



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

*10 August 2010*

**Gregory Härtl, WHO spokesperson:** Good afternoon and welcome to this virtual press briefing of the World Health Organization taking place from Hong Kong where Dr Margaret Chan will be giving you a briefing on the pandemic H1N1 situation following an Emergency Committee meeting this morning. Also in a studio here in Geneva, we have Dr Keiji Fukuda, the special advisor to Dr Chan for pandemic influenza. My name is Gregory Härtl; I am moderating this press conference and I will now turn over to Dr Chan to make an opening statement. We will follow that opening statement by questions from journalists. We anticipate that the press conference as a whole will last approximately 45 minutes. Dr Chan, over to you, please.

**Dr Margaret Chan, Director-General, World Health Organization:** Thanks, Gregory. The world is no longer in phase 6 of influenza pandemic alert. We are now moving into the post-pandemic period. The new H1N1 virus has largely run its course. These are the views of members of the Emergency Committee, which was convened earlier today by teleconference. The committee based its assessment on the global situation, as well as reports from several countries that are now experiencing influenza. I fully agree with the committee's advice.

As we enter the post-pandemic period, this does not mean that the H1N1 virus has gone away. Based on experience with past pandemics, we expect the H1N1 virus to take on the behaviour of a seasonal influenza virus and continue to circulate for some years to come.

In the post-pandemic period, localized outbreaks of different magnitudes may show significant levels of H1N1 transmission. This is the situation we are observing right now in New Zealand and may see elsewhere. In fact, the actions of health authorities in New Zealand, and also in India, in terms of vigilance, quick detection and treatment and recommended vaccination provide a model of how other countries may need to respond in the immediate post-pandemic period.

Globally, the levels and patterns of H1N1 transmission now being seen differ significantly from what was observed during the pandemic. Out-of-season outbreaks are no longer being reported in either the northern or the southern hemisphere. In influenza outbreaks, including those primarily caused by the H1N1 virus, show an intensity similar to that seen during seasonal epidemics.

During the pandemic the H1N1 virus crowded out other influenza viruses to become the dominant virus; this is no longer the case. Many countries are reporting a mix of influenza viruses, again as is typically seen during seasonal epidemics.

Recently published studies indicate that 20% to 40% of populations in some areas have been infected by the H1N1 virus and thus have some level of protective immunity. Many countries

report good vaccination coverage, especially in high risk groups, and this coverage further increases community-wide immunity.

Pandemics, like the viruses that cause them, are unpredictable. So is the immediate post-pandemic period. There will be many questions and we will have some clear answers for only some. Continued vigilance is extremely important and WHO has issued advice on recommended surveillance, vaccination and clinical management during the post-pandemic period.

Based on available evidence and experience from past pandemics, it is likely that the virus will continue to cause serious disease in younger age groups, at least in the immediate post-pandemic period. Groups identified during the pandemic as at higher risk of severe or fatal illness will probably remain at heightened risk, though hopefully the number of such cases will diminish.

In addition, a small proportion of people infected during the pandemic, including young and healthy people, develop a severe form of primary viral pneumonia that is not typically seen during seasonal epidemics and is especially difficult and demanding to treat. It is not known whether this pattern will change during the post-pandemic period, further emphasizing the need for vigilance.

As I said, pandemics are unpredictable and prone to deliver surprises. No two pandemics are ever alike. This pandemic has turned out to be much more fortunate than what we feared a little over a year ago. This time around we have been aided by pure good luck; the virus did not mutate during the pandemic to a more lethal form, widespread resistance to oseltamivir did not develop. The vaccine proved to be a good match with the circulating viruses and showed an excellent safety profile, thanks to expansive preparedness and support from the international community.

Even countries with very weak health systems were able to detect cases and report them promptly. Had things gone wrong in any of these areas, we would be in a very different situation today. I'm happy to answer your questions.

