World Chronicle

UNITED NATIONS

PROGRAMME: No. 994A recorded 18 November 2005

GUEST: **Dr. David Nabarro**
UN System Influenza Coordinator

JOURNALISTS: **Edith Lederer**
Associated Press

Stephen Handelman
Toronto Star

MODERATOR: **Tony Jenkins**

"Bird Flu Blues – Part 1"

More dangerous than climate change or global terrorism, according to many experts, is the possibility that the world is facing a devastating flu pandemic. One such pandemic, in 1918, killed as many as 100 million people.

Will the Avian Influenza virus now plaguing several Asian countries spread rapidly to all parts of the work? Can it be stopped, or will it be the most cataclysmic event of our times? What is the international strategy to fight it? These issues are explored in depth in this edition of World Chronicle with the leader of global efforts to stop this bird flu, Dr. David Nabarro, the UN System Influenza Coordinator.

WORLD CHRONICLE is produced by the News & Media Division, Department of Public Information, United Nations, New York, NY 10017, U.S.A.

Duration:	28:00"
Executive Producer:	Michele Zaccheo
Director:	Dave Woodie
Production Assistant:	Devi Palanivelu

ANNOUNCER: From the United Nations in New York, an interview programme on major global issues. This is **World Chronicle.** And here is the host of today's **World Chronicle.**

JENKINS: The most deadly outbreak of influenza in history happened in 1918, when a new virus, believed to have originated in birds, swept the globe, killing more than 50 million people. Today, a new and dangerous bird flu is circulating, in Asia and beyond. The virus has already caused 10 billion dollars in damages, and the human death toll is rising. Is the world on the brink of a new, deadly and disastrous flu pandemic? And if so, what is the international strategy to fight it?

That's what we'll be talking about today with Dr. David Nabarro, UN System Influenza Coordinator. Dr. Nabarro, more than global warming, more than terrorism, it seems clear that the bird flu pandemic has the potential to be the greatest immediate threat to humanity. Mr. Michael Osterholm, who is the Director of the U.S. Center for Infectious Disease Research and Policy, recently calculated that as many as 360 million people could die worldwide from it. You got slapped on the wrist for coming up with a much lower figure. We've got a lot to get through in this programme. Let's start with the basics, if you could give us a quick run through. What is bird flu and why is it so dangerous?

NABARRO: There is a major epidemic of a very highly pathogenic, a very serious influenza virus leading to an illness in birds that's very profound in Asia and is spreading into Europe and the Middle East. This is due to the virus H5N1. It has been around now for about five years but it has been particularly intense in the last two years. We believe that this H5N1 virus has the potential to mutate and become the cause of the next human influenza pandemic. If that pandemic does occur then as you've said, we are going to see very large numbers of human deaths and great destructions to our economic and social systems.

JENKINS: So far how many people have been infected that we know of and how many have died and how many have survived?

NABARRO: The people, who have been infected by bird flu numbering about 125, are the ones who have been unfortunate enough to be in contact with chickens or to be affected by chicken products or somehow have been exposed to the Avian Influenza.

JENKINS: Up until now, that sort of direct contact is needed?

NABARRO: Yes, they are not people who are getting infected through human to human transmission. And at the moment, we do not believe that there has been any instance of sustained human to human transition of this virus.

JENKINS: All that in a moment. We are joined in the studio today by Edith Lederer of the Associated Press and Stephen Handelman of the Toronto Star. Stephen, why don't you ask a question?

HANDELMAN: Well, let me just follow up Tony in the opening. As you said, Dr. Nabarro, the virus would have to be transmitted human to human to make a pandemic. What's the likelihood at this stage that could happen? We've had a poor record so far in diagnosing and analyzing the pandemics in the past. Could we possibly be hyping this too much and giving people more than what they need to worry about?

