

Meet the Press 20Nov2005

Topic: Bird Flu

Guests: Michael Leavitt, US Sec of Health and Human Services

Julie Gerberding, MD, Director of the CDC

Anthony Fauci, MD, Director of the Institute of Allergy and Immunology, NIH

MR. RUSSERT: Coming next, a pandemic flu: Are we prepared? We'll talk with leaders from the National Institutes of Health, the Centers for Disease Control and Prevention, the Department of Health and Human Services, and the World Health Organization. Can they protect us? Right here on MEET THE PRESS.

(Announcements)

MR. RUSSERT: The bird flu--what you need to know from the officials on the front line trying to protect us, after this station break.

(Announcements)

MR. RUSSERT: And we are back. Welcome all.

We're going to talk about the bird flu this morning and try to cut through this complicated subject with some real answers for our viewers. The leader of the Republicans in the Senate, Bill Frist, himself a physician, went to Princeton on Friday and gave a speech and said this. "Think of a fast-moving highly contagious disease that wipes out 5% of the world population (50 million people). Half a million of them in the U.S. ...bodies pile up in the streets. There aren't enough morticians to bury the dead. Nor are there enough doctors and nurses to tend to the sick. The churches close, the schools shut. Telecommunications and transportation grind to a halt. The public succumbs to hysteria and panic. Police protection fails. Order decays. Productivity dives. Sounds like a scene from a science fiction film, doesn't it? But what if I told you, it already happened? What if I told you it was the pandemic flu that swept across America and around the globe in 1918? Or if I told you that this glimpse into the past might be a preview to our future. An avian flu pandemic is no longer a question of if, but a question of when."

Secretary Leavitt, do you agree with that?

SEC'Y MICHAEL LEAVITT: Pandemics happen. They've happened in the past; they'll happen in the future.

MR. RUSSERT: Are we prepared?

SEC'Y LEAVITT: We're not as prepared as we need to be. We're better prepared today than we were yesterday. We'll be better prepared tomorrow. It's a continuum of preparation.

MR. RUSSERT: These are four experts here this morning. Americans, as you might expect, at this point, when they hear government experts, have a lot of questions. Katrina--government experts wrong; Iraq, weapons of mass destruction--government experts wrong. Why should Americans have any confidence that you or other so-called experts can deal with this flu pandemic potentially?

SEC'Y LEAVITT: What we all learned from Katrina is that sometimes we have to think very clearly about the unthinkable, because the unthinkable often happens. There were lessons to be learned. That's just one of them.

MR. RUSSERT: Dr. Ryan, in Geneva with the World Health Organization, there have been 67 confirmed deaths in Asia, a 52 percent mortality rate of people who have contracted the avian or bird flu. One, how did these 67 victims contract the disease? And is there any evidence that it is now human-to-human, as simply bird-to-human?

DR. MICHAEL RYAN: Well, this is certainly a dangerous virus and it has crossed the species barrier now in 130 cases, and killed 67 of those unfortunate people. The disease itself has the potential, the avian flu strain has the potential to become a pandemic strain. It is very worrying that we see this virus transmitting across the species barrier into humans, and the virus itself is evolving, and we are probably closer to a pandemic at any time in the last 37 years since the last outbreak in '68.

MR. RUSSERT: When you're saying closer, what's the timetable? How quickly could this expand into a pandemic, human-to-human transmission?

DR. RYAN: Well, there are great uncertainties here because we don't know, and it's important to say that. We do not know. We do know there are worrying features with this virus. This virus has crossed the species barrier, it has infected humans, it's killing a high proportion of those human beings, and we need to prepare for the possibility of a pandemic.

MR. RUSSERT: Dr. Fauci, talk to us about the symptoms of what we refer to as the regular flu...

DR. ANTHONY FAUCI: Yeah.

MR. RUSSERT: ...as opposed to the bird flu.

DR. FAUCI: Well, the symptoms of the regular flu often get confused with a common cold, but it isn't. It's a--it can be a serious disease, even in its seasonal form. It's characterized by high fevers, headache, muscle aches, a feeling of what we call prostration, where you just feel like you just want to be in bed. It lasts for several days, and then you can get what's called respiratory complications. You can get upper respiratory with a sore throat and you can get cough and pulmonary involvement, difficulty breathing, and in a small percentage of the patients, you get an advanced serious complication that can lead to 36,000 deaths per year in this country with seasonal flu and 200,000 hospitalizations.