**Gregory Härtl:** Dr Chan, thank you very much for the opening statement. Before we move to questions, just a couple of housekeeping items for journalists online. Remember that afterwards there will be an audio file and a written transcript of this press briefing posted on the WHO website, which is [www.who.int](http://www.who.int). In addition, the video from this press conference is being fed out now via the EBU. Finally, to those journalists who would like to ask a question, please dial 01 on your keypad to enter the queue.

Our first question is from Jonathan Lynn of Reuters in Geneva. Go ahead please.

**Stephanie Nebehay, Reuters:** Oh, hello, it's Reuters in Geneva. It's Stephanie Nebehay. I just wanted to ask Dr Chan, are you still convinced that you made the right call in June of 2009 to declare the pandemic, in view of the heavy criticism that followed. And also, regarding today's decision, could you spell out for us the implications for countries holding stockpiles of vaccine and antivirals please? Thank you.

**Dr Margaret Chan:** Thank you for those questions. Now, when WHO announced the pandemic on 11<sup>th</sup> June, we followed exactly the epidemiological and virological criteria as agreed by experts of the world. And this is a true pandemic and that was the right call, and that was the decision and the recommendation of the Emergency Committee, which I agree.

Now, on your second point, you raise about the stockpiles. As we know – and I mentioned a little earlier – the H1N1 2009 virus is still a good match with the vaccines and it is still sensitive to oseltamivir. So they would continue to be useful. And WHO strongly recommends where

vaccines are available, high risk groups should be immunized and because vaccine is the best and most cost-effective intervention for this H1N1 pandemic.

**Gregory Härtl:** Thank you very much. Again, before we go to the next question, may I remind journalists to dial 01 on their keypad if they wish to ask a question? The next question is from Frank Jordans of Associated Press in Geneva. Go head, Frank, please.

**Frank Jordans, Associated Press:** Good afternoon, Dr Chan. Two questions. Several countries started scaling back their H1N1 efforts some months ago, yet WHO held back on downgrading the pandemic phase until now. Why did they take so long? And secondly, do you know how much money WHO received specifically to deal with H1N1 over the past year and what it was spent on?

**Dr Margaret Chan:** Okay, I can answer the first question. Perhaps I will ask Dr Keiji Fukuda to see exactly how much funds WHO has received from our development partners and countries to support the H1N1 effort, which of course includes deployment of vaccines and antivirals to countries in the developing world.

Now, your question is about... Yes, indeed, what you said is correct. Many countries in the northern hemisphere in fact scaled back on their public health response to the H1N1 virus. This is the right action to be taken because for countries, especially in the temperate zone in the northern hemisphere, the worst was over. But having said that, the World Health Organization has a duty to monitor the global situation and that is precisely what we are doing, and the meeting this morning by the Emergency Committee members, we showed them the global situation, but with special emphasis reporting to them the epidemiological and the virological situations in countries in the southern hemisphere, including some countries in the tropics.

Now, all in all, we are seeing clear signals and evidence pointing to the fact that the world is now – and I'm talking about it at the global level – the world is transitioning out of the pandemic into the post-pandemic period. And you asked an excellent question: what are some of those things that we were looking for all these weeks. First and foremost, we are looking for whether or not there would be out-of-season outbreaks, as we saw last year in both northern and southern hemispheres. Some people call it summer outbreaks. Now this year, this time around, we did not see that in the northern hemisphere and we did not see it in the southern hemisphere.

Now, the second point is we noticed that in countries with H1N1 transmission, the level of intensity is now moving back to a pattern similar to the seasonal influenza pattern. The third thing we observed in all these countries that we have been getting good data, there is no longer a dominance of the H1N1 virus as we saw last year. We are seeing a mixed virus pattern. By that we mean we see H1N1 virus; we also see the H3N2 and we also see Influenza B virus. And so these are some indications.