NABARRO: Well, there certainly are some that believe that this virus is been around for enough years for us to question whether or not it is going to be the mutant that causes the next pandemic. There are others who believe that the virus is actually becoming more virulent, is showing more capacity to affect humans. And, therefore, it is quite likely to undergo various mutations that are necessary. I, recently this week, heard much more certainty on the part of some of the major virologist that it is going to be the virus causing the next pandemic. But let me talk about hyping for a second. You know, when you're working in public health, part of your job is to access risk and that risk can't just be the most likely outcome or least worrisome risk. You've to tell the whole story, which has to be from the low end to high end probability. And also you've to help societies prepare. Now if we do have a flu pandemic in the near future, it could

well cause trillions of dollars worth of damage to the world economy and that means that it is right that we are getting ourselves prepared. To find it and deal with it. Ok, it may involve an estimate of two or three billion dollars and quite a lot of time but surely it's a worthwhile investment.

LEDERER: Dr. Nabarro, following on from that, how seriously do you think that countries are taking the threat and how well are they responding? And are you finding it difficult to persuade some countries to take the necessary actions?

NABARRO: During the last, I would say, three or four months, I would say, there is an extraordinary shift. And not decision-makers and policy-makers indeed are taking responsibility in thinking about influenza issues. It is not just the public health doctors or the technicians having to take the job into their hands. And the result is that the politicians are turning around to the Ministries of Health, Ministries of Agriculture and saying – what are you doing to make sure we can deal with the bird flu threat? What are you doing to make sure we are prepared for the pandemic? And really during this period, I've seen a great scaling up of attention. No country has shown itself not to be taking it seriously. And all are working with us in the United Nations in an extraordinary way. I've never seen such inter-country collaboration on any issue in my 33 years as a public health professional as I'm seeing on this one.

LEDERER: Just a quick follow up. What's the most pressing thing that has to be done right now?

NABARRO: Actually I'm going to cheat. There are two things please. One, let us do more to deal with the Avian Influenza epidemic. Going through chickens and killing so many millions of them. Veterinary services in the world at the moment are just not adequate for dealing with this threat and if the bird flu gets into Africa then we've a big problem in our hands. And let's also have every country having a really good pandemic preparedness plan. Get those two things done and I shall sleep easier.

HANDELMAN: Just a quick question after Edi's question. If we can knock out bird flu or Avian flu, can we than knock out the danger of the pandemic?

NABARRO: That's a trick question. We can certainly reduce the risk but you and I know that there are some unidentified cases of the virus being transmitted around the world by wild birds. These wild fowls that are migrating along these great south to north pathways are almost certainly what's responsible now for the introjections of bird flu into Europe and into the Middle East. And they are the new worry so we have to knock down the bird flu virus in order to reduce the likelihood of the mutation, be ready to deal with the new outbreaks as they occur. We can't however say that that's going to keep us completely save.

JENKINS: You're saying that if we can domesticate the world's domestic fowl follow. All of our chickens, all of our ducks, all of our geese that we keep domestically for our food supply. If we can inoculate all of those, you think we are going to be able to reduce the risk of this spreading into the human population?

NABARRO: Well, it's partly inoculation, it's partly been the age old practice that's been used in dealing with bird flu over the years of identifying instances if sudden death among birds. Killing the whole flock and the three kilometer radius round about. And if we can do both those things, then we will reduce the virus tighter, the amount of virus in the world and that will greatly reduce the mutation.

JENKINS: You raised the issue of Africa. Wild fowl will take this disease into Africa. Communist China, perhaps, has the capability to say we will inoculate our entire flock which is 14 billion birds. Africa doesn't have a single government with either the resources or the ruthless efficiency of a Chinese dictatorship to be able to take the kinds of measures to inoculate birds to isolate people. Africa has a second problem, which is that you are dealing with a population, which already has weakened immune systems from war, from famines, and, of course, from AIDS. Once it gets into Africa, is there any way that you can for see preventing it from getting into the human population?

NABARRO: I think that your comments about Africa are really well taken. We do have to help African countries do everything they possibly can to build up a basic

early warning surveillance and response system for birds in order to try and ensure that the virus doesn't become endemic in African countries. And to take into account of the reality that many communities in Africa have elements of immune deficiency. That's one of the many high priorities my colleagues and I've to deal with. And the African countries are also wanting to get moving. They need resources which is something that we have been working on in recent conferences. And will be taken forward in the next meeting in Beijing. We would try and set up funding mechanisms to support them.