When you're dealing with the pandemic or bird flu, it's the same constellation of signs and symptoms, except it generally goes on to be much more serious and much more rapid in its clinical manifestations. For example, if you look at what's going in Southeast Asia right now, the 60 people who have died had a fulminant course. And by a fulminant course, we mean you just don't go to bed for a few days and you get better spontaneously. The virus overcomes you. You have difficulty breathing, and you have respiratory complications and death. So you start off the same, but one has a propensity to be much more severe.

MR. RUSSERT: We have antibiotics to deal with the seasonal flu, but there--and a vaccine, and a nasal spray...

DR. FAUCI: Right.

MR. RUSSERT: ...but there is no vaccine to deal with the bird flu, correct?

DR. FAUCI: That's--in some respects, correct, but in others not. We do have a vaccine that was developed from a virus that was isolated from a Vietnamese patient about a year and a half ago. At the NIH, we've been in clinical trials with this H5N1 vaccine. It has been shown to be safe and it has been shown to be able to induce an immune response that would be predictive of being protective. We're doing the studies in individuals who are healthy. We're moving to elderly. The critical issue, and this is the constraining issue, is that we don't have the vaccine production capacity at this time to make enough vaccine for the people who might need it. That's really the problem.

MR. RUSSERT: But we read in the papers that the Chinese and others are vaccinating birds, tens of millions of birds.

DR. FAUCI: Right.

MR. RUSSERT: The vaccine used for the birds cannot be used on humans.

DR. FAUCI: It's a world of difference from so many standpoints. It's--the conditions in which you make a vaccine, when you have restrictions on safety and other issues, it's very, very different from the kind of scrupulous detail that you need to go to get a vaccine that's safe and that you know would be effective.

MR. RUSSERT: Dr. Gerberding, God forbid this pandemic flu suddenly erupted, exploded and came to the United States. What would we do today? Are we prepared to provide vaccinations to anybody?

DR. JULIE GERBERDING: Well, we're not prepared for vaccination. That's why we need to scale up and speed up our vaccine production capability. Right now it would take us about six months to have enough doses to protect Americans. But what we can do is get the network of the local and state and federal agencies in a position where they can diagnose the disease when it arrives, detect it at the community level, and then undertake the measures that are necessary to help reduce the spread to vulnerable people in the population.

MR. RUSSERT: Six months? How many vaccinations could we have in six months?

DR. GERBERDING: Well, we think we could have enough doses for all Americans in a six-month period of time.

MR. RUSSERT: Three hundred million?

DR. GERBERDING: That's a realistic goal if everything goes well in the vaccine production. We are doing studies to try to extend the value of the vaccine that we make, by, as the secretary said, adding Hamburger Helper to the vaccine and allowing us to vaccinate more people with the same doses, and if that happens it may be able to get us the doses we need a little bit faster.

MR. RUSSERT: What happens if it strikes within the next six months to the year and we don't have the vaccinations?

DR. GERBERDING: Well, in those kinds of situations, we would have to rely on two things. One is the supply of antivirals that we have now as well as the prototype vaccine that we're beginning to...

MR. RUSSERT: The antivirals being Tamiflu?

DR. GERBERDING: Tamiflu would be one of them.

MR. RUSSERT: But there are suggestions that that may not work.

DR. GERBERDING: Well, there are a lot of concerns about the efficacy of antivirals. We just don't know with the virus that emerged whether they would work or not, but there is some very strong evidence that at least the antivirals we have will help reduce the severity of the illness and its duration.

MR. RUSSERT: Mr. Secretary, the Milwaukee Journal Sentinel's been doing a lot of reporting on this and they wrote this article, "Are we prepared?" "If the flu were to strike before vaccines were available for everyone, who would get them? The Health and Human Services Department"--that's your department--"has come up with a list. Health-care workers and people who make the vaccine come first. These two groups would require about 10 million doses. Then come the groups considered high-risk, people older than 65 with one or more conditions that make them susceptible to influenza, as well as those of any age whose immune systems are compromised. These groups account for approximately 25 million doses. Curiously, school-age children are at the bottom of the government's list--outranked by politicians, funeral directors and telecommunication workers."

