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Editorial

Consideration on the Flu That We Do Not Want to Call "Swine": An European Point of View

Antoni Torres[a,*] and SEPAR's[1] Scientific Committee for Influenza H1N1[◆]

[a]*Servei de Pneumología, Hospital del Mar-IMIM, Departamento de Ciencias Experimentales y de la Salud (CEXS), Universitat Pompeu Fabra, Barcelona, CibeRes, ISCiii, Bunyola, Illes Balears, Spain*

There are 3 well-defined criteria for confirming a viral pandemic: *a)* the appearance of a new virus to which most of the population has no immunity; *b)* the ability of this virus to infect human beings; and *c)* possibly the most important, the easy transmission of the virus between human beings. An example of this last point is our recent experience with avian flu, which taught us what the appearance of a new, virulent virus capable of causing serious illness can mean; however, it was difficult for this virus to be transmitted from human to human. Nevertheless, it is important to recall that cases of avian flu in humans are still being reported, particularly in Asia (http://www.who.int/csr/disease/avian_influenza/Timelime_09_03_23.pdf).

The new H1N1 virus, which seems to have originated from swines, differs from avian flu in the respect that it can be transmitted between humans much more easily (catching avian flu requires direct contact with birds), and this is the means by which the current epidemic is developing. Air travel has made it far easier for a virus to propagate to very different places on the planet. We have known for many years that a long flight can facilitate the transmission of a virus to the majority of its passengers.[1] Air travel is therefore an easy way of transmitting a virus over long distances. Authors of a parallel editorial wryly asked if pigs could fly,[2] referring to the ease of transmitting the virus over long distances in commercial flights.

What will the consequences of this new viral disease be for the community? That will depend on the seriousness of the disease and the swiftness with which it is transmitted. None of these factors, as we can easily imagine, is going to stay static. It is important to recall accounts of the experience with the 1918 flu pandemic, which was not especially serious in its first wave between March and July, but was very virulent in its second wave. For this reason, we are anxious about what will occur in the southern hemisphere, where the autumn and winter months will usher in the so-called virus season, or what may happen next autumn and winter in our own hemisphere.

As of June 10, 27 737 cases and 141 deaths had been reported (http://www.who.int/csr/don/2009_06_10a/en/index.html). As we can easily deduce from these numbers–with the exception of Mexico, where more deaths have been reported–the disease caused by this new virus does not seem to be so severe. It is still unknown what will happen in patients with co-morbidities, since most people who have been infected up to now are travellers, and therefore relatively healthy patients without concomitant diseases.

On a global level, the World Health Organization (WHO) activated its emergency mechanism on April 24, which has allowed it to stay in simultaneous contact with countries, institutions and health authorities from all around the world in order to coordinate a response. The WHO has also named an emergency committee that will advise the director general about the epidemic. In this committee's second meeting, it was decided to raise the alert level (from 4 to 5) after having verified transmission between humans. A recent editorial published in *The Lancet*[3] states that the world is heading toward a pandemic, but we have not reached the moment in which it would appear to be inevitable. However, containing the epidemic is not feasible, and countries must be prepared to mitigate the virus's effects on its populations. Indeed, during the last 5 years, the international community has been preparing for a pandemic of the H5N1 virus that causes avian flu. National and regional responses have been varied. On June 11, 2009 the WHO raised the alert level to pandemic phase 6, which had not occurred since 1968.

Some countries are more prepared than others, and the concern is whether or not those with low-to-middling per capita income will be able to handle the situation in a way that is at least minimally effective. Meanwhile, given the current circumstances, transparency, and continued communication between the WHO, governments, health authorities, and the media should be compass marking our course for as long as the new flu seems to be evolving.

Recent examples associated with this epidemic indicate the need for clear, centralised regulations. The recent conference held by the American Thoracic Society (ATS) in San Diego (California, USA) provides an example of insufficient clarity. European scientific authorities (speaking as private citizens) wrote a letter to *The Lancet*[4] in which they questioned holding that conference, which is usually attended by pneumonologists from around the world who make up 50% of the attendees. They stated that the conference should have been suspended for the following reasons:

* Corresponding author.
E-mail address: atorres@clinic.ub.es

[1] Julio Ancochea, Javier Aspa, Juan Caylá, José Blanquer, Rosario Menéndez, Juan Ruid, and José Luis Viejo.

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◆ (Spanish Society for Pneumonology and Thoracic Surgery).

1. California is one of the foci with the highest number of cases, and the conference location is very close to the Mexican border.
2. Many of the attending pneumonologists may have cared for cases in their countries of origin, and could therefore be potential carriers of the disease.
3. Pneumonologists should stay at their home hospitals to prepare emergency plans and care for existing cases. This was what happened in one Spanish hospital, which revoked medical personnel's permits to attend conferences.

This letter generated controversy that strained relations between the ATS and the European Respiratory Society, and this could have been avoided if health authorities had spoken out clearly. We cannot overlook the fact that an annual conference like the ATS's accounts for 80% of its budget, and the decision to cancel this type of event should be completely backed up and recommended by local and global health authorities.

A second anecdotal example reflects the variability of the measures being taken and how those measures are controlled. In a recent flight from Chicago to Madrid, flight attendants announced that they would pass out a questionnaire to detect potential cases of swine flu. They ran out of questionnaires, so many of the passengers did not fill one out. The variability of measures taken on outbound flights from the USA has also been confirmed; passengers on some planes had to wait for hours to receive confirmation that they were not possible cases, while others were not checked in any way.

All of this indicates yet again that there is a lack of clarity and planning in the execution phase of the regulations (and not in their preparation), and that the regulations should be only those dictated by the WHO in agreement with health authorities in each country. It is quite possible that three factors have contributed to this effect: *a)* excessive pressure from the media, particularly during the first weeks; *b)* the possibly exaggerated response of some politicians, some health authorities, and those who will take advantage of any excuse for a photo op; and *c)* pressure from the pharmaceutical industry.

We feel that in this situation, it is essential to keep people's alarm under control by providing correct, balanced, and moderated information in order to avoid irrational and exaggerated actions.

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