



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

17 December 2009

Nyka Alexander: Good afternoon. We welcome you to WHO's weekly virtual press briefing from WHO today on December 17th, 2009. My name is Nyka Alexander and with us is Dr Keiji Fukuda, Special Adviser to the Director-General on Pandemic Influenza. He will begin by giving a situation update, and will then take your questions. Dr Fukuda, over to you now.

Dr Fukuda: Thank you Nyka. Welcome everybody, as the year draws to a close, we want to welcome you to this virtual press conference. As usual what I will do is try to highlight a couple of main points and then will throw it open to questions. Now one of the first points reflecting questions coming to WHO is that it really probably remains too early to call the pandemic over. I will go into a little bit more detail about this. But the second point that I also want to make, and an important one, is that given the current situation, WHO continues to provide all possible support to especially vulnerable countries in dealing with the current pandemic situation. Now let me bring our attention back to the pandemic, and where we see things right now. Now we are now about 8 months into the pandemic and one of the common questions coming to us is, that is the pandemic over, is it time to call it, and really the answer is, that it is still too early to make such a call. And there are couple of main reasons for this. In the first place, again I want to point out that the pandemic is a global event, it is really the worldwide spread of the virus and it is not a simply a regional event in which we see some activity going on in some parts of the world. Because of this WHO continues to monitor this situation, in all parts of the world, both in the northern hemisphere and the southern hemisphere. Based on this we see that activity or infections continue at quite high levels, in several different counties. For example, we see that activity continues to be at high levels in parts of Europe such as France and Switzerland, in the Czech Republic. We see that activity continues to be high in parts of central Asia such as Kazakhstan and Kyrgyzstan and we also see that activity continues to be high in some very large countries such as Russia. These were examples of countries around the world in which we continues to see high levels of activity. Now the second reason is that it is clear in some parts of the world, such as North America and in some parts of Europe, we have seen that the pandemic activity for now, has clearly peaked and is on the way down. But one of the points about this is that the peaking has occurred extraordinarily early for influenza and we still have several months for winter to go and one of the big questions which is still before us is whether we expect to see yet another wave of activity occur or perhaps at late winter or in the early spring months and the answer right now is that we simply are not able to answer this questions right now. We are

continuing to assess and monitor activities but right now we cannot predict whether we will see another upsurge and significant activity in the earlier parts of 2010. Based on this assessment, based on the fact that we continue to see high levels of activity in many countries and we remain uncertain about what we might see in the earlier parts of 2010, WHO is very much continuing to provide support to countries which are particularly vulnerable in the face of pandemic infection. Now from the onset of the pandemic, this has really been the primary focus of WHO's efforts, which is to provide support to the countries, to be able to be ready to respond to the spread of this infection, and disease. As part of this effort, just one part of it, one of the things that we have given particular attention to, is vaccines. Early on as the pandemic developed, WHO began identifying those countries that would have little or no access to vaccines. As you remember, both the Secretary General of the UN and the Director General of the WHO made appeals to both to the manufacturers, and also to the countries to help provide vaccines and support to those countries, that have little or no access to pandemic influenza vaccines. In response to this request in the situation, 6 manufacturers and 12 countries so far have pledged approximately 180 million doses of vaccines to be distributed to approximately 95 countries. There are other countries who are negotiating with WHO about donations, but right now we can say that there are 6 manufacturers and 12 countries which have made pledges. Now one of the important things about the vaccines which are being donated to WHO is that they are both adjuvanted and non adjuvanted vaccines, and there are negotiations about live attenuated vaccines. But before any of the vaccines are sent out to the countries, they will all be prequalified by WHO, that is we will go over and we will make sure, that they are manufactured according to standards, and that they pass regulatory procedures, so that they are safe and effective for the countries that they are given to. Now one of the things that we are doing is moving as quickly as possible, with these many partners to make vaccines available to the countries. Now to receive the donated vaccines, we are asking the recipient countries to do three things: the first is simply to make a formal request to WHO so that we know that the country would like to have the vaccines; the second is to work with WHO to agree to some terms and conditions, so we are both clear about how the vaccines will be provided, how they will be handled and so on; and the third step is for the recipient country to develop, with WHO, a national plan, to make sure that the vaccine once it is provided, and is received in the country, is handled properly, so that it goes to the right people. So three basic steps for the vaccines. Now because this is an unusual process this is very large and complicated operation and not one that anybody engages in a regular basis, WHO has provided as much help as possible to these recipient countries. So for example we have held 9 workshops in all regions of the world and these workshops are designed to help provide support on developing plans to answer questions and so on. So a lot of this work is going on in the past few months. So at this point we hope to begin deploying the vaccine in the next few weeks. And to get it to the first countries, a lot of this work in the distribution of the vaccines will be done with partners, one of the key partners is the United Nations Operations Group known as UNOPS. They are the group that we are working with to help actually get the vaccines physically to the different countries. So again I want to point out that at this time, we believe that it is too early to say that the pandemic is over. We are monitoring the situation carefully but at this point it is premature and that again, because of this, WHO is continuing to work very hard in terms of providing as much support to countries as possible. So let me end

there with the opening part of this virtual press conference and let's throw it open to questions. Thank you.

