

**SWINE FLU  
EMERGING THREAT****VIEW POINT****Pan(dem)ic Flu****Rajiv Mahajan, Vinod Kapoor**

The Swine Flu is here - Believe it or not... but it is around...But you know what else it has brought along with it? Fear and panic. We Indians tend to panic easily. Another national trait is scare mongering. When you combine the two together, you get the current hysteria over the swine flu pandemic. There were barely two dozen deaths all over the country till the weekend. But our frenzied response is as if a catastrophe is happening.

Media coverage of the whole event is probably derived by TRP ratings. No doubt, media coverage has actually helped people become aware of the disaster; to take precautionary and preventive measures and to adopt healthy hygienic habits; but as an old dictum says, 'Too much of everything is bad'. With 24X7 hours of electronic media coverage, panic is spreading faster than the virus. The news channels are adding fuel to the fire by flashing news (with background music that would add to the panic) and newspapers and electronic media showing negativity of the whole issue (Photos of people standing in line for a test and people in masks .. deserted roads etc) !!

Mumbai has shut down its schools, colleges and cinema theatres. Delhi has imposed the antiquated 1887 Epidemic Diseases Act, compelling private hospitals to prepare special wards for infected patients. The Tamil Nadu authorities have advised residents not to visit Maharashtra. Thousands of people queued up outside one Pune Government hospital alone to get themselves tested for the disease, thus putting undue work-pressure on physicians and also risking them for getting infected by visiting hospitals.

Hysteria is so high that everybody seems to be running for the swine flu test at the appearance of the slightest of the symptoms. Even central government seemed to be in panic. There was no protocol for the kind of patients who need these costly tests, where each testing kit cost

up to \$300, (1) thus wasting national resources. Now with new guidelines and categorization of patients, it is evident which patient needs testing (2). So hopefully some calm will prevail.

The biggest fatality in this media-manufactured mass hysteria is common sense. Under intense pressure from a deeply irresponsible news media, the government is diverting precious resources to control the spread of a virus which, in 90% of cases, is cured without any medication at all. Roche, the Switzerland-based manufacturer of tamiflu, has been the principal beneficiary of this panic. By July this year, it had made nearly \$1bn on sales of tamiflu. The Indian government alone has stocked up on more than a million tamiflu capsules (1). Ironically, tamiflu showed no decrease in the severity of the development of complications even in seasonal flu in children. Moreover, to prevent development of influenza in one additional child, a 10 day course of tamiflu was required to be given to 13 children. No study till date has substantiated the effects of tamiflu in the present A/H1N1 strain causing epidemic (3). Questions have already been raised about the cost-effectiveness of tamiflu in seasonal and epidemic influenza (4).

Next planned step obviously will be the vaccination of the population. But 'Drug Giants' will not allow anybody to look back at the history and facts; that the maximum casualties (about 500) that occurred during 1976 epidemic were due to Guillain-Barre Syndrome due to immunopathological reaction to the vaccines (5).

Now think about some statistics: even otherwise, seasonal flu kills around 50,000 people in India annually, (1) and U.S. figures states that out of 1000 people affected with current epidemic strain, only 40 require hospitalization and chances of death is one out of these, that means mortality rate is 0.1% (6). In the UK mortality

**From the Department of Pharmacology, Adesh Institute of Medical Sciences and Research, Bathinda-151109-India**

**Correspondence to :** Dr Rajiv Mahajan ,Assistant Professor,Dept. of Pharmacology, Adesh Institute of Medical Sciences & Research, Bathinda



rate has been estimated to be 0.1-0.35% (7). Although secondary attack rates of epidemic strain is high as compared to seasonal flu (5-15% vs 22-33%), yet it is documented that this strain is not so virulent, and with the exception in Mexico, it has caused deaths mostly in people with some underlying chronic conditions (8).

One reason for the alarm may be that in past pandemics, flu viruses have needed more than six months to spread as widely as the new H1N1 virus, which has spread in less than six weeks. However, international travel is far more common than it was in the times of the previous pandemics in 1918, 1957, and 1968, and techniques to measure it now are much more sophisticated (7). Another reason causing panic might be 'the ultimate fear-the fear of death', as aired continuously by the news channels, but as of now, good thing is that present strain is not hypervirulent (8).

