



**Transcript of Virtual Press conference with
Dr Keiji Fukuda, Assistant Director-General ad. Interim
for Health Security and Environment
World Health Organization
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Thank you to all of you for having been so patient and having waited so long. I will without further due go over to Dr Keiji Fukuda, Assistant Director-General for Health Security and Environment for the World Health Organization. Dr Fukuda will tell you what has been decided today during the second Emergency Committee.

Dr Fukuda: Thank you Mr Hartl. Welcome everybody and thank you for attending this press briefing. Again, I apologize for the lateness of the hour but this press briefing necessarily follows the ending of the Emergency Committee meeting, which you are all ready to hear about. Now, as you know, tonight, WHO convened the second meeting of the Emergency Committee and at this meeting the Emergency Committee was asked to provide advice to the Director-General of the World Health Organization on three issues :

- 1) what was it advised on moving from pandemic phase 3, which is what we have been in, to pandemic phase 4;
- 2) should WHO start the process to develop the swine H1N1 vaccine and stop seasonal vaccine; and
- 3) what the temporary recommendations should the Director-General of WHO make.

Now, since these discussions and deliberations have been anticipated by many of you, what I will try to do, is walk you through them carefully one by one and then, we will have questions.

I do want to remind you that the 17:00 or 5 p.m. press briefings will continue. Again, this one is an extra press briefing held late because of the Emergency Committee meeting.

Based on the advice and the guidance of the Emergency Committee, the Director-General has decided on the following issues:

- 1) the pandemic phase alert should increase from phase 3 to phase 4;
- 2) given the current situation, the current focus of efforts should really be on mitigation efforts rather than trying to contain the spread of this virus, predominantly because this virus has already spread quite far, and at this time, containment is not a feasible operation;
- 3) the Director-General recommends not closing borders or restricting travel; however, it is prudent for people who are sick to delay travel and it is also prudent for returning travellers, who are coming back from any parts of the world and who have become ill, to seek medical attention in line with the guidance from their national authorities; and



4) the fourth decision is that the production of the seasonal influenza vaccine should continue at this time; however, WHO should also monitor the situation very carefully and should facilitate the process to develop a vaccine against this new swine H1N1 influenza virus.

So, let me walk you through these deliberations and these decisions one by one, and try to explain a little bit more about what they mean.

If we look at the move and the change from phase 3 to phase 4, what this can really be interpreted as is a significant step towards pandemic influenza, but also it is a phase which says that we are not there yet. In other words, at this time, we think that we have taken a step in that direction but a pandemic is not considered inevitable at this time. The situation is fluid and the situation continues to evolve and we will monitor that. What this means is that the disease patterns and the disease spread could change and we also know from much experience with influenza viruses, that the viruses themselves could change; and so in this overall situation as it evolves, there is careful monitoring, which we will do. Of particular importance for us and for other organizations in countries around the world, is really to monitor the spread of this virus and disease. Previously, yesterday, we had talked about increasing surveillance in all countries, but also when there are cases of illness that are due to this swine influenza virus, to document the symptoms, the clinical course, and the severity of the illness. Most importantly, to be very watchful and mindful beyond the look out for outbreaks such as community outbreaks and institutional outbreaks, which could be consistent with this virus.

The deliberations of the Emergency Committee and the decisions of the Director-General really reflect a lot of very careful and sober discussions on a number of important considerations. One of these considerations is that in looking at the overall epidemiological picture, the Emergency Committee unanimously felt that this was consistent with human-to-human transmission of this swine influenza virus. There is very little doubt about this. A second point is that the overall epidemiological picture appears to be consistent with the sustained human-to-human transmission. However, it was also felt that continued collection and analysis of more data on whether this is truly sustained transmission would be useful and would be important, and are to be analysed as data come in. Nonetheless, it was also felt that given the rapidly evolving situation, that it was important to send a strong signal to countries, that now is a good time to strengthen preparations for possible pandemic influenza, if it continues to evolve in that direction. Finally, the Committee was mindful that these cases being seen outside of Mexico have been mild. However, at the same time, looking at the laboratory-confirmed cases of the swine influenza in Mexico, it is also clear that a number of the people infected by this virus have had very severe illness.