But, last but not least, another important point is that we are seeing some level of community-wide immunity, either due to natural infection by the H1N1 or due to passive immunity by vaccination. But again, the level of community-wide immunity differs in different countries depending on of course how many people were affected in the first wave. As reported in some studies now, 20% to 40% of the population were infected and in some countries where the immunization by pandemic vaccine is high, you will see that the community-wide level of immunity would be higher than countries that have a lower uptake of vaccine.

So I hope I have given you some indications of the signals or the evidence that we were monitoring and observing, and presented to the Emergency Committee this morning. And the members unanimously agreed that the world is transitioning into the post-pandemic period.

**Gregory Härtl:** Dr Chan, thank you very much. I will hand over now to Dr Fukuda to answer the second part of the question.

**Dr Keiji Fukuda, Special Adviser to the Director-General on Pandemic Influenza:** Frank, WHO basically received assistance in two main ways. One was in the form of donated supplies which came from countries and from some companies, and these included things such as vaccines, antiviral drugs and the accessories needed to administer. And then, in addition, WHO directly received some funding to help in its efforts to address the pandemic. And so in terms of money, WHO received in the order of approximately \$170 million since the beginning of the pandemic. In terms of the supplies, I don't have a monetary figure for that and so we would have to get back to you on that, but those are approximate figures. Thank you.

**Gregory Härtl:** Okay, Dr Fukuda, thank you for that additional information. Once again, journalists wishing to ask questions should dial 01 to enter the queue. The next question comes from Hong Kong. Go ahead, please. It seems that Hong Kong might have fallen away, or are you there Hong Kong? Hello. Okay, shall we try to move on to the next question? Any other journalists wishing to ask a question, please dial 01 to enter the queue. I believe we now have Radio Television Hong Kong online. Go ahead, please.

**Hong Kong Radio Television:** I invite you to answer my question in Cantonese. Dr Chan?

**Dr Margaret Chan:** I would refer to the moderator.

**Gregory Härtl:** If we could perhaps leave a couple of Cantonese questions until the end, we might be able to accommodate those. But for the moment we would like questions in English only, please. Radio Television Hong Kong, would you like to ask your question in English?

**Hong Kong Radio Television:** Because I'm rushing for the newscast, is it possible to arrange it now?

**Gregory Härtl:** Yes, please, go ahead now.

**Hong Kong Radio Television:** Thank you very much. [Cantonese]

**Dr Margaret Chan:** [Cantonese]

**Gregory Härtl:** Dr Chan, thank you for that answer, and if we could impose on you please to repeat even perhaps in a shorter modified version the answer in English for the rest of our journalists. Dr Chan?

**Dr Margaret Chan:** Yes, the question basically covered two aspects: why did WHO make the announcement that we are now moving into post-pandemic period now. That answer I covered earlier on in English. And the second question is whether or not the H1N1 pandemic vaccine is still effective. And the answer is WHO continues to recommend the use of both the monovalent H1N1 vaccine, or the trivalent seasonal influenza vaccine where the H1N1 is one of the components.

Now, vaccine is still the most cost-effective and it is very effective and also the safety profile is good. So we would continue to encourage countries where vaccines are available to immunize particularly high risk groups.

**Gregory Härtl:** Thank you very much, Dr Chan. Again, to remind journalists, if you wish to ask a question to dial 01 on your keypad and also to remind you that there will be both an audio file and a written transcript of this press briefing available on the WHO website shortly after this VPC is

over. The WHO website is [www.who.int](http://www.who.int). So are there any additional questions from journalists online? Okay.

**Jules Caron:** Hello.

**Gregory Härtl:** Hello, Jules Caron, I believe you're online.

**Jules Caron:** Okay, thank you. I have two questions, please. I would like to know, between phase 6 and post-pandemic, what exactly does it mean? What is the WHO doing now that it does, didn't do before? What should national authorities be doing now that they weren't doing before? And my second question is: the WHO still has about 15 million vaccines which need to be delivered, mostly to Third World countries, not to mention there were 12 million vaccines delivered to Bangladesh ten days ago; what does this say about the WHO's response to this pandemic that those at the highest risk of infection received their vaccine after the threat of the pandemic has abated? Thank you.