Nyka Alexander: Thank you Dr Fukuda. Before we go over to questions, may I remind you that an audio file of Dr Fukuda's briefing will be available immediately afterwards, on the WHO web site and a transcript will be available later today or tomorrow morning. To ask a question, please type 01 on your keypad to get in the queue.

The first question is from Martin Ensuring, Science Magazine. Martin, please go ahead.

Martin Ensuring: Yes, hello, and thank you very much. Did you just say that no vaccine has been shipped to any countries yet, because I thought that the plan was to have it ready late November or to send it out late November, early December, so what happened, what went wrong. And also, isn't it just too late now that as you say that the pandemic seems to be on the way in so many countries.

Dr Fukuda: Martin, thanks for those questions, in terms of the first question we are hoping to get the vaccines out as early as possible. That has always been the main goal, and we are hoping to get the vaccines out in November or December. This process, this operations has been extremely complex, as opposed to some other large vaccination efforts, for example, polio in which we are trying to eradicate the virus or measles campaigns. In those instances we have many people out there who are really set up many structures that are set up, to handle the vaccines and to administer the vaccinations on large scale. In terms of this pandemic vaccine operations, really this has been a new operations evolving a large number of companies and I think that the logistical issues and the regulatory issues combined have been extremely complicated and then also to get the countries ready to handle vaccines and to administer them to groups of people that they often normally do not focus on for vaccination efforts, has really been a very complicated task and so I think that we are still hoping to get the vaccines out soon. The first doses have not gone out yet, but we are I think very close to that. In terms of the second question is it too late, I think the answer is simply no. There are a couple of reasons for this: the pandemic virus is now a virus which has really spread around the world, and it is quite likely this is an infection that we continue to see circulating for a number of years. We also, as I mentioned, do not know what we are going to see in the springtime. So for these reasons, and for the high likelihood that many people are going to run into this virus in the future, I think that it remains quite prudent to push ahead with the vaccination efforts. Thanks you.

Nyka Alexander: May I remind journalists, that to get in queue, type 01 on your keypad. Next question is Kate from Reuters. Kate, please go ahead.

Kate: Hello, I would like to ask you whether you could comment please on report that some countries are in negotiation with some drug companies to return some of their unwanted supplies of H1N1 vaccines.

Dr Fukuda: Kate, I don't have any first hand knowledge of any of the negotiations going on between the countries and vaccine manufacturers, and so, that's simply something I don't

have any information on. I think that question would have to get directed either to the countries or to the manufacturers. Thank you.

Nyka Alexander: Next question is from John Zaracostas from BMJ, please go ahead.

John Zaracostas: Good afternoon Dr Fukuda. I was wondering the target few months ago was to get 300 million doses donated to capture about 10% of the core population in the poorer nations. What you just mentioned is 180 million is that still short of your target. Am I correct?

Dr Fukuda: John, partly correct, but partly not correct. The target for getting vaccines out is about 2% to 10% in different populations, and if we go with the 10% figure, that would be approximately 200 million doses for the 95 countries that have limited access. That 10% would cover both the healthcare workers and first responders in countries plus allow the countries to vaccinate some of the groups of people at higher risk for infections. So the target has been 2000 million doses, the 180 million doses is close to that and we will see whether further negotiations increase that amount to the 200 million. Thank You.

Nyka Alexander: Next question is from Jane, from AP in London. Jane, please go ahead.

Maria Cheng: I think it's me, its Maria Cheng in London. Thanks for taking my call. I had a couple of questions about the countries that are aligned to get the donated vaccines. I wondered if you could clarify which countries are getting it in the next few weeks, which ones are in line to get it, if there're any priorities to be place on countries that have a large population of immuno suppressed people. And also I wanted to know if you had any idea of what the lag would be between the time the vaccine gets delivered and when it actually gets to be put into people's arms. Thanks.