Let me go on to the second decision, which was that really the efforts of countries should be to focus on mitigation of the spread of this virus rather than try to contain this virus. One of the main consideration in Phase 4 is a potential effort to try and stop this virus,



which is normally called "containment" or "rapid containment". The Committee discussed this situation in depth and decided that, based on the analysis of the current situation and particularly because the virus is so widely spread – now being seen in Canada, in different locations in Canada, multiple locations in the United States as well as in Mexico, and then a late report today of an infection in Spain – that really this virus is too widespread to make containment a feasible consideration. What this means is that, focusing on mitigation is really an important focus of countries, and this really means trying to protect individuals, trying to protect populations and putting the actions and steps in place to do that against this swine influenza virus. For example, this means making sure that people have the information they need about this virus so that they can avoid infection if possible, and other steps to try and prevent infection.

A third issue that was discussed was that, in a decision by the Director-General, WHO does not recommend closing the borders and does not recommend restrictions of travel. Again, at this point, with the virus being widespread, from the international perspective, either closing borders or restricting travel would really have very little effect, if any effect at all, at stopping the movement of this virus. However, it would certainly cause a great deal of disruption for countries, and again, the focus on the safety of people and the safety of populations really means that there can be steps taken to try to reduce the chances of harm, but at this time, closing borders would not be helpful. So, again, this really emphasizes the importance of steps such as avoiding travel when you are sick, or if you become sick, or seeking medical attention, so that if you are infected by the swine influenza virus or any number of other infectious agents, you can be taken care of properly.

The last decision, and the last major discussion was on the vaccine issue. In here, it was felt prudent and important to continue the production of the seasonal vaccine at this time. The Emergency Committee was quite mindful of the fact that the influenza season is really kicking into gear in the southern hemisphere and that people develop serious illness from seasonal influenza viruses and that vaccination against these can be very important in preventing disease and death from seasonal influenza. However, the Committee was also very mindful of the H1N1 situation and the fact that we could be moving closer to pandemic influenza, and so it also advised WHO to take all steps to facilitate the production and development of a swine influenza vaccine that would be effective in people against this new virus.

At this time, WHO has been working on this and has been working closely with partners to facilitate the development of vaccine candidates that can be used in a human vaccine against this virus and since there are so many partners and different groups involved in the vaccine process, WHO will be facilitating working very closely with all of them to make sure that this process can proceed as quickly as possible.

I think I will stop here and see what kind of questions you may have on any of these topics. Thank you.



Mr Hartl: Dr Fukuda, thank you very much and I would like to remind the journalists before we start the questions that there will be an audio file produced after this press briefing and that the Director-General's statement after the Committee meeting will be posted tonight. Tomorrow, there will be a transcript of this virtual press conference and now, to the questions. I know there will be a lot of questions but we will do our best to take as many as we can. Our first question is from Miguel Marquez of ABC

Miguel Marquez from ABC: I am curious about the numbers, essentially the number of sick, the number of deaths in Mexico and any light you can shed on the individuals who have died in Mexico and who they are, how old and who they might be.

Dr Fukuda: Sure. The picture continues to evolve and so, I don't want to go too much into the details. The Mexican authorities are investigating very hard to get these kinds of details on the cases. You know, what kinds of people have died, what kinds of people have had serious illness and to try to get that picture a little bit clearer. We do know that among the laboratory confirmed cases that seven of these viruses have come from people who have died and in addition we know that, I believe, another twelve viruses came from people who had very serious respiratory illness.

Helen Branswell: Dr Fukuda, any explanation of what it would take to make a swine flu vaccine? Can it be done without disrupting the production of the northern hemisphere flu vaccine?

