

Swine flu infections spread to 160 countries

By Perla Astudillo
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According to the World Health Organisation (WHO), the swine-origin influenza A (H1N1) virus has spread to 160 countries in less than four months. Laboratory-confirmed infections increased from 94,512 to 134,503 from July 6 to July 27—a 70 percent increase. As of August 4, the official worldwide infection figure stood at 184,435 and 1,247 deaths.

The WHO warned that two billion people could be infected within the next two years, or one-third of the global population. Keiji Fukuda, a senior WHO official, said the virus was still in its early stages and would continue to spread for some time. “Even if we have hundreds of thousands of cases or a few millions of cases, we’re relatively early in the pandemic,” he explained.

Most of the deaths were still concentrated in the Americas, with 707 recorded, and South East Asia, with 88 deaths, 65 of which occurred in Thailand. The United States had the highest number of fatalities, with 263 confirmed deaths, followed by Argentina with 165. Australia, the fourth worst hit country, had 12,048 infections and 31 deaths. The UK was the worst affected country in Europe, with 100,000 new cases declared in one week alone, and 26 fatalities.

China was yet to record any deaths, but officially had 1,800 cases. With upwards of two million people expected in Saudi Arabia over the next five months on pilgrimages to Mecca, concerns have been raised over the pandemic’s spread into the Middle East.

Many of the figures are undoubtedly imprecise and underestimated as countries are no longer obliged to provide data to the WHO. The WHO’s decision to stop the reporting from each country reflects the lack of a systematic global response, which is required to counteract the pandemic. According to a July 16 WHO briefing note: “A strategy that concentrates on the detection, laboratory confirmation and investigation of all cases, including those with mild illness, is extremely

resource-intensive.”

Countries like Australia have stopped testing for the virus. Despite having better health standards than poorer countries, its hospitals and laboratory services quickly became overwhelmed with the number of cases. In several cases, people who reported to hospitals with swine flu were turned away and later died. In one instance, a pregnant teenager almost lost her unborn child after being told to go home with suspected swine flu.

Without proper testing of swine flu sufferers, the virus can possibly mutate without an adequate response being developed. Several recent scientific papers have outlined the significance of diagnostic testing during a pandemic. Hong Zhang wrote in the August edition of the *Lancet*: “The prevention and control of the worldwide spread of pandemic influenza will need improved animal and human surveillance, early detection and differentiation of causative viruses.”

So far there has been no sign of mutation. However, the virus’s ability to transmit from host to host has enabled its rapid global spread, and in turn increased the likelihood of mutation (See: “Danger of major swine flu outbreak continues”).

A study conducted by Terrence Tumpey and published in the July 2 edition of *Science* found that the transmission was not yet 100 percent. “We don’t think it’s fully adapted to humans yet,” Tumpey explained. He warned that this might change during the Northern Hemisphere’s winter. “We’re worried that the virus could increase its disease-causing ability,” he noted.

In most countries, the majority of cases are still occurring in younger people, with the median age reported to be 12 to 17 years. Scientists have surmised this to be due to older people having been exposed to the earlier H1N1 pandemic outbreaks of 1957-58 and the Hong Kong flu of 1968-69. When pandemics have struck in the past, they have generally infected the

young in higher numbers, due to their lack of immunity.

Another study published in the *Lancet* on July 29 exposed the vulnerability of pregnant women to swine flu. Pregnancy increased the risk of being admitted to hospital by four times. This is similar to previous pandemics, where women in the third trimester have been the most likely to be hospitalised from respiratory complications, increasing the risk of a stillbirth and/or premature delivery.

Obesity has also produced a heightened chance of death from swine flu. Figures reported at a recent meeting of the US Centers for Disease Control and Prevention show that of 99 people who died in the early stages of the pandemic in the US, 45 percent were obese. Obesity is believed to increase risk because of a lowered immune response.

Swine flu vaccines are being developed by rival pharmaceutical companies, including Sanofi-Aventis, GlaxoSmithKline (GSK), Novartis, Baxter, AstraZeneca and Commonwealth Serum Laboratories (CSL). Vaccine human trials have commenced in China and Australia, and some companies are expected to have a vaccine available for distribution in two to three months.

Instead of pooling their resources for a combined global effort, these companies are each seeking to cash in on the pandemic. The pharmaceutical industry is expected to post major profits this year from vaccine and anti-viral drugs, despite the global economic downturn.

In Australia, CSL is attempting to fill a 21 million-dose order for the federal government, and an order from the US for \$180 million worth of antigen—enough for 20 to 40 million doses. Analysts have suggested that CSL may post sales worth \$300 million this year for its swine-flu vaccine.

The UK's GSK could register \$1.6 billion from sales of its vaccine. It has orders for 195 million doses (at \$US10 each) from 16 governments around the world. GSK's investors have profited from sales of Relenza, its antiviral drug. Second-quarter results showed that sales had increased 20-fold from last year to \$US100 million.

The vaccine response is also dominated by national interests, with the US last week outlaying a further \$1 billion to purchase vaccines, and France ordering an

extra 28 million doses from Sanofi-Aventis.

Concerns have been expressed about the disparity of distribution of the vaccine to wealthier countries. The WHO has unofficially estimated that even if all the world's labs were in full operation, only around 900 million doses could be supplied in time for the world's population of 6.8 billion. "The lion's share of these limited supplies will go to wealthy countries. Again we see the advantage of affluence. Again we see access denied by an inability to pay," WHO director Margaret Chan said last week.

Argentina's health minister Juan Manzur last week told a meeting of Latin American government representatives that his government fears that vaccines will not be available to poorer nations. Argentine President Cristina Kirchner has called on the WHO to demand that patents be unblocked so that all countries can produce vaccines.

However, it is highly unlikely that the WHO will make any such recommendation, because it would affect the interests of the pharmaceutical companies who dominate the global market.

The pandemic has exposed the underlying truth that billions in resources need to be poured into health services and scientific research to deal with global health problems. Advances in medical science and technology have vastly improved scientists' understanding of how pathogens genetically develop, yet this critical potential cannot be realised when private profit is the central motive and society remains divided into rival nation-states.

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