

**TIME Global Health Summit:  
Press Conference on Avian Flu  
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At the TIME Global Health Summit, held in New York Nov. 1-3, TIME magazine convened leaders in medicine, government, business, public policy and the arts to develop actions and solutions to the world's health crises.

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**Christine Gorman:** ...Okay and welcome. My name is Christine Gorman. I'm a senior health writer at TIME Magazine. It's my pleasure to welcome you to this press conference on Avian Flu. We're going to start with some introductions and then we'll go right into questions. So I'm going to ask the panelists to introduce themselves and tell us what you do.

**Erwin Redlener, MD:** I would be Erwin Redlener. I'm a physician and associate dean and director of the National Center for Disaster Preparedness at the Columbia University Mailman School of Public Health here in New York.

**David Hayman:** I'm David Hayman, and I'm head of the Polio Eradication initiative at the World Health Organization and previously set up the emerging diseases program at WHO, which included the

influenza program.

**William Karrish, MD [ph]:** My name is William Karrish, MD [ph]. I'm director of the Field Veterinary Program for the Wildlife Conservation Society and we work around the world with infectious diseases that go across the gap between humans, domestic animals, and wildlife.

**Christine Gorman:** Okay. So now we're going to open it up for questions. Please when you get up to ask your questions, state your name and your affiliation.

**Joy:** Hi. It's Joy-ABCnews.com. Could you speak a little bit about-I've heard and I haven't had time to look into this but that if the bird flu reaches Africa in human populations because they have a high population of people with HIV, can make them more susceptible with these different viruses and that sort of thing. Could you speak a little bit about that and that risk?

**Male Speaker:** The important thing about a new

disease when it enters human populations, as I said earlier, is not what's known but what's unknown and the question that you're providing or that you're asking about what will this virus do in HIV-infected persons is a question that no one can answer yet because this virus has not yet been transmitted from human to human in populations where HIV is present but there's always a great risk that a disease will cause unexpected types of situations because the body has no recognition of these new agents when they enter the body and start to cause disease.

**Christine Gorman:** We're now taking a question from the phone.

**Male Speaker:** That question comes from line of Andy Dwarkin [ph] with the Oregonian. Please go ahead.

**Andy Dwarkin [ph]:** Yes. Thank you. I was wondering in the realm of diseases that we've seen emerge, whether it's SARS or other things, I get the sense that health officials are more concerned over Avian influenza and the possibility of a pandemic flu and I want to ask—A—if that's accurate, and—B—if so, why

that is.

**Christine Gorman:** Can you restate the question, especially part A?

**Andy Dwarkin [ph]:** Oh yes. I'm sorry. My sense is that I'm sensing more concern about the possibility of Avian flu than I have over, for instance, SARS or other recently emerging diseases and I wonder—if that's an [Inaudible] sense that I have and if there is more concern over Avian flu. And, if so, why there's more concern?

**Male Speaker :** The answer as to why there's more concern over any particular type of disaster or emerging infection or anything that may be of catastrophic importance to us is there are a lot of factors that go into it but, in this situation, of the three conditions that are necessary for a virus like this to become a pandemic—one, that it's a new virus to which humans have not been exposed to before; two,—that it is very dangerous when humans do get it; and three—that it becomes transmissible easily among humans as opposed to just animals to

humans. The only condition not yet met is that third one so that's why there's a lot of imminent concern about that and the other thing is that of the 120 or so people that have so far contracted H5N1 from animals, about 50 percent of them have died. We have a very lethal situation now just waiting to go to that final mutation or that reassortment of its genetic material with another virus, which will cause it then to become the potential—very, very important pandemic that everybody's worried about.

**Ashok Shuklar [ph]:** Hello. My name is Ashok Shuklar [ph] from American Biotechnology and I have a question. First thing—how this flu is different—Avian flu than Influenza A and B because Tamiflu is working the same enzyme inhibitor, which is influenza B and C. Is it tested any way in the human that the Avian flu is working this because that is different than the—other thing is when we take the Tamiflu—how long we have time because I don't think it is more than 24 hours. Once the virus is spread in the body, that enzyme inhibition is too low concentration, it will not help anymore. Is this true?

**Male Speaker:** You're asking how soon you have to give Tamiflu? First of all, that disease—H5N1—can progress extremely rapidly. People can be fine in the morning, and this is the experience with the Spanish flu that 24 hours later, you're dead and you had severe, rapid advancement into deep pulmonary tissue, and it has a very rapid course so among other things. Since the clinical course can be—not always but can be so rapid, you want to be right on it with Tamiflu. And secondly, for the reasons that you said in terms of mechanism of action, it really does require early introduction of that medication. The longer you wait, the less likely it will be having an effect whatsoever.