**Dr Margaret Chan:** What I'll do is I'll take your second question and I'll ask Dr Keiji Fukuda to deal with the first question. Now, you're correct; the WHO in collaboration with Mr Ban Ki-moon, the Secretary General, UN, core countries and the industry in the name of global solidarity and fairness that, you know, certain amount of vaccines should be delivered to WHO and through WHO for deployment to countries that do not have the vaccines. Now, by the time we finished the vaccine deployment exercise, which will come to an end in, pretty soon, we would have deployed vaccines to a total of 83 countries and these are countries who requested WHO for assistance for vaccines and we are doing this as part of our commitment to global solidarity.

Now, you are absolutely correct; some of the vaccines did not really arrive as early as we would like it. And this is not only the situation for the donated vaccines to WHO; this is also happening in some countries. And, as you recall, the virus, the seed virus that were used for making the vaccine at first did not grow too well in eggs and that sort of delayed it, the production timelines. But, all in all, the world has benefited from the use of pandemic vaccines. Now, as I said earlier, the vaccine is still a very good match with the circulating H1N1 2009 virus and it is our recommendation that, you know, the vaccine should continue to be used. And it is no surprise that, you know, we should expect, like in previous pandemics, to see the 2009 H1N1 virus continue to circulate in countries and cause outbreaks. And as to the magnitude of the outbreaks, it is very difficult to predict and the best method to protect is really to take the vaccine. Thank you. Over to you, Keiji.

**Dr Keiji Fukuda:** Thank you, DG. There are a couple of important points to make related to the second question about the differences between being in the pandemic and the current period. I think that the first one is that this action simply notifies countries that we are transitioning out of a period in which we have seen unusual patterns related to influenza, back to a period in which we see influenza patterns more typical of seasonal influenza. However, during this period one of the things which we are strongly emphasizing to countries is that it's important to continue monitoring and (stay) alert for unusual circumstances related to disease – this could indicate still ongoing severity of this virus – and also to be on the watch for any changes in viruses.

So one action is to continue with surveillance. A second action that we are recommending is that it is important to continue with control efforts. We have noted still that in a number of countries there is still intense activity related to this H1N1 virus. Although globally we see that patterns are returning, in some countries we see that activity remains relatively intense and so we strongly support the ongoing efforts to control these outbreaks. Now, overall, however, we expect that as we move out of the pandemic into the more seasonal period that the intensity for some of the surveillance and some of the actions which were considered during the pandemic period will no longer have to be considered by national health authorities. Thank you.

**Gregory Härtl I:** Dr Fukuda, thank you very much for those additional remarks. The next question is from April from National Public Radio in the United States. Go ahead, please. April, are you online and able to ask a question?

**April, National Public Radio:** I'm here.

**Gregory Härtl:** Go ahead, please.

**April, National Public Radio:** I can hear you.

**Gregory Härtl:** We can hear you now. Thank you very much. Go ahead.

**April, National Public Radio:** Okay. Dr Chan, was it a mistake for countries to destroy the vaccine then, if you're saying it still works? A lot of countries have started destruction.

**Dr Margaret Chan:** April, you ask a very good question. Let me put it this way: the countries, you know, certainly when vaccines which still have a valid shelf life should continue to be used. But, however, vaccines that have a shelf life that has expired should be destroyed in keeping with best practice. Thank you.

**Gregory Härtl:** ...much. The next question is from Gabriela Sotomayor of Notimex. Go ahead, please.

**Gabriela Sotomayor, Notimex:** But my answer, my question has been answered. Thank you very much.

**Gregory Härtl:** ...very much, Gabriela. We then go to the next question, which is from Betsy McCaughey of The Wall Street Journal. Betsy, go ahead, please.

