

WHO Talking Points

5 December 2009

Compiled from earlier talking points and Keiji Fukuda's press conference on 3 December 2009.
By H1N1 communications team

Topics:

- General Update
- WHO's Global Collaboration
- Mutation / Oseltamivir Resistance
- Vaccine safety
- Vaccination of WHO staff
- Vaccine Distribution
- Attack Fatality Rate

GENERAL UPDATE

Disease patterns

Influenza activity remains high in a number of Northern Hemisphere countries, and continues to be low in the Southern Hemisphere. It is too early to say whether we are seeing a peak of pandemic influenza activity across the Northern Hemisphere.

For more information, consult this week's situation update:
<http://www.who.int/csr/disease/swineflu/updates/en/index.html>

Higher numbers of case fatalities

Recently reported higher numbers of deaths most likely reflect the higher intensity of infections during this active period – higher numbers of cases in general will produce higher numbers of all types of cases.

Also, there can be a time lag between when H1N1-related deaths occur and their reporting to WHO. It can take some time for countries to perform investigative lab work to confirm causes of deaths, and then report them to WHO. Reports, additionally, tend to come to WHO in “clumps” so that a steep rise one week in reported fatalities followed by a minimal rise in fatalities rise the following week, for example, must be kept in perspective: it is the overall trends which are important.

All case numbers must be kept in perspective. Official tallies are likely much lower than the total number of cases, mild or severe. WHO advises countries to spend their limited health care resources on prevention, care and treatment, rather than laboratory testing of all cases in the midst of a confirmed pandemic. These numbers give us a snapshot of what is happening internationally – and a basis for scientific estimates of the clinical picture.

WHO GLOBAL COLLABORATION

WHO is an independent scientific agency. The international organization's overriding imperative is to protect people's health.

To fight this pandemic influenza, WHO works with a range of public and private partners, including governments, NGOs, the pharmaceutical industry, professional associations and others. The goal is to save lives and mitigate the impact of the pandemic.

We need the best tools and best solutions to protect human life - and those tools include vaccines and antiviral drugs.

It's the private sector that makes vaccines. Most vaccines that are available in the world for all diseases are not made by the governments or by the public sectors, but by companies in the private sector, and these companies are located both in the developed countries and also in a number of developing countries.

Please see more information in the web update published 3 December:
http://www.who.int/csr/disease/swineflu/notes/briefing_20091203/en/index.html

MUTATION / OSELTAMIVIR RESISTANCE

For more information, see web update:
http://www.who.int/csr/disease/swineflu/notes/briefing_20091202/en/index.html

The virus mutations have occurred in both mild and severe cases. The virus with this mutation remains sensitive to treatment and current pandemic vaccines confer protection.

To understand the significance of mutations, scientists consider changes in clinical and disease patterns associated with mutated viruses, and compare them to viruses without the mutation.

Changes in the virus are expected over time, and fit the pattern of other influenza viruses.

The public health significance of changes in the virus is unclear, but close monitoring and investigations continue.

France: first case of two H1N1 virus mutations in one patient (reported Friday, 27 November)

For the first time, there is a confirmed case of a patient with two mutated pandemic viruses. The national influenza centre in France identified the mutations in one patient and WHO was alerted late last week.

In addition to the H222A virus mutation seen in other countries, the patient also had the virus mutation associated with oseltamivir resistance (H275A).

The patient was severely immuno-compromised, and died.

WHO and the network of national influenza laboratories continue to work closely to identify and investigate cases of antiviral resistance, and consider the clinical care implications, if any.

In addition to this case, France reported another case of a H222A virus mutation late last week.

VACCINE SAFETY

After about seven or eight weeks of experience with pandemic vaccine distribution (of at least 100 million doses in about 40 countries) pandemic vaccination programmes are proceeding with no unusual safety problems.

The safety profile of pandemic vaccines is similar to that of seasonal influenza vaccines.

Surveillance of pandemic vaccines is particularly strong, as additional efforts have gone into monitoring their distribution. But that can also mean more complete reporting of adverse events compared to monitoring for seasonal influenza vaccines.

The fact that adverse events have been so thoroughly reported is good for confidence in the vaccine.

We acknowledge that an adverse event is unpleasant and even may be dangerous for the individual concerned, but, fortunately, all of the cases of adverse reactions so far reported have only involved temporary reactions.

We believe that the benefits of vaccination far outweigh the risks posed by adverse reactions to the vaccines.

VACCINATION OF WHO STAFF

The Swiss government has agreed to vaccinate staff of all UN agencies, and arrangements were made for WHO headquarters staff, UNAIDS staff and ICC staff who wanted to be vaccinated with the pandemic influenza vaccine. Vaccination was voluntary.

VACCINE DISTRIBUTION

WHO continues to work with partners towards the delivery of pandemic vaccine vulnerable countries.

Auxiliary products such as syringes have been shipped to several countries.

The first shipments of vaccines are expected to be sent this month.

Recipient countries are working with WHO and other partners to prepare for the distribution of the vaccine once they are received.

CASE FATALITY RATE

Refer people to Keiji Fukuda's press conference. Last question.

<http://www.who.int/mediacentre/multimedia/swineflupressbriefings/en/index.html>

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<http://h1n1vax.aed.org/>