**Michael Rosen, MD:** Dr. Mike Rosen—WB11 News, New York and Daily Health Feed. How is the virus going to get here in the first place? It has to get to birds and the birds are over in Europe and over in Asia, how do they get over here into North America? Do they go over the Bering Strait? Do they fly over the North Pole? Can they fly over the ocean?

**Male Speaker:** The world's expert will respond.

**William Karrish, MD:** Yeah—I don't know about that part but I think it's going to fly here but in an airplane with infected people. So I don't think this disease is going to come to North America in wild birds. It's possible, but not highly likely certainly this year. It could have already and we would know that. The question is, did it come to Canada and is that what they've just found recently? But it doesn't look like it's going to be H5N1.

**Michael Rosen, MD:** But did it come to Canada from humans to birds or did it come to Canada because there's birds on an airplane? We're talking about bird to human transmission—are you now talking about human to bird transmission?

**William Karrish, MD [ph]:** No. I haven't seen any instances in human to bird transmission.

**Michael Rosen, MD:** So you're saying—well, so therefore for it to get to humans, it has to be in the birds first.

**William Karrish, MD [ph]:** And it has to change its nature to go from human to human to human.

**Michael Rosen, MD:** So it's not going to get to North America unless it starts to go from human to human? The only way North Americans are going to become ill-[Interposing]

**William Karrish, MD [ph]:** I'm saying it's most likely going to come here when it becomes a human to human infection. I can't say there's no chance that it'll come here in a wild bird—that does—and we have influenzas in wild birds in North America all the time and they don't persist very long or they're not pathogenic. They're distributed globally. We have over 100 strains of Avian influenza that have been around and circulating but this one's very deadly, and it kills wild birds. We don't know it's going to persist. So what I was saying earlier to that if it dies out in wild birds, and we can't control this disease in poultry, next year they're going to reinfect wild birds again so we're just going to see this reoccurring scenario if we can't get the

disease under control where it's easiest to control, which is in poultry. Does that make sense?

**Male Speaker:** Let me just add one thing. The problem today is in Asia, and that's where the activity has to go on. And if we can contain that virus in Asia and stop it from its course on to becoming a pandemic virus, then there will be no problem in North America, and that's the issue. The world has to work together on these issues.

**Mike Cupman [ph]:** Good morning. Mike Cupman [ph]-CNBC. I know Cynthia McFadden asked you to give the planet a grade. I'm going to ask all three of you to please give a handicap or place odds of a pandemic arriving here in the United States or not arriving.

**William Karrish, MD [ph]:** I don't play golf. I don't really know how you do a handicap. But I don't think we can actually put a number of the type that everyone wants to know on this subject; you just can't do it. We know that pandemics occur certain number of times per century on average but we're talking about huge, kind of general understanding of

the cycles of emerging infections actually. The fact is, it can occur and we don't know when it will occur but I think most experts say that it will occur at some point. I think that that's the best that we can do, and the fact that we have those two conditions met already that I mentioned earlier makes us want to really pay attention to this one. Do you guys agree with that or—?

**Male Speaker:** If you take five pieces of Swiss cheese with holes in them and you try to pass a pencil through all those five pieces of cheese, the only way you can do it is when five holes line up, and that's what has to happen in a pandemic. You have to have many different things occur at the same time in order that that pandemic occurs, and that's a risk that nobody could quantitate.

**Male Speaker:** I'm going to harp on this a little bit more. There's all this concern about the ducks in Canada. Now, is this the same strain, a different strain, is it just as deadly a strain—and if it is just as deadly a strain but a different strain, then why are we not concerned about ducks here in

America?

**William Karrish, MD [ph]:** We are very concerned about ducks here in America and Central America and in South America. So there's surveillance and monitoring going on in all those places almost daily, and so we're sampling birds all through South America, and we've done that every year for the last 15 years, and we find different strains of Avian influenza virus in different places in different years. What we don't know in Canada is, is it H5N1 and is it still pathogenic? And we should know that in the next day or two; I would think that lab work will be out. If it is and it's lost its deadliness, its pathogenicity, it's going to change a lot of thinking too because it's like "Okay, it's changed again." Or more likely, it's a different virus. It's H5N2 or H5N7—something else. It doesn't mean we're not concerned. And the approach to it is still the same, which is poultry needs to be separated from wild birds; and in North America, that's done pretty well and the response, when there's an outbreak in poultry is pretty fast and we have indemnity programs so you're not penalized for having the

disease—you're paid—and that's what we're trying to do in other parts of the world and that takes a lot of money and I think that's going to be the international community is going to have to put that money up. There's some overlap in wild birds, and it's just minuscule but the concept of drawing lines and saying these are the migration routes—that works pretty good in North America. It doesn't work in Asia. They don't fly on little narrow routes in Asia. In North America, it's because of the Mississippi Valley and the two coasts—migratory birds are funneled very nicely and tightly. In Asia, it's more complicated because they're flying over large, broad areas but there's not much mixing with Asian birds and North American birds in the Arctic. It's very minimal. It's a little bit, but not much.