Dr Fukuda: I think that there are a number of different options about how the vaccine could be made. For example, it is possible to think of a situation where some companies are working partly on swine flu vaccines while there are also producing seasonal influenza vaccines. I suppose that it is also possible to imagine a situation where some companies are working on a swine flu vaccine and other companies are working on a seasonal influenza vaccine. However, at this time, I think that we still don't have to make the decision about whether to stop seasonal vaccine. We do, however, have to move ahead as quickly as possible to work on making a swine flu vaccine so that if we decide that we need to go into production and stop seasonal influenza vaccine, that this could be done as quickly as possible. I think also though if it is felt that if companies should go into production with the swine influenza vaccine, it is likely that this would reflect an assessment that we have moved even closer to a pandemic and at that time the main objective would be to make as much pandemic influenza vaccine produced and available and accessible to all countries in the world as possible.

Emma from ABC Australia: I'd like to know how quickly a vaccine for this virus might be available.

Dr Fukuda: I think that it is a little bit difficult to give you a precise figure but in general it is felt that it would take about 4–6 months to develop a vaccine and to begin to have the



first batches of the vaccines available. It then will take several more months to produce an appreciable and large quantity of the vaccine. One the things I do want to point out however is that in the past few years the situation for vaccine production has really changed considerably, and that vaccine production capacity has increased considerably, partly because there is more manufacturing capacity and partly because the technology itself has changed. Based on the work done with avian influenza viruses, there are now vaccines that use adjuvant which allows to use much less virus to get a strong immunology effect. And so, the situation itself, in terms of vaccine production, is a little bit fluid, but in general it will take probably 4–6 months for the development of such a vaccine.

Gareth, from Mexico City: The numbers of reported deaths here in Mexico are rising around 20 to 50 a day from most reports, and my question is: what is the standard pattern of increase in these deaths, if there is such a thing in cases of this type of virus according to WHO projections and prior research?

Dr Fukuda: Clearly there is no standard picture for how these things develop and this is a new influenza virus, so we really don't know how this one will evolve and how the disease related to this one will evolve. So I think that I do want to point out, however, that right now the most solid information and the most solid analysis we can do are based on the laboratory-confirmed cases of influenza. Right now, many of the cases that are being reported both the disease cases and deaths, really are clinical cases of illness and we still don't quite understand in Mexico what is the relationship of this new virus to these new disease cases. Again there is no standard picture for how this will develop; you can already see from the situation in other countries that some of the cases can be very mild whereas it does appear that in Mexico we do have more severe cases and we are working very hard to try and understand why.

Martin from Science Magazine: I would like to know what exactly convinced you that a travel ban or travel restrictions or closing the borders won't be effective in delaying the pandemic. There was a study a few years ago by researchers from Harvard who showed that you might be able to win several months that way by closing the borders or grounding all the planes; and also WHO's pandemic preparedness plan seems to say that one of the objectives of Phase 4 is "to contain the spread of human infection within certain limited foci, so has that objective been abandoned now?

Dr Fukuda: In the current situation we now see that the virus is quite widespread in a number of different locations and what this suggests, is that at this time instituting travel bans would really not be very effective in preventing further spread of this virus. There has been a great deal of modelling work and a great deal of work done by a number of different epidemiological and modelling groups to look at the situation and by and large, you would have to institute very very draconian restrictions on travel in order to have an impact on the movement of this virus; and so, at this time, it is felt that what is the most



important priority as it always is, is the protection of people, and so the focus of the effort really should shift over towards the mitigation and the protection of people.

Jonathan Lin from Reuters: Could you explain why you didn't raise the level straight to phase 5 given that the disease is now appearing in more than one WHO Region; and secondly, could you say when you published the revised guidelines on the pandemic alert guidance as it appears on your web site? It seems to be there today but not a few days ago.

