

DISPROPORTIONATE ACTION SERVING THE INTERESTS OF MULTINATIONAL PHARMACEUTICAL ABOUT INFLUENZA A H1N1

AH1N1 flu epidemic and the approach that the same are doing both the World Health Organization (WHO) as most health administrations seems a clear case of disproportionate action.

The epidemic of influenza A H1N1 was initially regarded as extremely serious by an improper analysis of the first chaos produced in Mexico that led to believe that we had a very serious epidemic and highly contagious (type 1 epidemic in the classification proposed by Peter Doshi , BMJ September 2009) so that appropriate measures are introduced to this type of health problem. But then it appears that it would be an epidemic type 3 in the same classification (very contagious and low gravity) and that mortality is even lower than the seasonal flu, which could see when I finish the austral winter and showed that the actual mortality was well below the forecasts made initially. WHO however not change the strategy, nor have most of the health authorities of the countries involved.

A remarkable fact was the change in definition of a pandemic by WHO, which has forced the declaration of a global pandemic which has bloated the importance of the disease. In any case it is inexplicable that has not been used this new definition for other infectious diseases prevalent in many countries such as malaria, tuberculosis, RSV bronchiolitis, rotavirus, etc..

What is known of its global development does not indicate particularly serious, but rather just the opposite (around 2 deaths per 10,000 infected), it is more, it seems reasonable that the actual number of cases is much higher than recorded because the accounting system used and the absence of screening cases to those diseases underestimate the number of cases with few symptoms are very common, since these usually do not come to the health system. That is more than likely that the number of people who have passed the current avian exceed twice the recorded, which makes the actual mortality is much lower than the estimate.

It should be remembered that in this time period there have been many more deaths from traffic accidents, occupational accidents, gastroenteritis, tuberculosis, malaria, HIV, and a long list of diseases that have gone unnoticed by the WHO only concerned about an illness with low mortality but about which there were powerful economic interests.

One issue that should be emphasized is the paraphernalia that is mounted to the attention of the tables influenza in healthcare facilities, especially in primary care is where the tables are addressed milder. At current rates reported (as has been said that very likely below reality) and the low lethality of the disease has no sense rigorous isolation of people suspected of the disease, mainly because seems unaware that most of infections occurring in real-life places where crowds (transport, workplaces, mass entertainment, etc.).

But the organization of health services has ignored the reality. The circuits for the care of patients with suspected flu have been launched with little assistance, while the rest collapses of system operation.

The influenza vaccination has been another demonstration of performance of health authorities unrealistic. Have been engaged in the vaccination when it is known that: 1) The seasonal influenza vaccine produced partial protection against the new flu (decreasing its severity and mortality) and it should be noted that vaccination is seasonal which had made previous.²) has included a vaccine adjuvant which introduces doubts about its safety and potential risk of complications with it. The rationale for inclusion was that we were dealing with a potentially very serious and it was important to strengthen the immune response, but when it became known that they were not correct and not 3) persons born before 1957 have a memory immune to effects protectors.

A relevant issue is that vaccinated people who have had the flu, and therefore already have immunity, which is even more complicated if one considers that not done a systematic detection of cases

The emphasis on vaccination alone is understandable because the vaccines were already bought and may be intended to amortize the cost, although clearly that may also be due to the inability to confront the effect of media terrorism, in part, they themselves have helped foster. The response of professionals and citizens has been in the line of common sense and distrust, and in most European countries the percentage of health professionals and citizens who have been vaccinated has been very low despite coercive instructions. In fact health authorities themselves are valuing return vaccines and / or send them to Third World countries. Once again draws attention to the lack of information and transparency.

Another issue is the abuse of oseltamivir, although its effectiveness for this flu is not unequivocally proven, and discusses which has about seasonal flu (see BMJ). Naturally, the resistance does not have to wait and have again been used as bait by the media.

It should also be remembered that AH1N1 appears that avian flu has moved to the seasonal, of which there have been fewer cases this year, so the bottom line is that avian mortality has declined.

It is premature to make a definitive assessment, but there are issues that are being already quite clear:

1. The health authorities, with WHO in the lead, have not lived up to their obligations. If at first was understandable in some fear and caution because it is a new disease, from September have paid for the information in the same direction: the disease with high diffusion and low gravity. That's when you had

to have given more compelling information deactivating the media effect, even at the cost of facing a loss of some popularity.

2. The great pressure from the media magnifying the disease appears to respond primarily to economic interests (the big multinationals have a proven ability pharmacy poisoning) but also the desire for ownership of some journalists and professionals and the pull of sales and market that catastrophizing.

3. You can not neglect the positive effects for governments and big multinational population in fear. The fear is paralyzing and facilitates the demobilization and a good dose of disaster now moves from corruption, economic failure of neoliberal policies, etc.. On the other hand the fear of epidemic favors isolation and lack of solidarity behavior

4. How much cost us the epidemic? We do not know exactly but several billion dollars that would have served well to build hospitals, health centers, etc., And who have squandered the public health by less sustainable. The losses in cost / opportunity has been tremendous.

5. WHO collusion with the interests of multinational pharmaceutical companies have become increasingly visible. For some time the WHO is promoting what it calls public - private cooperation and this crisis shows that it is actually put to international bodies in the hands of private economic interests.

6. It has generated a great distrust of the credibility of those responsible for public health, which can be very dangerous when the truth of a pandemic of a disease of high severity.

Unfortunately almost miraculous would expect that those responsible for this do your self unnecessary alarm. We need a global health authorities who are able to act responsibly, putting the right to health of citizens above their personal interests and economic and media pressures.

In keeping those responsible should resign and fear that would make a profound transformation to ensure that WHO plays its role as coordinator of health policy at the global and dedicated to promoting health worldwide. It will not be easy to achieve.

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