**Sacha Wallak [ph]:** Hi. Sacha Wallak [ph] from CNN. Just another question for you, Dr. Karrish [ph]. I couldn't help but be struck when you said that we need to go upstream in terms of containing this virus, and has the global community, and is the global community missing the boat when it comes to containing this virus in poultry? Instead of doing

stories about how Americans should start stockpiling Tamiflu, do we need to be doing our job in the sense that we need to convince people why they need to care about the outbreak in birds and how this is affecting local communities and the other ramifications in terms of economics, and what can be done?

**William Karrish, MD, [ph]:** I guess that was my reason for coming here today was to get someone like you to do a story on exactly that point. It's not as sexy of a story, is it? It's kind of common sense—kind of simple common sense. Maybe we should quote—get at the roots of the problem. It doesn't make headlines, but it is an important story, and I think it just fits exactly what was said earlier. It's great to see the United States saying as of last week or two—this is really important and, unfortunately, we didn't put the money into it a couple of years ago and didn't take it serious when organizations like the Food and Agriculture Organization of the UN—they've got beautiful plans in place and a year ago, they said we need \$100 million to really get this disease under control in

poultry in Asia. And that money has not arrived yet so they know what needs to be done. It's a simple concept, and it fits across lots of different diseases so the mechanism won't just be for Avian influenza, it'll put a lot of diseases under better control. That's a great story, and call me later and I'll help you any way I can to get that news out. It is about upstream and then the vaccines and the drugs are still important. That's your back up if all else fails but it's very cheap to work upstream. It's 1 percent of the cost of cleaning up the mess is in prevention, and I'd love to claim that I made this saying up but an ounce of prevention is worth a pound of cure. It's a 16:1 ratio right there and wise old Ben Franklin said that.

**Male Speaker:** Yeah. Is there a risk of complacency that's falling on deaf ears, especially in the U.S. because of a number of reasons? Some people are accusing us of media hype. Some people are old enough to remember the swine flu. Everybody remembers what happened with SARS and in addition to that, you have others saying this is just the White House glomming on to something where they can be

proactive in the wake of the hurricanes.

**Male Speaker:** The White House is glomming on to something they can be proactive about. That's true, and I think it's intensified post-Katrina. But the fact is—the fact remains that this is something that merits the attention of the citizens, of the media, and especially of government because the fact of the matter is that we are facing threat and threats of all types and the particular one of pandemic flu of H5N1 is preeminent among the threats that we're facing and whether it's because of hype or because of concern about not repeating a fiasco like we saw in New Orleans or whatever it is. I think those of us who are in the community of trying to deal who have been shouting into the wind for a couple of years are grateful for the attention regardless of the reasons, so I'd say you've got to keep at it—we all do. This whole issue of what Bill was just saying the fact that we're really not getting "up" upstream. I'm talking about the hospitals not being prepared. That's the third back up. There are many steps we should be doing before we have to worry about whether we have enough ventilators for

children with pandemic flu in our hospitals. Before that is the medication and before that was the vaccines, but really at the root was exactly what he just said: Americans, and actually most of the world, now have a common inability to appreciate the critical, crucial importance of prevention. It doesn't resonate like the other stuff. You just can't take a picture of it. It doesn't look like the floods of a few weeks ago after Katrina. It looks like nothing. What's the visual for you on CNN or ABC or CNBC? Is it a flock of birds? It's people handling chickens in a marketplace some place? It's tough but we really—it's at our own peril as a global community that we don't pay attention to this message of upstream interventions that will eliminate the threats before they're putting us in the hospital and killing us. That's the very fact of the matter. You can apply that to bioterrorism preparedness, earthquake preparedness—anything you want. There's less than 20 percent of the houses in San Francisco that could tolerate a 7.2 Richter Scale. We could fix that with money and some construction stuff. It's just that we just don't, and so I'm grateful for your attention, whether it's

now or later, but the more the better.

**Ashanti Gangerly [ph]:** Hi. My name is Ashanti Gangerly [ph] from the *Scientist* magazine. I was wondering how recent findings about the 1918 pandemic [Inaudible] flu strain are influencing efforts to prepare for the possibility of Avian flu spreading to humans.

**Male Speaker:** It's clear that any time an infectious disease makes a public impact for whatever reason, it's good for infectious diseases because it helps put resources into those diseases. So steps forward in our understanding help us at the same time, \ apply resources better and mobilize more resources. So research is very important at whatever level it is but that research must be ethical and it must be research, which is done for a purpose not just research for research sake.

**Christine Gorman:** All right. Thank you very much. Thank you all for coming.

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