Dr Fukuda: In terms of the consideration of phase 4 vs. phase 5, the Committee discussed the epidemiologic situation very carefully, and based on that evaluation and the overall assessment of both laboratory cases, but also looking at the cases of disease of which were not a 100 percent certain of how they relate to this virus, it was clearly felt that we were seeing human-to-human transmission and that put us in to phase 4. However, there is a recognition that we really would like to have more information on the sustainability of this virus and one of the examples of sustained transmission for example would be widespread community outbreaks. For example, if we look at the case that was reported in the news in Spain late today, you can see that this case of an infection of a traveller returning from Mexico and we don't really have any evidence of community spread or of infections occurring within a country, which is really what we are looking for in terms of geographical spread.

Now, in terms of the guidelines themselves, the guidelines have been under development for about the last year and a half or so, and the process has involved several hundreds of scientists and public health officials from a very large number of countries and so this has been under development for over a year and a half and so they have been going through clearance – very slow clearance for the past couples of months – and they recently got published and so they got posted on the web site very recently; I think yesterday.

Daniel from TV Global Brazil: I have a question about vaccination. I am a little confused here. Have we decided to at least start developing the vaccine in a small lab, I'm not talking about starting a widespread production of the vaccine. But the follow up question is what would it take to then go to the production stage in which you mention it would take 4-6 months to get it out to people, would it take raising it to level 5 or what exactly are we looking for the next Phase to start working on this vaccine?

Dr Fukuda: The production of influenza vaccine take several different steps and in the production of influenza vaccines, we normally have several different groups involved in the process. One of the first step is the development and identification of appropriate viruses to go on to a vaccine and the processing of those viruses, and in turning them into candidate viruses, and then getting them out to different companies so they can test and see how well they grow, how well they process. Typically, when influenza vaccine is developed, it really involves a large number of companies as well as a number of laboratories in the public health world to identify the right viruses, and then typically it goes out to all companies who produce vaccines. This is probably the process that would



be followed for making a swine flu vaccine, although we would do it in an expedited fashion as possible because there are also several different regulatory and safety considerations which are gone through, really very many steps for again we would expedite this as quickly as possible. Then as discussed earlier, once we begin this process. If we move it along quickly we hope to have a vaccine first begin to appear in about 4–6 months and then, once the initial vaccine appears, it would then take several months to begin producing lots of vaccines. That in general is the process.

Maria Cheng, from AP in London: I was wondering if you could comment on how likely it would be that we would move higher on the pandemic alert level if we might go to 5 or 6 on the pandemic level? Is there a timeline for the experts to meet again and then, if you could briefly comment on the pattern in transmission and if you have any idea on how long the transmission chains are and how sustained they are?

Dr Fukuda: I think that it is fair to say that a move from phase 3 to phase 4 signify that we have taken a significant step closer, but as I mentioned earlier we are not there yet and that the situation could change. I think it is also fair to say that for the past few days we have seen how quickly the situation is evolving with new cases being reported. It is possible that we could stay in phase 4 for quite a long time, it is possible that as the situation evolves over the next few days, it could evolve to the point where that it appears that we have moved into phase 5, and it is also possible that the disease situation could be quieter and we could move backwards to phase 3. I think at this time, again, the situation is very fluid and it is possible that we could move to a higher phase in a relatively short period of time but it also possible that we could stay at phase 4 for a quite a while as the situation perhaps stabilizes. I think that right now it is a little bit difficult to give you a likelihood but it does reflect the fluidity of the situation.

Now, in terms of your second question, one of the ways that we look at transmission sustainability, is to see if we have large outbreaks and then try to figure out what is the incubation period of this virus, for example, how long does it take between the time a person get infected and develop symptoms, or develop disease, to how many people does an infected person pass on viruses and those kind of factors, and that is often how we analyse outbreaks and that gives a good picture of whether we think there are many generations of spread. When we see that a virus is able to move from person to person, and continue that in a way that we see in community outbreaks or large, institutional outbreaks then we generally feel that we have sustainable person-to-person transmission. Right now, again, we have a minimum amount of data on some of the factors such as the incubation period and we are really working very hard to document how many generations of transmission are available. Again this is much of the work being done by investigators in various countries to document that, so I think that this pretty much sums up where we are right now in terms of that detailed information.