Pictures of people wearing facemasks are continuously being flashed in TV channels as if that is the only preventive remedy. No body seems to question if that is really effective? A new study pointed out that the disease now being a pandemic, widespread use of facemasks by the public is highly unlikely to stop the disease spreading. Masks might give people false reassurance and lead them to ignore basic hygiene measures, such as hand-washing and not reusing and disposing properly of tissues, which are far more effective at preventing spread (7).

Although awareness is must for fighting epidemics and even a single loss of life is regrettable; but why no such awareness campaign has been launched about roadside accidents which claims thirteen lives every hour in India. In a recently released first ever Global Status Report on Road Safety, World Health Organisation has revealed that more people die in the road accidents in India than anywhere else in the world. In year 2007, 0.11 million people die in India due to road accidents (9).

Two out of every five Indians are infected with tubercular bacilli. Everyday about 5,000 people develop tuberculosis and 0.37 million people die every year due to tuberculosis in India. In 2006, malaria contributed 1487 deaths (almost four deaths per day) in India. (10) But there is no media hype for them. Nobody is shedding tears. Why? Probably because swine flu has forced closure of malls and multiplexes and is threatening to hit the economically well-off upper class-a class of jet-age

and metropolitans; while tuberculosis and malaria are considered to be the diseases of the lower strata.

We are not undermining the threats posed by present epidemic, nor are we questioning positive media awareness campaign. We are just stressing the need to check the facts and figures and asking everybody, including the people involved in the planning and monitoring activities to calm down. Panic is not a solution to the problem. Don't get victim of mass hysteria. Finally, a word of caution for the media-don't play with fear psychosis of the masses.

#### References

1. Komireddi K. Swine flu: India's unhealthy obsession. guardian.co.uk 2009, Aug 15. Available at: <http://www.guardian.co.uk/commentisfree/2009/aug/15/swine-flu-india>. Accessed on August 16, 2009
2. New Delhi News.Net. Revised swine flu guidelines categorises patients. 2009, Aug 16. Available at: <http://www.in.com/news/readnews-current-affairs-revised-swine-flu-guidelines-categorises-patients-10418749-98084-1.html>. Accessed on August 16, 2009
3. Shun-Shin M, Thompson M, Heneghan C, Perera R, Harnden A, Mant D. Neuraminidase inhibitors for treatment and prophylaxis of influenza in children: systematic review and meta-analysis of randomised controlled trials. *BMJ* 2009; 339: b3172
4. Mahajan R, Gupta K, Kapoor V. Neuraminidase inhibitors: Are they cost-effective? Rapid responses: *bmj.com* 2009, Aug 13. Available at: [http://bmj.com/cgi/eletters/339/aug10\\_1/b3172#218593](http://bmj.com/cgi/eletters/339/aug10_1/b3172#218593). Accessed on August 16, 2009
5. Bachelor RE. History of swine flu outbreaks: Epidemics in 1918, 1976 and 2007. *suite101.com* 2009, Apr 17. Available at: [http://diseases-viruses.suite101.com/article.cfm/history\\_of\\_swine\\_flu\\_outbreaks](http://diseases-viruses.suite101.com/article.cfm/history_of_swine_flu_outbreaks). Accessed on Aug 16, 2009
6. Collignon P. Take a deep breath, swine flu's not that bad. *crikey.com* 2009, May 25. Available at: <http://www.crikey.com.au/2009/05/25/take-a-deep-breath-swine-flus-not-that-bad/>. Accessed on August 16, 2009
7. O'Dowd A. A/H1N1 influenza update. *BMJ* 2009; 339: b2977
8. Jiwa S. A full report on finding on swine flu from WHO and CDC. Available at: <http://www.vancouverite.com/2009/05/swine-flu-is-very-contagious-and-is-spreading-person-to-person/>. Accessed on August 16, 2009
9. Dash DK. India leads world in road deaths. *Economics Times*, 2009 Aug 17. Available at: <http://economictimes.indiatimes.com/News/Politics/Nation/India-leads-world-in-road-deaths/articleshow/4900282.cms> . Accessed on August 19, 2009
10. Park K. Park's textbook of preventive and social medicine. 20<sup>th</sup> ed. Jabalpur, India: Banarsidas Bhanot Publishers, 2009. pp.160, 223