JENKINS: Hold that thought. Let me just say, this is **World Chronicle**. We are taking to Dr. David Nabarro, UN System Influenza Coordinator about the international strategy to combat the deadly H5N1 virus. Here's our report…

VIDEO AND AUDIO IN

NARRATION: Jakarta, Indonesia. Five year old girl is rushed to the emergency room with severe flu symptoms. Despite all the high tech care in the hospital, five days later she dies from a severe lung infection. Test results show an infection with the H5N1 Avian Flu virus. Most likely, she got the disease from the pet birds her family kept at their home. So far all 60 human bird flu victims got the virus from birds – human to human transmission has not been reported yet. If the virus one day combines with the human influenza virus, it could become highly infectious and lead to a global flu pandemic.

VIDEO AND AUDIO OUT

JENKINS: Alright, so you were taking about the need to help these poor countries. Steve, you've got a question about that?

HANDELMAN: What does the epidemic or the potential of the epidemic seems to expose, more than anything else? As we've just seen some signs of it in the report, is it poor countries are more vulnerable than rich countries? But that means that we are all

vulnerable and we have a system clearly, in which, there is an imbalance in terms of access to medicines, preventive vaccines that is going to ultimately hurt us all. How can we get some of these resources quick enough to the poor countries in order to save the rest of us?

NABARRO: I want to stress here that as far as I'm concerned, we have to look at the fragility and susceptibility of the whole world. Countries are not relevant when it comes to dealing with a virus of this kind. The whole world is at risk. Countries, however, are vitally important when we are trying to built up surveillance systems so that they work and are effective. So we do need, therefore, to find ways to ensure that resources reach poor countries because if they are not able to deal with the issues then the whole world suffers.

HANDELMAN: But what happens, when let's say a poor country is diagnosed? A poor country has a case of Avian flu transmitted to humans. The epidemic begins and I won't mention the country. What do you do then? Can you isolate an individual country to prevent it from spreading further? That's a very political question.

NABARRO: All the issues around this are intensely political because they are to do with available resources, the sovereignty of individual governments, overall need of the world and then at the same time, the human rights issues that have to be faced by individuals who are going to be subjected to containment and other restrictions. I think that the political work that's underway at the moment at the United Nations System and between Member-States on confronting the issues that are exposed by the influenza, particularly pandemic risk is leading to countries really starting to address how they are going to deal with containment issues and human rights. I can give you a simple answer to your question. All I want to say that it's on my radar and I'm dealing with it now.

LEDERER: Dr. Nabarro, we've heard of preliminary estimates that it's going to cost $1.5 billion to fight H5N1 and prepare for a pandemic. Now some experts are saying that that's a very low and a very vague estimate. When is there going to be more

clarity on what is going to take to fight this pandemic? And where is the money going to come from?

NABARRO: I don't think we are going to have a certain figure that's going to be the estimate because as the Avian Flu epidemic marches across the world, the resources needed are likely to change. However, the current need for three years that is being developed as a result of discussions in Geneva in early November as you said is going to be $1.5 billion and is going to be raised slightly as all the other components are brought in, where donors will be invited to pledge resources, which then can be invested to reduce the influenza risk. We'll know by then whether the money is going to be available and it will have to come from the world community. There's going to be no other way of funding it. And I believe the money will actually come, we already got signs that many governments are ready to pledge substantially.

JENKINS: Now let's talk about some of the concrete measures that governments can take or want to take or are talking about taking to deal with this. As far as I can make out, the primary focus certainly from the Bush plan has been put forth in the United States and is focused on quickly developing a vaccine and on boosting up stockpiles of the antibiotics that are the most effective against bird flu. The best known is known by it's retain name as Tamiflu. As I understand, both of those have problems. First, vaccines, would it be right to say that you can't develop a vaccine without seeing what the human version of the virus looks like? By the time you have identified it, researched the vaccine, put it into mass production and distributed it worldwide, how much time are we talking about?

NABARRO: Well, the estimate suggests that it'll take around six months absolute minimum to move from having the isolation of the virus which is the core particle that we need through to the production of vaccine that can then be used in sufficient numbers to start a serious vaccination campaign.