**Betsy McCaughey, Wall Street Journal:** Hi, thanks very much. Dr Chan and Dr Fukuda, I wondered if you could answer a couple questions about the response in New Zealand and in India. Dr Chan, you mentioned that they're a model for how countries should respond in the post pandemic period, so I just wondered if you could elaborate on what steps you're referring to specifically? And my second question was in that light, in that vein; what other countries you may be watching closely where activity, H1N1 activity is intense right now?

**Dr Margaret Chan:** Thank you, Betsy, for those questions. WHO, along with our countries, will continue to monitor the situation in the post pandemic period. It is important that the surveillance of disease must be maintained for several reasons. Number one: we need to see whether or not the way forward this H1N1 virus will turn a very difficult course, meaning may cause more lethal disease – that has to be watched. Another thing is we need to watch whether or not, you know, the oseltamivir resistance is becoming a problem. Although we do see some resistance globally, but this is not at the level that we are of concern because oseltamivir is still effective, but that has to be monitored.

Now, another important thing is, while we are monitoring globally what's happening our countries should not forget, as we are speaking, we are in phase 3 with the H5N1, the avian influenza. So, all in all, I mean, disease surveillance for respiratory disease must be maintained to see whether or not this H1N1 will become milder or more severe. Does it, is it going to change in terms of the high-risk group? Is it going to change in terms of the clinical pattern? And don't forget, you know, lurking in the background we have H5N1 which is still causing sporadic cases in a large number of countries in South East Asia and also in Middle East, so these are things we need to do.

Now, why did I say, you know, India and also New Zealand are good? Because they maintain the vigilance at a time when many countries, you know, I'm afraid to say, have become quite

complacent and so that's why they are good models because you can never be sure with influenza virus. So their heightened level of disease surveillance, prompt response, mounting appropriate public health interventions, including the use of vaccine for populations and high risk groups is exactly what we would encourage countries to do so. Thank you, Betsy.

**Gregory Härtl:** Okay. Dr Chan, thank you very much for that. The next question is from Stefan Bussard of Le Temps newspaper here in Switzerland. Go ahead, Mr Bussard, please.

**Stéphane Bussard, Le Temps:** Yes, Dr Chan, given the experience and evidence you've gathered over the last year will you change anything in the guidelines to respond to a new pandemic that might break out in the future? Thank you.

**Dr Margaret Chan:** This is an excellent question. I mean, there is always lessons to be learnt from every pandemic and this is no exception. And, if you recall, WHO, you know, will encourage countries, while we are now moving out of the pandemic into the post pandemic period, one of the things countries can do now is to review their pandemic preparedness response and see what are some of the lessons that can be learned at the national level or sub national level so that they are better prepared next time. Now, globally WHO will be working with partners and of course will be, you know, providing support to the review committee who is reviewing the performance of the organization, as well as on how the International Health Regulations 2005 as a legal instrument – how does it work in coordinating the actions of the world. So there will be very valuable lessons to be learned so that these lessons can feed back into the, you know, next pandemic planning. Thank you.

**Gregory Härtl:** Okay, thank you very much. Before we move on to the next question, to remind journalists that we have little over ten minutes left of program for questions, so we'll try to fit in as many questions as we can in that time. The next question is from Lisa Schlein of Voice of America. Lisa, go ahead, please.

**Lisa Schlein, Voice of America:** Thanks, Gregory. Hello, Dr Chan. I was wondering how you're feeling now that you have announced essentially that we're finished with the pandemic or at least moving into a post pandemic phase? Are you feeling good? Are you feeling tired? Are you relieved? And then another couple of little questions and that is: what is the latest death figure from H1N1 and do you expect that figure to rise in the post pandemic period when you have a chance to really investigate some of the information that you weren't able to do earlier? And lastly, following on Stéphane's question: the WHO was accused of hyping the pandemic and I'm wondering whether this might pose problems for you in the future if as and when a new pandemic arises?