Dr Fukuda: Thanks Maria. The first 3 countries that we are hoping to get vaccine out are Azerbaijan, Afghanistan and Mongolia. But there is a group of 35 countries whom we are planning to get out vaccine first followed by the rest of countries. So there is a sequence of deployment for the vaccines and again the vaccination effort will be to get vaccine out for approximately 2 per cent of the population of the recipient countries in order to allow health care workers to be vaccinated. The premise for this is that health systems and hospitals are where people with all sorts of illnesses end up and so to protect the ability of hospitals to function is one of the primary goals for the first mono-vaccine which is to go out. That would be followed later on by providing enough vaccine for eight per cent of the population , so a total of 10 per cent of the population of these countries. Now, the way these countries were selected reflects the fact that we are seeing more activity going on right now in the northern hemisphere as well with less activity going on in the southern hemisphere but again recognising that there are countries both in the north and in the south that do not have access to these vaccines. So, this is the overall rational for getting the vaccine out and to try to get it out in a relatively sequenced way. Now, in terms of the amount of time from when it arrives in a country to when it actually gets to people, I think that this will be variable from country to country but we are hoping that the time lag between the receipt of the vaccine and the administration into people is minimal and in the order of a few weeks or so. Thank you.

Nyka Alexander: Our next question is from Mr Arai from Kyodo News in Geneva. Please go ahead sir.

Mr Arai: Good afternoon Dr Fukuda. Thank you for taking my question. I think you confirmed that the death toll of the H1N1 2009 is over 10,000. My question is what is the assessment of this number? I think some people are questioning that it will be much fewer than the seasonal influenza so what is your view of the fatality rate?

Dr Fukuda: My view is that right now we have over 10,000 deaths in which the deaths are associated by laboratory testing with the new pandemic virus. Now this is likely to be a quite an underestimate of the actual number of deaths which have occurred out there. So the reason why this has been confusing is that with the current pandemic situation, the numbers of people that have been reported to die from influenza are people in whom our direct testing has been done so someone has taken a sample and sent it to a laboratory. This is usually not how we count deaths from influenza. If we look at the estimate for influenza deaths each year, these are really developed by looking at the death records in countries and applying models to them and then estimating how many of them are due to influenza. I think that this will take about a year, perhaps a little bit longer, after the pandemic ends, to actually make the same kind of estimates for this pandemic. And when we do that I think that we will find that in fact the number of deaths worldwide is much higher than the 10,000. To give you an example of this, if we look at the United States one of their surveillance systems is to look at the number of deaths going on right now above an estimated baseline of deaths. What they would expect to see if the pandemic was not going on. So for the 10th straight week they are reporting that the numbers of deaths are above the estimated regular number of deaths. I think that at some point when this kind of information are counted up through the usual techniques that we do then we will see that the overall number of deaths is quite a bit higher than the numbers we are talking about now. Thank you.

Nyka Alexander: Next question is from Dermot, Bloomberg, Geneva. Please go ahead.

Dermot: Hi, Keiji. What do you expect governments in Europe to do with all the left over swine flu vaccines now that so many people have been vaccinated already or rather not getting vaccinated in large numbers?

Dr Fukuda: I think that again I cannot second guess what countries will do with their vaccines if they have leftover vaccines. Again, I think that they have a number of options. For example, it could be provided to other countries that don't have vaccines; it could be used for later on. I think that again, as I mentioned in response to one of the earlier questions, this is a virus that we don't expect to suddenly just disappear. This is a virus that I think we will see in circulation again in the fall and in later periods of time so, again, I cannot second guess what countries are going to do but I think there are a number of options. Thank you.

Nyka Alexander: Next question is from Miriam Falco of CNN. Go ahead Marian.

Miriam Falco: Thanks for taking my question. Dr Fukuda, could you elaborate a little bit more on why those three countries - Azerbaijan, Afghanistan and Mongolia and other

countries - why those first; do they have cases already; once the two per cent of the population is set aside, would they be getting enough vaccines to actually vaccinate the rest of the country etc.? Thank you.

Dr Fukuda: Thank you for the question. Again, in general, there were a number of factors that we have tried to look at. One of them is that simply countries, these are countries which as a group are not able to access vaccine in other ways unless they get the vaccine provided through WHO; Two, we have looked at the fact that there is more activity going on in the northern hemisphere and so people are more likely to be exposed to the virus in the northern hemisphere now. But then there are additional factors. One of the things that I did was mention that there are three steps that we are asking countries to do and these include things such as going over their national plan and demonstrating that they are capable of receiving the vaccine now and then administering it to the people. Based on those kinds of considerations, these are the first three countries that we are targeting to get the vaccine out to. Now, in terms of who else may get vaccinated, the WHO vaccine supply, the stockpile would be able to vaccinate up to about 10 per cent of people in this group of countries. We do not have the ability to provide vaccine to all people in these countries. However, I do want to point out that it is extremely important for everybody to understand that vaccines are one part of a larger group of disease control measures that countries and people can take to protect their populations. So, for example, we have antiviral drugs which are useful but we also have a number of steps that people can take such as the so-called respiratory etiquette steps to try to reduce the chances of infecting other people. There is guidance on staying at home if you are sick and so again you reduce the chances of infecting other people. So there are other steps which can be taken in addition to vaccines and antivirals and we continue to provide this kind of advice and guidance to countries to show them really that there are a range of options out there. Thank you.