Why is that?

SEC'Y LEAVITT: I first want to make certain that we're clear that we will not have the capacity to produce 300 million doses of a vaccine for three to five years. And as Dr. Gerberding indicates, when we have developed that capacity we hope to be able to do that within a six-month period once we've isolated the actual virus that we're battling. In the meantime, we will not have enough for everyone. And consequently, very difficult, agonizingly tough decisions will need to be made, and so the plan actually develops a series, using outside panels of those who are involved in medical ethics and so forth, to say, "Here's how we would recommend it." The vaccine would be allocated to the states. The states would then make their own decisions on how they would allocate it, but we have put forward, at least for public discussion, a series of priorities, that would include, for example, health-care workers.

One of the things about a pandemic that's unique is that it does not occur in a very limited period of time. It happens over as much as a year. Another thing is that it's not constrained as to the actual area. It could be happening in every city of the country at the same time. So a pandemic has to be battled differently than a normal natural disaster. It has to be done on what could be thousands of different fronts at the same time. Consequently, state and local preparedness is of enormous importance.

MR. RUSSERT: But if the states do not have the money, local counties do not have the money, how can they prepare? And they're begging the federal government for money and it's not forthcoming.

SEC'Y LEAVITT: Well, the federal government needs to respond in helping them become prepared, but ultimately the preparation needs to result in the capacity for state and local governments to make their decisions, school communities, mayors determining whether parades need to--can occur. Those are decisions, for example, that need to be made at the local level, not at the national level. But they do need to be ready and we need to help them.

MR. RUSSERT: As a parent, I was quite taken and surprised by the low priority for children, because in my experience it's the children who pass sickness and illness and the flu around much more rapidly than adults.

SEC'Y LEAVITT: The doctors will tell you that there are differences in the way different groups of people respond. And one of the lessons of the 1918 flu was that it was healthy adults who were affected, at least predominantly, and there's medical speculation on why that occurred. But make no doubt about it, the decision on how to allocate scarce resources during a time of pandemic are very difficult and troubling choices.

MR. RUSSERT: Which politicians would get priority?

SEC'Y LEAVITT: Well, it would depend on the states, but the first responders, obviously, would be-- and health-care workers. Imagine, if you will--why don't you ask about the lessons of Katrina? I had a chance to walk through medical shelters in 17 different cities and I saw row after row after hospital beds in gymnasiums, and I thought to myself, if this were a pandemic--we have medical providers coming from all over the country to help--in a pandemic they likely wouldn't want to come because of fear of infection. So the first place we would likely turn would be to health-care workers to make certain that those who are serving others are able and willing to continue.

MR. RUSSERT: So it would be the president, members of Congress? What level of public officials are you referring to in your recommendations?

SEC'Y LEAVITT: Well, those decisions would be made by the states. There would be an amount that would go to local officials--to officials who were required to respond in the national government, but it would be a very small number.

MR. RUSSERT: Dr. Fauci, how do you explain this to people, that we're here talking about this possibility of a pandemic flu? One, how much of a possibility is it, in your mind? Two, how fearful should people be when we just learned that we cannot be fully vaccinated for three to five years and that children seem to be the lowest priority?

DR. FAUCI: Well, taking all three of those, I think it's important to put into context a pandemic flu in general, in a generic sense, v. the H5N1 that's circulating right now in Southeast Asia, if you look at how viruses generally evolve and look historically at the last century, as you mentioned in your top of the show, we had the worst-case scenario in 1918 with 50 million people infected. That was a new virus--50 million people dead--as we had tens and

hundreds of millions of people infected. If you look at the situation in 1968, it was really dramatically different. It was still a pandemic because it was a brand-new virus to which there was no immunity in the population, but relatively speaking, it was rather mild.

So when you look at preparedness, you say, sooner or later, the way viruses evolve, we're gonna get another pandemic. It could be a couple years from now; it could be 15 or 20 years from now. We have to have a structure in place that allows us to get the drugs, that gets the vaccine, that you can push the button that Dr. Gerberding said and within six months get vaccine for everyone. We're not there yet, even for a broad generic pandemic.