**Dr Margaret Chan:** Lisa, can you repeat the third question? You know, I didn't hear it too well.

**Lisa Schlein:** The third question was, the WHO was accused by a number of people of having hyped the H1N1 virus, the pandemic, and I was wondering whether this might pose problems for you in the future, in terms of getting countries to actually respond to a new pandemic, should it arise?

**Dr Margaret Chan:** Okay. I would like to respond to the first and the last question, and also invite Dr Keiji Fukuda to comment on the figures of the... the death figures, and how the world should work in the future to look at, you know, the estimates, in terms of, you know, the excess mortality caused by this H1N1 pandemic.

Lisa, you asked a very good question. How do I feel? Do I feel tired? Do I feel happy? Do I feel...? I feel both, because, you know, this is... has been a long year of work. Hard work, not just by colleagues in WHO, but by public health officials worldwide. And having said that, we are also, you know, mindful of the fact that we need to continue to maintain our vigilance, and not be

complacent, so there is going to be a lot of work to be done in the future, and one important thing is to review lessons learned, and how the world, collectively, can be better prepared for the next pandemic.

Now, your question about, you know, WHO's... Did we overreact? The answer was no, we did not. WHO has been very consistent with its messages, even at the outset and subsequent announcement, or, you know, our web update, we mentioned, and we brought to the world's attention, we are dealing with a pandemic of moderate severity, and most people, majority of them, will recover from the disease, and many people will recover without treatment. However, you know, of one or two things of big concern to the global community is this special predisposition of this virus to cause severe disease in young adults, especially young adults with no underlying or previous medical condition. And it causes severe disease in pregnant women. That is unusual, compared to seasonal influenza, and that's the kind of things we don't want to see. I think we have struck the right balance. This is a moderate pandemic, and of course the death figures would not be immediately available. It would take some years to get the precise estimate, then, you know, history and records will show whether or not the estimate by the world's experts is on the mark.

Now, over to you, Keiji.

**Dr Keiji Fukuda:** Thank you, DG. Lisa, just to add a couple of points to what the Director-General said, the current estimates for, or the current number of laboratory confirmed deaths is about 18,500 worldwide, and so what this means is that for each of those persons who died, there was specific laboratory testing in confirmation that they died from the H1N1 pandemic infection. So as you probably know, this is a very unusual situation for so many people to be individually tested, when they die, for influenza. So we expect, as Dr Chan said, that over the next few years the more usual ways of counting deaths from this pandemic will be applied, and then we'll have a picture about what the more accurate numbers of deaths will be. So we consider this current number to be the minimum number of deaths, and we expect that over the next few years, as we use more usual methods for estimating the deaths, that the numbers will be higher. But of course we don't know what they are right now. Thank you.

**Gregory Härtl:** Dr Chan, Dr Fukuda, thank you. The next question is from Sharon Kirkey of Postmedia, in Canada. Go ahead please.

**Sharon Kirkey, Postmedia News:** Thank you. Thank you for taking my call. Dr Chan, I just want to confirm that essentially today what you've done is declared an end to this swine flu pandemic. And my second question concerns vaccines. Countries like Canada still have remaining vaccines from last year, but the vaccine approved for the 2010 and 2011 protects against three strains of vaccine including H3N2, so what should we be doing in countries like Canada, should we be first, you know, using what we've got from the stockpiles of last year, or should we just be moving directly to this season's flu vaccine?

**Dr Margaret Chan:** (Sharon), thank you for that question. That's important. As we said earlier, you know, the... a monovalent H1N1 vaccine, if it is still valid, within the validity of the shelf life, it can be used. Now, then the, of course the seasonal influenza vaccine, which is a trivalent vaccine, including the H1N1 component, can also be used. It depends on availability of the country.

Now, in some places, you know, we know that some countries use the monovalent vaccine for children, targeting at young children, because I mean, in certain... we read that certain products, the seasonal influenza vaccine is subject to further investigation of the reason, young children, after receiving that seasonal influenza vaccine, developed a febrile convulsion. Now, it is not of the magnitude of something that is of big concern, but to play safe that may be one of the options how countries like Canada can consider to use the monovalent H1N1 vaccine. But let me

reassure you, (Sharon), Canada is a very solid and, you know, robust country, in terms of competence in public health, and I have full confidence in the national authorities in terms of their recommendation and guidance to their people.