Andrew Jack of the Financial Times: Could you clarify when WHO was first notified of suspected virus from Mexico because I have seen some reports coming back some



weeks and secondly, there is some debate arguing about whether it is a misnomer to call this swine flu, because there seems to be avian elements as indeed sometimes there are porcine elements in avian flu so is it a misplaced definition which actually could cause unnecessary confusion.

Dr Fukuda: I will answer the second question first; this is similar to a question that came up yesterday. When the viruses that have been isolated from people who have developed this illness are looked at, it is clear that these are viruses that have genes and have a virus structure which indicates that they are a swine influenza virus. That is they are an animal influenza virus generally adapted to circulate in swine. Now, this influenza virus contains many different genes and there is a mixture of genes in these viruses, but by and large, when you analyse this virus it is a swine influenza virus.

However, it is somewhat confusing because it is a swine H1N1 virus and there are other different swine H1N1 viruses that are different from this one, and there are also H1N1 that circulate in people, that is they are human H1N1 viruses. I appreciate the difficulty of keeping all this straight but these are a new swine influenza virus: they are new for pigs and new for people. In terms of your question about the exact date, I think this is something that I would have to get back to you again about when we were first notified about illness activity in Mexico, but I believe that the first indications that we had about this virus was the report of the first two cases from southern California which came from the United States, and before that we were not notified about swine H1N1 viruses in Mexico. Mexican authorities themselves have been looking at illness cases in Mexico and beginning their own investigations but I believe that at that time they were not known as being swine H1N1 influenza viruses, but we'll check on that and get back to you.

Jemil from Sao Paulo in the Press Centre here in WHO: I have a question regarding Phases 4 and 5: did you take any consideration regarding economical and political impact in this decision or was it purely a technical one; secondly from our Mexican colleagues, they are asking whether Mexico has enough stocks of Tamiflu® or any other medicines in order to not contain as you said, but to mitigate the problem; and thirdly is Latin America specifically at a higher risk or is it at the same level as any other region in the world?

Dr Fukuda: I think that it is fair to characterize the deliberations on the Phase change about Phase 4 vs. Phase 5 in this way: the considerations and the discussions focused purely on the technical issues; that is: what is the epidemiological pattern, what can we say about the spread, what can we infer about the transmission, what is the difference between community spread versus having travel-related infections and so on, and using those discussions to decide what was the appropriate Phase at this time. However, it is also fair to say that the Committee was very aware that going to a Phase change really has quite significant political and potentially economic implications for all countries. The Committee was mindful on the fact that once this kind of Phase change is made, that it will have profound potential implications for everybody.



So, the Director-General did listen to all of these considerations but the main focus and most of the discussions really focused on what do we know about the epidemiology and what can we infer about it. Regarding the second question on whether Mexico has enough antivirals, the Mexican authorities did indicate earlier in the week that they had approximately over 1 million courses of antiviral drugs available at that time, but they were mindful that it was possible for these supplies to go down lower, depending on how the situation develops and that they could be used up, and so we are working and keeping in close contact with the Mexican authorities about their needs for antiviral drugs. If the situation does escalate however it is clear that other countries in addition to Mexico will also need antiviral drugs. So we are working very closely with the manufacturers about how the availability of these drugs can be made possible.

In terms of the question of whether Latin America is at increased risk, at this time it is clear that the most of the swine H1N1 influenza activity is taking place in North America with much of the activity taking place in Mexico. I think that in this age of global travel, where people move around in airplanes so quickly, there is no region to which this virus could not spread and if we move into a pandemic situation, then by definition that means that all countries around the world would be at risk of pandemic influenza.

Gregory Hartl: This has been the second virtual press conference and we will continue from now on the regular virtual press briefings at 15:00 GMT tomorrow and in the days to come. Thank you once again to you all.