Your question about this particular time now, what we're reading about in the newspapers and seeing on TV, we can't put a number on how probable that's going to be. Likely, it's a low probability. But when you're dealing with preparing for something in which the consequences are unimaginable, you must assume, A, the worst-case scenario and, B, that it's going to happen. If it doesn't happen, that doesn't mean that preparedness went to waste, because sooner or later it's going to happen, and that's what we want to do.

Now, getting back to your question about the children, that's a complicated issue because, obviously, you hear--saying, "Well, if you put children at the bottom of the list"--the model upon which the idea of vaccinating children in order--because they're the conduits of infecting elderly individuals--is based on a model in which you have much, much broader numbers of vaccine available for a lot more people. When you're dealing with how you respond to an epidemic and what do you want to keep in place to allow the responsiveness to ultimately get to all of the citizens, including the children, you have to have people to make the vaccine. You have to have the health-care workers that come into the emergency room or the hospital. So I think it's a little bit misleading to pit children, and which you obviously want to keep well and healthy, with someone who's gonna be making a vaccine or a health-care worker. But in the best of all worlds, all of those people would be vaccinated, but the critical issue when you're faced with the challenge of having to move fast and respond for everyone, you need the essential people to get up in the morning and go to work; otherwise, nobody's gonna get a vaccine.

MR. RUSSERT: Dr. Ryan, your task with trying to monitor the potential of a pandemic breaking out around the world, how confident are you that in countries in China, where people grow thousands, raise thousands of chickens in their backyards--that you can keep a handle on this, that the reporting systems are in place, that countries will be honest with you as to a potential outbreak or real outbreak of the bird flu?

DR. RYAN: Well, the reality is that in many countries, surveillance systems are weak. We need to know when this pandemic virus emerges and we need to know quickly. We need to know to give the rest of the world lead time. We need to know so we can get the virus itself to start producing the vaccines, as Dr. Gerberding said. And we also need to know because there is a small possibility

that we may be able to throw a fire blanket on this virus as it emerges. So it is absolutely crucial that the early warning systems in the countries in Asia, particularly, who have this avian disease, are in place.

One hundred and fifty million birds have already died or been put--have been destroyed because of this outbreak in animals, and many, many backyard farmers have lost their livelihoods, and we have to know where the animal disease is and we have to know when human disease is occurring. And I must say we've learned lessons from SARS, and we've had a great deal of openness and transparency. Secretary Leavitt has said this on many occasions:

Transparency is the key and international cooperation is the key. But there is a need for a greater investment. We need these systems, and the weakest link in the chain is going to be surveillance in Asia, and we need to improve that.

MR. RUSSERT: How quickly can you put together an operation of information that you'll feel comfortable with?

DR. RYAN: Well, at the--we've made great strides. We've been at this game for more than 10 years now and building up systems in developing countries and building a global alert and response system. The scale of the potential of a pandemic really means we have to take this to a new level, and I believe it will take us now going forward at least another six months to a year to ensure that we have adequate, sensitive, and responsive surveillance systems in these countries. It won't be perfect, and, as Dr. Fauci said, we have a large investment to make. But the benefits of such an investment, even if the pandemic does not come, the benefit is we will have a stronger public health system to pick up the next SARS, to pick up the next ebola, the next marberg or the next West Nile. So in terms of health security globally, influenza is telling us we are vulnerable, and we do not have the systems we need globally to detect and contain these new viruses. And influenza just represents the most serious challenge we've faced.

MR. RUSSERT: When you say "throw a fire blanket" over a particular area or a particular country, what does that mean?

DR. RYAN: Well, there is some evidence--and, again, there are great uncertainties here, but there is some evidence that if we were to detect the emergence of a pandemic strain early enough, some models suggest that with the application of social distancing or quarantine like measures and the rapid distribution of antivirals in that population, we may be able to significantly slow down or even stop the emergence of a pandemic strain. Now, this requires very rapid action, very quick deployment, and very sensitive surveillance. So there is a possibility, but it's important to state there are great uncertainties.

MR. RUSSERT: Do you have a supply to do that?