JENKINS: Six months, judging by what happened in 1918, means that the influenza would have already swept across the earth once?

NABARRO: The first wave would have already gone.

JENKINS: And the first wave is the one that's going to take the largest number of people?

NABARRO: That's what the virologists say.

JENKINS: The vaccine, therefore, is not a silver bullet?

NABARRO: There's no single silver bullet. I see what question you're really getting at here.

JENKINS: Well, let me ask you. The next backup, if you like, in this war chest is the antibiotics - Tamiflu. I've read reports that there are already strains of the bird flu that are resistant to Tamiflu, is that true?

NABARRO: Well, certainly there are cases of resistance reported but one of the challenges is that we do not know whether the virus that actually comes into the human population is or is not going to be susceptible. And secondly, if you actually treat people, you'll have to treat them in the first two days of symptoms otherwise it's too late and they won't respond anyway so this is also not a magic bullet.

JENKINS: So it may not work but then also let's talk about the problem of using this weapon, which has its problems but is somewhat effective. The problem being that there aren't enough supplies around the world and the countries that are worst affected by it are most likely to be very poor and therefore won't have the resources to get their hands on these sorts of antibiotics. What are you doing to try and confront that problem?

NABARRO: There are two antiviral compounds that are available that may well have some therapeutic efficiency in dealing with the virus that causes the pandemic. I'm going to give their brand names – Tamiflu and Relenza. Tamiflu tablet or Relenza taken in an inhaler. Now it is going to be very important that there are stocks of these preparations available in the hands of the United Nations system and probably the

stock holder will be the World Health Organization. It can then be made available to governments at the quickest possible speed when the first human to human cases become apparent and then it can used as a part of an initial response. The stock of Tamiflu is currently 3 million courses that's been provided by the manufacturer for WHO. Not all of those are yet produced but they are going on stream in the near future. The makers of Relenza are also planning to make a donation that will soon be available. WHO is going for more stocks to be put at regional levels so that there is going to be more capacity and is looking at the procedure of dissemination of those stocks. And that is going to have a key role in helping to do the initial containment of influenza.

JENKINS: Steve wants to jump in but I've got just one quick questions. If this thing hits within the next 6 months to a year, when we will not yet have the stockpiles that we want. Are we going to see a situation where the wealthy countries that have these stockpiles, Britain and France, is actually going to say – we are hanging on to ours and we are not going to share it with these Asian and African countries?

NABARRO: This is going to be the test of how our world works. The joint-up-ness of our world. If the countries that have stocks of Tamiflu hang on to them and there's none available for a poor country, which might be the country where the pandemic is starting, the rebound will affect the rich countries as well as the poor countries. It will be very short-sighted attitude for countries just to hang on to their stocks for their own population and not pay attention to what's happening where the pandemic is starting.

JENKINS: Stephen let me ask you to hang on now for a second. This is **World Chronicle** and we are talking about the how to bring contain a disease, Avian Influenza, that could potentially kill millions of people in all parts of the world. Bird flu has already caused billions of dollars in damages, mostly to poultry farms in Asia. Here comes our report from Cambodia.

VIDEO AND AUDIO IN

NARRATION: Kampot Province is a hot zone for bird flu infection in Cambodia. Now it is a race against time for the surveillance teams to stop the epidemic right at the farm gate. Local health workers learn to notice the symptoms of Avian Influenza and to report them immediately. Kong Choeun is a duck farmer in Kampot Province.

KONG CHOEUN: I am very worried that my ducks will get sick. We raise them so that we have a better life. I count my ducks every month, if something happens, I will loose everything.

NARRATION: If the ducks test positive, the whole flock has to be culled. So far in Asia 150 million birds have died or been killed to prevent an outbreak. For farmers this could be ruin – the government's compensation for their animals is only half of the market price. But being passive about Avian Influenza or AI can mean even greater disaster.

DR. HUAGUANG LU: You need to build a surveillance system nationwide. Because here is the epidemic, for the last couple of years here you find AI positive.

VIDEO AND AUDIO OUT

JENKINS: Edith?

