

# Editor's comment

## Pandemic flu – where are we now?



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As I recover from a relatively mild, but still unpleasant, dose of the new H1N1 flu I have been watching the literature (and the press) with some interest. In our press I see that our diagnostic services have been overwhelmed with requests for testing – mainly unnecessary – but a predictable result of a private system which is not driven by policy or science. By now I would hope that people are resisting requests for testing – H1N1 is almost certainly the only flu strain circulating, so if you have flu, that is what you have. That has certainly been my assumption anyway, particularly since I was vaccinated against the normal seasonal flu strains.

There appears to have been a singular lack of direction from our government agencies in the face of the pandemic – which comes as no surprise. *New Scientist* recently carried out an e-mail poll of people involved in infectious disease policy and preparedness internationally. One health official in Africa responded that people in her country are 'totally relying on the grace of God'. I suspect that our officials are doing much the same.

The Australian response seems to be one that is worth looking at – rational and relatively well-planned. In a country of 21 million people, there had been 27 663 confirmed cases by 11 August, with 95 confirmed deaths and 3 281 hospital admissions. The median age of those who died was 51, compared with 83 in a normal flu season. The prediction is that

there could be 1 000 H1N1-related deaths, lower than the 1 500 - 3 000 that modelling usually predicts for the normal seasonal influenza. However, even though there may be fewer deaths, their impact arguably will be much greater, given the age group who are dying in this pandemic. In Australia, people think that there was not enough use of antivirals. A contrast to the situation in the UK, where the WHO think that overuse has contributed to resistance in the virus. British health policy was for extensive use of antivirals, even in mild disease. Some Australian officials are arguing that this would have prevented the scale of the pandemic seen in their country, but many experts are decrying the use of antivirals because of the problem of resistance that is arising. It is possible that a second wave of the virus will not respond to the current antivirals as a result.

Opinion is also divided on the severity or otherwise of a second wave of the virus – which should be of particular interest to us because it is this second wave that is likely to be our seasonal flu next winter. It is, of course, impossible to predict what is going to happen to the virus. The nightmare scenario is that it combines with the far more virulent, but less transmissible, H5N1 avian flu. Hopefully that is not a high probability given the limited range of H5N1 at the moment. The 1918 flu pandemic is in everyone's mind of course, but it was bacterial pneumonia that killed people then and we now have

antibiotics, which they didn't. However, some Australian respiratory physicians are saying that we should be more concerned about the respiratory effects of this virus. Paul Torzillo, a senior respiratory and intensive care physician at Royal Prince Alfred Hospital in Sydney, reports that he has never seen young adults so sick from influenza before. The virus does seem to have an alarming ability to affect the respiratory tract. Among the people I know who have had this flu, the main symptom they notice is cough and shortness of breath. My father got pneumonia, which was obviously bacterial because it responded well to antibiotics. But another friend had severe respiratory symptoms that did not respond to antibiotics and I am short of breath walking up our stairs, even with a mild dose. Any mutation to a more severe form could place our already stressed health services under intolerable pressure next winter.

Which of course brings us to the question of a vaccine. People in Britain are being told that they will be vaccinated against the new virus in October, so it appears that vaccines are going to be available in the northern hemisphere for their flu season – as long as the virus hasn't mutated too much by the time it gets there. At the moment, most vaccine stocks have been pre-ordered by northern hemisphere countries, potentially leaving little for the rest of us. Next winter could be an interesting and difficult time.

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