DR. RYAN: We've been building a global stockpile of three million treatment courses of also Tamivir. Many other countries have offered us further support in this, and most recently, at a meeting here in Geneva, of all the major countries there, the U.S. itself was very, very positive in supporting this concept of an international rapid response containment system, and we'll be working with our

colleagues in HHS, CDC, and other international partners on this procedure over the coming weeks.

MR. RUSSERT: Doctor, let me show you something from the Knight-Ridder newspapers. "So far, the United States has stockpiled only 2.3 million full treatments of Tamiflu, which is made by the Swiss drug company Roche. That's enough for less than 1 percent of the population. France and Britain, by contrast, have enough to treat 25 percent of their population." Why were we so slow in ramping up for this?

DR. GERBERDING: First of all, there's a little bit of misleading perspective here because ordering drugs for 25 percent of your population is different from actually having those drugs in your stockpile. We, actually, right now, today, have 4.3 million doses in our stockpile, and we have more coming, but what we have proposed, what the president has proposed to Congress, is to escalate our stockpile to get up to 25 percent of the U.S. population as fast as the manufacturer can make the drug, so we're able to go forward with the large order for drugs, and get that part of our comprehensive preparedness in line.

MR. RUSSERT: But how long would it take to get the 25 percent?

DR. GERBERDING: Well, the manufacturer has represented a time frame that would bring us up to that level, I think, by the end of 2007, if I'm not mistaken.

SEC'Y LEAVITT: Mid-2007.

DR. GERBERDING: Yeah, mid-2007.

MR. RUSSERT: But we're not even sure that Tamiflu would work.

DR. GERBERDING: Well, this is why we need a comprehensive strategy. We've got to be able to detect this and we've got to be able to get this vaccine, which I just need to emphasize over and over--the solution to this problem ultimately is a modern vaccine. The drugs can play a role in treating people and helping to throw that blanket over it in certain parts of the world if we get there soon enough but we also need a communication strategy and a local, state, federal and international public health system that is seamless and highly prepared.

MR. RUSSERT: But right now if a flu broke out, a pandemic flu, the surge, as they call it, in terms of our hospitals and front-line responders, it would overtake our country at this moment.

DR. GERBERDING: That's why it's called a pandemic, and that's exactly why we need this level of urgent preparedness activity to go on. We learned in Katrina the challenge of scaleability but we also learned that miracles can happen if you're prepared, and when people really do step up to the plate. I think that's part of what we're re-looking at now, in the context of pandemic planning, is how can we take that medical contingency planning, and do our job as federal agencies to support the local community hospitals? But we need to engage them in the process, too, and really understand, on a community-by-community basis, what can be done to accommodate the sickest patients. How can we prevent spread in the community, and what can we do to reduce the chance that that will happen, moving from community to community across our country?

MR. RUSSERT: Dr. Fauci, this flu has been around for some five years now and there still has not been any human-to-human transmission that we know of. Is that inevitable that that mutation will occur?

DR. FAUCI: There are cases, very rare, two cases. One--reasonably sure on one, maybe in Thailand, that was reported a year ago, of an 11-year-old girl who was infected from chickens and her mother and aunt, who were taking care of her, likely got infected because of the very, very close contact. It is not necessarily inevitable that that would happen. It would require some genetic modifications of the virus, either by plain old mutations or by this virus--we call it reassorting, but essentially exchanging genes with another virus that has the capability of transmitting from human-to-human quite efficiently. We need to be prepared for that happening. It is not inevitable. It is certainly a possibility, if not a likelihood, that it would dead-end, and not have the capability of efficiently transmitting. Certainly, we know it can jump from a chicken to a human, and in that rare instance very inefficiently go from human to human. If and when...

MR. RUSSERT: When you say inefficiently, what does that mean?

DR. FAUCI: Inefficiently means that you have so many chances to do it, and it doesn't do it. If this virus was the seasonal flu with the inherent capability that the seasonal flu has of going from human-to-human, you would have seen an explosion of cases in Southeast Asia. But what it doesn't have, it doesn't have the genetic capability yet, and we hope never, to go efficiently, such that you have not only bird-to-human and human-to-human, but you have secondary and tertiary cases where you have clusters in families and schools and emergency rooms and hospitals. We're not saying that now, and, again, hopefully, we never will, but it is not inevitable that that will happen.

