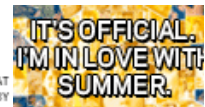


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W.H.O. Raises Alert Level as Flu Spreads to 74 Countries

By [DONALD G. McNEIL Jr.](#)

After weeks of very public wrestling with its own conscience, the [World Health Organization](#) declared the [global swine flu outbreak a pandemic](#) on Thursday.

The move indicates that the virus is spreading geographically, but does not mean that the illness, generally described as mild, has become any more severe. As she raised the global alert to level 6, the highest possible level, the agency's chief, Dr. [Margaret Chan](#), immediately emphasized that she expects the early phase of the pandemic to be of "moderate severity." But, she added, "the virus writes the rules," so countries should prepare for mutations that could make it worse and for second waves of illness. And rich countries should help poor ones less able to protect themselves, she said.

"The world is now at the start of the 2009 influenza pandemic," said Dr. Chan, the W.H.O.'s director general. "We are all in this together."

The disease, first detected in rural Mexico in mid-February, has now spread to 74 countries, but is blamed in fewer than 200 deaths. Seasonal flu is thought to kill about 400,000 each year, but the vast majority of those victims are elderly or infants. During the last flu pandemic in 1968, about a million people died. The W.H.O. announcement is not expected to change the global response. Virtually the entire world is already alert to the danger, efforts to make a vaccine are underway, stockpiles of antiviral drugs have been opened.

"This is not a surprise," said [Dr. Thomas Frieden](#), the new director of the [Centers for Disease Control and Prevention](#). "For all intents and purposes, the United States government has been in phase 6 of the pandemic for some time now." Most patients in the countries hit thus far have had mild symptoms. But "it is prudent to anticipate a bleaker outcome," Dr. Chan said, as more in poor countries are infected. Pandemics typically infect about a third of the world in a year or two.

Unlike seasonal flu, which tends to kill the frail elderly, most cases of this new flu are in people under 25, Dr. Chan said. Only about two percent of all cases become serious, but those concentrate not in the elderly but in people aged 30 to 50.

More alarming, she said, about half of those are in previously healthy people.

The rest are in those with underlying conditions, including respiratory and heart disease, diabetes, compromised immune systems, or who are pregnant.

Dr. Frieden said that the disease is particularly dangerous for infants and those with such medical conditions and they should seek treatment if they have a fever of 100.4, and a cough or sore throat.

The W.H.O. has been under sharp questioning for weeks as to why it would not go to level 6, since the spread of cases, first in Britain and Spain, then in Japan, Australia and Chile, all appeared to fulfill its official pandemic definition — the sustained community spread of a novel virus in two different W.H.O. regions (for practical purposes, on two different continents, although North and South America are one W.H.O. region).

Dr. Chan has indicated recently that she thought a pandemic was underway, especially as cases in Australia quadrupled in a week, but she wanted to consult with countries that had large outbreaks and then with a panel of experts, with whom she met Thursday.

The move up to Level 6 has happened in fits and starts.

On April 25, after the national laboratories of the United States and Canada did work revealing that unexplained flu cases in Mexico and the United States were from a new swine-derived H1N1 virus, Dr. Chan declared the situation in Mexico “a public health emergency of international concern.”

In later weeks, as it became apparent that most cases were mild, Dr. Chan was accused of alarmism.

The United States declared its own health emergency one day later, after confirming cases in Queens, California, Texas, Kansas and Ohio.

The W.H.O.'s pandemic alert has been at Level 3 virtually since it was created in 2005, because a different novel virus — the H5N1 bird flu, first described in 1997 — had spread in small clusters of people in Indonesia, Thailand Turkey and elsewhere. Level 3 is “limited human-to-human transmission,” but in each cluster the first victim got it from a chicken, duck or swan.

From the beginning, it was obvious that the new flu had trumped the transmissibility of bird flu.

The W.H.O. raised its pandemic alert level to 4 on April 27, but said countries should not close their borders. A pandemic “was not inevitable,” Dr. Fukuda said, “but containment is not a feasible option.”

On April 29, it went to Level 5 because flu was spreading unchecked in two countries, Mexico and the United States. It had not moved since, until today.

As the virus spread to Europe and Asia, Dr. Chan and her deputy director general for flu, Dr. Keiji Fukuda, began having to deflect sharp questions at weekly news conferences suggesting that the W.H.O. was breaking its own rules by not going to Level 6.

First they said they were awaiting proof that it had spread beyond the classmates, family members and other traceable contacts of those who had picked it up in the United States or Mexico. Then they said they feared raising anxiety levels and triggering unnecessary quarantines and border closings.

China and Egypt recently fulfilled those fears by quarantining passengers, including Americans, who arrived on flights in which even one passenger had a confirmed case.

On May 22, Dr. Fukuda announced that the W.H.O. would rethink its alerts to take severity into account.

Severity is harder to define than spread. The same virus that leaves one person with sniffles kills another, and

a poor country with a malnourished, AIDS-infected population may lose many more people than a rich, healthy one.

It also takes longer to assess, since epidemiologists need to confirm thousands of cases before saying what percentage it kills.

Even now, there is no firm estimate for mortality.

No one knows how many have been infected because only a tiny fraction of cases are tested. When the outbreak began in Mexico, no test existed, and soon after the C.D.C. developed one, many health jurisdictions, including New York City, decided that there was no point in testing everyone once it was clear that the new flu was in the area. While diseases like cancer and AIDS need rigorous diagnostic before treatment begins, for flu, doctors needed to decide whether to recommend bed rest, [Tamiflu](#) or hospitalization based on a patient's symptoms.

Even though there are fewer than 30,000 lab-confirmed tests in the world, epidemiologists assume the real number runs into hundreds of thousands or millions.

Because that number — the denominator, in epidemiological parlance — is impossible to determine, it is also difficult to calculate death ratios.

From early reports in Mexico and the United States, scientists said it appears to have roughly the 0.6 percent death level of the 1957 Asian flu.

By contrast, the 1918 flu killed about 2 percent of those infected.

But in 1918, antibiotics did not exist, and many died of secondary bacterial infections. In 1957, antiviral drugs did not exist, and mechanical ventilators were less common.

Dr. Michael T. Osterholm, director of the [Center for Infectious Disease Research and Policy at the University of Minnesota](#), said this year's flu is not acting like the 1957 one, which quickly faded into a seasonal pattern. There would normally be no flu cases in the United States in June, but flu hospitalizations are increasing in Minnesota, he said.

Flu levels continue to be high in New York and New England, and especially in Massachusetts, the [C.D.C. said](#).

Denise Grady contributed reporting.

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