread of infection in communities, and what communities could do in order to reduce the infections in communities to take place. And so really a number of steps that had nothing to do with either pharmacologic methods, but were really bread and butter epidemiologic principles aimed at preventing infection.

But in addition, WHO did take a number of steps to facilitate access of countries, particularly, developing countries to things such as antiviral drugs, and influenza vaccines. So for example WHO worked hard and very early on in the pandemic, made it, made antiviral drugs available to about 122 countries, which did not have access to these drugs. And also it continues to work very hard to make vaccines available to developing countries who have requested help from WHO for access to these vaccines.

So again, our position is very clear. This is definitely a true pandemic. The full magnitude of the pandemic is not clear at this time. But we see very clear evidence of severe illnesses and deaths occurring, and WHO will continue to take all of the steps that it can take to reduce the harm from this pandemic. So our position is very clear. Thank you.

Gregory Hartl: Dr Fukuda, thank you. The next question is from Alexandra of Agence France Presse.

Alexandra, Agence France Presse: So I wanted to have a bit more details about the Emergency Committee meeting. The assessment of the post-pandemic, what does it mean concretely? Does it mean that we finish with the pandemic? For government? Does it mean that you have a new recommendation? Does it mean that you are not expecting a new wave in H1N1? So can you a little bit elaborate on that?

Dr Keiji Fukuda: When we look at the post-peak period, this is a period in which we consider that the pandemic is still continuing. However, what it also indicates is that this is a transition period where we are moving away from the worst of the pandemic, more towards regular seasonal influenza activity.

Now because it is transition period, I think that countries will be anticipating, are there new recommendations, are different steps that they should be taking. And this is one of the discussions that we will be having with the Emergency Committee. And to get some of the guidance on what recommendations they would expect, to be made. But at the same time, WHO is already going ahead to look at the kinds of

recommendations which might be made for countries at that period. And so these are some of the concrete issues which will be discussed. And the Emergency Committee itself will base its guidance, based on the available scientific information. So they will take a look at that information, and look at the overall picture worldwide, and then provide their guidance to WHO on what they think the situation is. And then if they have additional guidance to WHO about steps should be taken. We will take that guidance in also. So I hope that clarifies. Thank you.

Gregory Hartl: Last question from Robert Louis, of MedScape Medical News, please go ahead.

Robert Louis, MedScape Medical News: Well, thank you for taking my call Dr Fukuda, I have two questions. One: can you describe a little more of the outbreak in Senegal, when the outbreak or the community transmission occurred, and also how many deaths so far in that country? And second, can you describe the state of vaccine redistribution that is some countries apparently are not using the supply that they occurred. There have been efforts to redistribute it to other countries where it is in shorter supply. Do you have any details on that?

Dr Keiji Fukuda: Thank you for the question. I think that I do not have dates on the first community transmission in Senegal. These are reports which have been received recently by WHO, but I do not have specific dates on hand right now. So I think that if you can be in contact with the media people, afterwards, we can get you some specific information we can provide at this time.

In terms of the second effort and the vaccine distribution, yes, we are in a situation in the world right now where there are countries which have vaccines available and there are countries which would like to have vaccines, but do not have access to them. And so in this situation, there are a couple of large activities going on.

One of them is that, WHO has been working with a number of countries, both donor countries who have vaccines to donate, as well as the commercial sector, from some of the companies who are also donating vaccines, as well as donations of things such as syringes and ancillary supplies, and trying to facilitate the movement of those donated vaccines and ancillary supplies to the countries that do not have them. And in addition, there are some countries that are on bilateral basis, have been in discussion about moving some of their vaccines from their countries to other countries. And so for WHO the first shipment of the donated vaccines began in January, and so we will be continuing with this effort. Overall, we have seen that

about 95 countries have expressed interest for receiving these vaccines. And that about, am not quite sure of the exact numbers, but I think of about 35 or 40 countries have had detailed discussions with WHO and provided all of the details needed to move the vaccines to those countries. So we are hopeful that these vaccines will be moving out quickly over the next days and weeks, and we can get out as much as possible. Thank you.

Gregory Hartl: thank you very much, Dr Fukuda. We are going to take one last question, and just a second but to follow on from Mr Louis's question, we have 14 reported cases from Senegal. Apparently, all of them are mild. There have been no deaths reported in Senegal. We have few other details on those cases. For more information, please contact us in the media office at the following media email address: flumedia@who.int.

Thank you very much. Now to the last question, from SkyNews.

SkyNews: My question is that Dr Wodarg from the Council of Europe has made some serious allegations against the WHO. WHO in response has said that it welcomed the criticism and has said that there will be an investigation into the possibility that WHO has been influenced by the pharmaceutical interest. I want to know Dr Fukuda, to what state is this investigation right now?

Dr Keiji Fukuda: Ok good question. Let me clarify this situation. Yes, we welcome criticism and input from any party. I think that without such observations, we are never going to get better in how we respond to events. And this is one of the crucial things for this organization, and I think for all responsible organizations, to figure out how we do better with the next outbreak, next large disease event, and so on. Now WHO is not conducting an investigation based on any allegations raised by Dr Wodarg. What WHO is doing is initiating a very large assessment of several things related to the response to the pandemic. So under the International Health Regulations (IHR), which outlines a process for conducting an assessment of how well the International Health Regulations themselves worked, in handling, and functioning, over the past few years, what we are going to do is take that same process and also use it to help assess the response to the pandemic. And as part of this response, we are going to be looking at a couple of key things.

One of them is that, we will be looking at the overall international response. How effective was it? What things worked, and what things did not work. So well, in what things can be done to make things better. We will also be looking specifically, or

asking the review committee to specifically to look into at how WHO performed. How well was it, how well did it do in terms of preparedness, how well did it do in terms of response? How appropriate were its actions? And so these will cover things like communications. These will consider activities such as interactions with this expert groups and advice, and it will also consider how appropriate and effective the actions were in terms of things such as different recommendations, different actions related to vaccines and so on. So it will really be quite a broad assessment. But I want to point out that the purpose of this assessment. The purpose of this assessment is really to find out what is that we should learn, so called lessons learned, and that how do we take that and apply them, and how do we strengthen both this organization, but the entire international response in handling future outbreaks and future large disease events. Because we expect to see additional pandemics in the future, we expect to see future global public health situations which require a large coordinated response, and are driving question is what we do, to do it better the next time. So again, let me clarify, this is not been done in terms of responding to any allegations, or by any individual, but it is really being done to identify how we are going to strengthen the international response to these kinds of issues in the future. Thank you.

Gregory Hartl: Dr Fukuda, thank you very much. And that has been our virtual press briefing for today, Thursday, 11 February. The audio file from this briefing will be available very shortly on www.who.int, and there will be a written transcript up later. Thank you very much, and have a good day.