MR. RUSSERT: Secretary Leavitt, how close are we to having a vaccine to deal with this particular N5H1 virus? And, secondly, if we had the vaccine, how long would it take us to manufacture it in this country, and would the government, the federal government, provide liability to the pharmaceutical companies and to the American people so that we can get away from some of these legal skirmishes that prevent or delay production?

SEC'Y LEAVITT: As Dr. Fauci has indicated, the good news is we have a vaccine that has produced sufficient immune response that it will protect human beings.

MR. RUSSERT: What's it called?

SEC'Y LEAVITT: The bad news--oh, I don't know that it has a name.

DR. FAUCI: H5N1 vaccine is what it's called.

MR. RUSSERT: OK. OK.

SEC'Y LEAVITT: The bad news is we don't have the capacity to manufacture it in sufficient volume or in speed to do us the good that's necessary. And the reason is because we have allowed the vaccine manufacturing industry to diminish to a point they don't have the ability. We have to do nothing short of rebuild that industry, and that's a major part of the comprehensive plan with the president.

MR. RUSSERT: How do we do that?

SEC'Y LEAVITT: Well, we, first of all, have a new series of technologies. We go from making vaccines in eggs to making it in cells and it allows us to rapidly move the speed and the reliability of...

MR. RUSSERT: But they say that they don't want to get involved in this because they're afraid of the legal challenges if something goes wrong with the vaccine...

SEC'Y LEAVITT: Yes.

MR. RUSSERT: ...the liability. But the American people don't want to be guinea pigs for the pharmaceutical companies. So how does the federal government deal with that? How do you find common ground?

SEC'Y LEAVITT: I have met directly with all of the vaccine manufacturers, as has the president, and they basically made clear we need to do three things. The first is we need to resolve the issue of liability, and there are many ways to do that, but fundamentally we use statutes to limit the liability of the drug companies with adequate compensation, ultimately, that needs to be made for those who are hurt. The second thing is that we have to assure that we have regulatory flexibility. That is to say, when we're building these facilities, we need to go in with the FDA and help provide the adequate protection but do it in a streamlined and efficient way.

And the third thing is that we have to assure that there's a market for the vaccines that are ultimately developed. The good news here is that not only are we preparing to deal with a pandemic vaccine, we can, for the first time in our history, take off the table the issue of the annual flu, which has been indicated takes 36,000 lives a year in this country, and we can do it at the same time we're creating capacity for pandemic.

MR. RUSSERT: But we've had a flu vaccine shortage three of the last five years for the seasonal flu. What makes you think that we can deal with a pandemic vaccine?

SEC'Y LEAVITT: Well, that's--it's the same problem: We don't have capacity. And at the same time we create the capacity for pandemic vaccine, we're going to take off the table forever the problem of not having adequate flu vaccines on an annual basis. We will now have that capacity. One of the reasons that this is such...

MR. RUSSERT: That's guaranteed?

SEC'Y LEAVITT: Guaranteed if we accomplish a pandemic, we will have the capacity to manufacture an annual flu vaccine and it's a big step forward, as well as many other things that'll come from this that are good: state and local preparedness, having an international surveillance system, having the capacity to assure that we have a domestic surveillance system.

MR. RUSSERT: As families sit around their tables this is Thanksgiving dinner, how concerned should they be about a pandemic flu and whether our government is prepared to protect its people?

DR. GERBERDING: Well, first, let's remember that right now the H5N1 problem is a bird problem and it's not in the United States at this point in time. But even if it does enter through a migratory bird at some point, which won't be surprising, we

have a wonderful system of surveillance and a Department of Agriculture and the Department of the Interior here that know what to do and have been handling bird viruses for many, many decades. So when you sit down for your Thanksgiving dinner and you enjoy your turkey or your chicken, there's not an avian flu issue at all and we really encourage people to enjoy the holiday without concern about that threat. They do need to be concerned about the seasonal flu and it's not too late to get a vaccine for that problem. And so there are people who will be able to get their flu shots as we go forward through November and December, and we want to remind people that that's a real problem here that needs attention now.

MR. RUSSERT: Thank you all for joining us this morning and for all your work and efforts. And I hope you're all right, and let's get this one right. We'll be right back.