Nyka Alexander: Next question is from Ms Rosera in Geneva - I am a sorry if I have the name wrong.

Ms Rosera: Hello and thank you very much for taking my question. I was wondering is the vaccine rate of developing countries very low and how do you assess this at WHO? My second question is how are you going to work to go up the vaccine rate for countries? Thank you very much.

Dr Fukuda: Could I ask for clarification when you say vaccine rate, do you mean for the pandemic vaccine or do you mean for seasonal influenza vaccine?

Ms Rosaro: I heard for example that in France on the on-line survey 78 per cent of the population do not intend to get vaccinated so I was wondering about the vaccine rate of the H1N1 for the population.

Dr Fukuda: Thank you for that clarification. I think that the job of public health is really to alert the public when there are significant dangers to which they may be exposed and then also to identify the options and the things that people can do to protect themselves against that danger. For example, with the pandemic situation, getting useful information, accurate

information out to the populations is one of the basic jobs of public health and this is both true for the national groups as well as for WHO. One of the options for people, for example in France, is that they may choose to be vaccinated or they choose not to be vaccinated. Now, in this particular instance, WHO believes that vaccination is an excellent option to take to protect people against the pandemic influenza and the reason for this is that when you are dealing with infectious diseases, providing some degree of increased immunity against the infection is often the best thing that you can do to protect people against the infection. However, I think that in this kind of instance what WHO and the national authorities can do is to make the information available to people and then in the end provide guidance and our guidance would be that we believe that vaccination is an excellent option for protecting yourself. In the end, however, people will make their choices. Now we have seen that in different countries there are different experiences. In some countries we have seen that in fact there has been a demand for more vaccine and oftentimes the opinions of the population will differ depending on what the experiences in that country are about the pandemic situation. So, to summarise this, what WHO will do is to continue to provide information that we hope is useful and that is accurate for people to make their own decisions. We will make sure that the options for vaccination and the pros and cons of it are clear to people and then we will do whatever we can to facilitate the access to these vaccines. Thank you.

Nyka Alexander: We have a last question from Mr Stein of the Washington Post. Please go ahead.

Mr Stein: Hi, Dr Fukuda. Thanks very much for taking my question. I really have two questions. One is related to that question which is in which countries have you seen demand dropping or demand going higher or surging? The second question is what criteria will you use to decide when the pandemic might be over?

Dr Fukuda: I think one example in terms of countries is that Norway is a good example of the situation changing. I think that in Norway there were a number of people who died from pandemic influenza and this information really changed how the population responded to the availability of vaccine and the difference before the deaths occurred and afterwards. The fact is that there was quite an increase in the number of people who asked to be vaccinated so there is one concrete example. Now in terms of the criteria of when the pandemic is over - probably the way that the issue is really helpful to look at is that the question is terms of countries and in terms of countries and in terms of public health authorities is when is the right time to begin to back down from some of the levels of alert readiness that we are at in terms of dealing with the pandemic because it is unlikely that something like a pandemic just ends overnight. This is really going to decrease in different countries at different times in terms of levels of infection and the question that the scientific community and that the public health community is going to grapple with, is when is it probably safe enough for countries to back down on the kinds of protective steps that are being taken now. I think that it is a little bit difficult to say what the criteria are right now. What we will do is that we will end up consulting with the best scientists in a number of different disciplines so I think for this kind of question to get answered we will need to be in consultation with some virologists, who would be able to shed some information on how the evolution of the virus is progressing and how this impacts on our ability to look forward. We will be discussing and consulting with

epidemiologists to look at disease patterns and try to get to the question of what is the likelihood that we may see another surge of activity in February, March, April something like that. And in addition, we will be working with people in modelling community, again to try to take the current available information and see if we are able to get a better handle on of what we will be seeing in the next 3 or 4 or 5 months, again trying to answer if there's a reasonable likelihood that we will not see another wave of activity or we will see another wave of activity. And so once we get this kind of information, and these kinds of discussions, we'll have a much better handle of when is it time to back down from some of the readiness levels that we are at now. And so this is really the process and the kind of question we'll ask and the kind of people we'll hold discussions with. Thank you.

Nyka Alexander: Thank you Dr Fukuda, and thank you to all the journalists online. Just a few quick notes before we fully wrap. To repeat Dr Keiji Fukuda's title: Special Adviser to the Director-General on Pandemic Influenza. I would like to remind you that there will be an audio file posted on our website shortly, and later today or tomorrow morning a transcript of the briefing. The web site is www.who.int; you can click on the "more information on pandemic influenza", and on the right hand column there is a media link. This is likely our last briefing of this year until the new year, so we would like to thank you for all of WHO, thanks to the journalist for your interest, from the communications and from the studio team as well, happy holidays to everyone.