**Gregory Härtl:** Thank you very much. Sharon, did you want to re-pose your first question, are you still on the line?

**Sharon Kirkey:** Yes, I'm still on the line. If you could just, if we could just confirm that essentially what you're announcing today is an end to the H1N1 flu pandemic?

**Dr Margaret Chan:** Yes, phase 6, you know, we're no longer in phase 6 of the pandemic, and we, you know, the, of course the Emergency Committee experts also agree that, you know, the public health emergency of international concern no longer apply. So yes, in simple sentence, yes, the answer is.

**Gregory Härtl:** Thank you very much, Dr Chan. Next question is from Jamil Chade, from here in Geneva. Go ahead, Jamil.

**Jamil Chade:** Hello, Dr Chan. A quick question also on this issue of level 6, 5, etc. Where would we put now the virus? Is it phase 3, as H5N1? Or where is it, basically? And secondly, when you talk about the revision of the regulations, are you talking also about making it public, the names and the people that are actually taking part on the committee that took this decision today? Thank you.

**Dr Margaret Chan:** I didn't... Jamil, I didn't hear the second question too clearly. On the first question, yes, I mean, you mention H5N1, and as I said earlier, this is still something we need to maintain our vigilance. H5N1 is still causing sporadic diseases in human, and the case fatality rate is reaching, you know, as high as 60%, so we should not let our guards down for this new virus. But we are in phase 3 for the H5 N1.

Now, the second question, can you repeat it, about the IHR to...? Are you referring to the IHR 2005?

**Jamil Chade:** Well, basically my question is whether the names of the people in the committee that took the decision today, will they be, from now on, publicized, or they will still be kept as a secret?

**Dr Margaret Chan:** I think, you know, Jamil, the names will be released today, later.

**Gregory Härtl:** Thank you very much, Dr Chan. The last question we believe is from Miriam Falco of CNN, if she has been able to get back online. Miriam Falco, are you there? Okay, unfortunately she's dropped off, so the last question is from Matthew Lee, of Kyoto News. Go ahead, Mr Lee, please.

**Matthew Lee, Kyodo:** Hello, Dr Chan?

**Dr Margaret Chan:** Mr Lee.

**Matthew Lee:** Yes. I just want to know if you think there is any lessons specifically learned during this H1N1 pandemic? And also, if this pandemic come back again, will the level of severity be considered as one of the deciding factor when you decide on what phase of alert level should it be?

**Dr Margaret Chan:** Thank you for that question. There are actually many lessons learned, and, but you know, let me mention a couple that I feel are very important.

And number one, for WHO, as well as for many of my countries, my Member States in the organization, communication is a big challenge. You know, now we need to adapt the way we do communication and learn how to work with social media and social network. And that is again, one thing we need to have a better handle on.

Now, the second thing is the pandemic preparedness guideline was planned, discussed and decided by the world's experts, under the threat of the H5N1 avian influenza virus, and that gave them the sense that collectively we should plan for the worst and hope for the best.

Now, the lessons we learned from this H1N1 pandemic is perhaps we need more flexibility in our future pandemic planning. We need to be able to have a best case scenario, an intermediate scenario, and a worst case scenario to allow, you know, flexibility and adjustment as we evolve, or as we track the evolution of the pandemic. I'm sure, I mean, that worldwide there is wide agreement amongst experts that we need to review the phases, including the severity, and also to have more flexibility.

**Gregory Härtl:** Dr Chan, Dr Fukuda, thank you very much for having been with us here today. Journalists, thank you for having joined us. Before I let you go, just to remind you that shortly on the WHO website will be available an audio file and a written transcript of this briefing. Once again, thank you for having joined us today. Goodbye.