LEDERER: Dr. Nabarro, you have just looked the effects of what happened to the birds themselves, and the poultry and the chicken. Do you think that rich and Asian countries should be dedicating more of their budget to actually stamping out the virus in poultry and what's needed in Asia to get this particular job done? Why aren't we really doing a better job of stamping this out?

NABARRO: I really do believe that we need to put far, far more resources into the stamping out of the virus in bird populations through much stronger veterinary services. We also need to supplement some Asian countries with volunteers who'll assist with culling and vaccination. We need supplement them with the energies of the private sector because to leave it to this state with veterinary services is just not enough. Why haven't we succeeded in doing it? Because we haven't realized the magnitude of the efforts that's needed. And we haven't seen the full extend of the bird flu epidemic

particularly in Asia but I'm seeing a real scale up of the efforts now. I hope that we'll see the necessary resources to deliver the results that are required.

HANDELMAN: I want to go back, Dr. Nabarro, to the whole question of treatment. There is no vaccination now that'll prevent this from spreading into the human population but you mentioned Tamiflu and other antibiotics but once bird flu human mutation strikes the population, that would assume that hospitals are going to be flooded, medical resources are going to be overloaded. Tamiflu or any other antibiotics are not enough. Even rich countries will probably be overloaded I assume. How do you see the scenario playing out? What resources do we have as a sort of second front to cope with a medical disaster of this nature?

NABARRO: As you're saying, once the pandemic does start to move, even if we try to contain we probably will not be able to completely contain it. There will be cases. The next phase will be that social and economic and health systems get very badly affected. We do know that hospitals will get overloaded. It happened in 1918, in happened in recent pandemics, it happened with SARS. Most countries, its part of their pandemic preparedness, having to also identify how they are going to boost up hospital systems, have spare ventilators, extra antibiotics, and have medical staff trained and well identified to do triage. This is beginning to come into place around the world but there's a lot more to be done. And the World Health Organization is working with governments to get them prepared to do it. Let's just add quickly, also remember, air travel, banking systems, water supplies and other utilities, security services, this pandemic will hit workforces and we are going to need contingency plans...

JENKINS: Alright, you're saying that vaccination is no silver bullet. The antibiotics are no silver bullet. You're saying that inoculating the flocks is no silver bullet. It's seem to me that the one thing that people will be able to do to try to avoid getting this is to isolate themselves, to mask themselves. Have you heard of this nano-mask? They claim that they can keep out 99 per cent of all viruses. Is this a useful product for professions who are dealing with this crisis?

NABARRO: Do you know one of the vital requirements is that every professional… In some countries, I would like to see every citizen has basic personal protective equipment.

JENKINS: The Bush administration is talking about handing out carpenters' masks, which I understand is good for wood chips and paint splatters. Zero effectiveness against viruses. This is the sort of thing that people need to be using?

NABARRO: Well, I'm not going to get into a debate about masks because I don't know it in detail. But I would to add that what you use the mask for is to get rid of the droplets in which the aerosolized virus particles are going to be transmitted. You are not primarily using the masks to actually kill the viruses, so I understand that mask has some sort of antiviral capacity within it.

JENKINS: Better than Tamiflu?

NABARRO: Well, let's say you're asking me to do a hierarchy of things that are going to help me. I believe that governments have to help citizens have the necessary equipment including masks and to know what they are going to have to do when the pandemic starts in terms of locking themselves in their homes.

JENKINS: Unfortunately we are right out of time. Dr. Nabarro thank you very much or being with us on this edition of **World Chronicle**. Our guest has been the UN's chief coordinator in the fight against Avian and Human Influenza, Dr. David Nabarro. He was interviewed by Edith Lederer of the Associated Press and Stephen Handelman of the Toronto Star. I'm Tony Jenkins, inviting you to be with us for the next edition of **World Chronicle**.

ANNOUNCER: Electronic transcripts of this programme may be obtained free of charge by contacting **World Chronicle** at the address on your screen:

World Chronicle

United Nations, Room S-827

New York, N.Y., 10017.

Or by email at: palanivelu@un.org

This programme is a Public Affairs Presentation from United Nations Television.

The views and opinions expressed on this programme are those of the participants, and do not necessarily reflect the official statements or views of the United Nations.