

THE ASIAN AGE

● IT'S NOT A FULL-BLOWN EPIDEMIC YET, BUT THE NUMBERS ARE GROWING

FLU PAINS

Even as India reported its first H1N1 victim this week, authorities maintained there is 'no need to panic'. The family of the first casualty is spewing venom at the system, complete with a legal notice for compensation and a police complaint, while doctors on both sides of the public-private fence admit that the talk of being ready for the dreaded H1N1 is more bluster than confidence.

ROMMEL TICKOO

NEW DELHI

THE H1N1 virus has managed to create panic and fear. Two deaths in 711 positive cases is no reason for alarm. It is a human tragedy but not a medical emergency. The fatality rate in India is around 0.1, while even in countries like the US it is 0.5 or higher. In H1N1 virus, delay in treatment can be fatal as it damages the lining of lung tissues. When this happens the infection spreads to the blood, which eventually leads to multiple organ failure.

While the H1N1 virus is causing much panic in India, it is not as virulent as regular flu viruses. According to worldwide estimates and the annual death toll from the seasonal flu every year, regular flu kills 250,000 to 500,000 people every year.

The virus typically spreads from coughs and sneezes or by touching contaminated surfaces and then touching the nose or mouth.

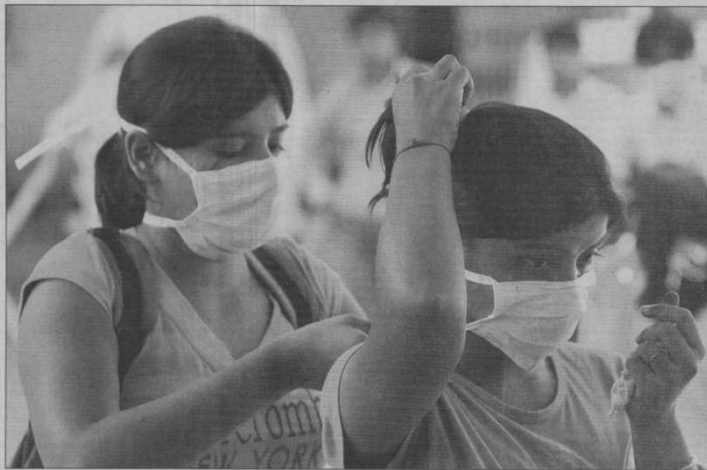
Symptoms, which can last up to a week, are similar to those of seasonal flu, and may include fever, sneezes, sore throat, coughs, headache, and muscle or joint pains. Most cases worldwide have been mild so far and most hospitalisations and deaths have been of persons that also had underlying conditions such as asthma, diabetes, obesity, heart disease, or a weakened immune system.

Out of the 600-odd confirmed cases in India which do not include the thousands of mild cases that go undetected, there has been just one fatality. The picture is not as dismal as is being made out. Yes, the pool of infected people is increasing, but two deaths in India should not be causing so much panic. Instead of rushing to a government hospital, one must go to a regular doctor. If you don't get better, then go to a designated hospital.

It takes close to five days for a patient to succumb to the virus. CDC (Centres for Disease Control and Spread) recommends students and school workers with flu symptoms should stay home for seven days, and those who are sick for longer shouldn't come back to school until 24 hours after symptoms subside.

Anti-viral drugs can be given to treat those who become severely ill, two of which are

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Junior doctors wear protective masks as they prepare to undergo an H1N1 virus screening test at Ram Manohar Lohia Hospital's special screening centre in New Delhi on Saturday. PHOTO: PTI

recommended for H1N1 virus symptoms: Oseltamivir and Zanamivir. To be most useful, they must be taken within 2 days of showing symptoms. They work by deactivating an enzyme the virus needs to grow and spread. As the flu spreads, there could be temporary shortages of these drugs.

Tamiflu treatment is primarily for people hospitalised with H1N1 virus, people at risk of serious flu complications due to underlying medical conditions, patients at risk of serious flu complications because they are pregnant, under age 5, or over age 65 and to prevent infection of people at risk of serious flu complications who have been exposed to someone with H1N1 virus.

The WHO estimates that a third of the global population could eventually be infected and has declared H1N1 virus a global pandemic.

The government is tackling the situation wisely. The public health authorities have launched a series of measures, which includes designating hospitals as dedicated treatment centres, upgradation of 17 regional laboratories in the country as H1N1 testing centres. The process of designating more hospitals as dedicated treatment centres is under way.

The government has been trying to tackle these growing numbers with as little involvement of the private sector as possible till now. Rightly so. The more the number of hospitals treating it means the more the number of patients/health care professionals being exposed to the virus.

This would increase the chances of spread. But of course, now with increasing numbers of people becoming aware of this virus and coming

Govt: Situation under control

YOJNA GUSAI

NEW DELHI

INDIA REPORTED its first H1N1 influenza (commonly referred to as swine flu) victim this week but authorities maintained there is "no need to panic". Even when number of patients carrying the virus, crossed the 700th mark on Friday, Union health minister Ghulam Nabi Azad said: "We have managed to limit such cases to a few individuals," considering the size of the country. His contention was as compared to other flu-infected countries, India has less number of patients and the first "unfortunate" flu death — that of a 14-year-old Pune based schoolgirl — was due to "non-administration of timely medication". The minister said of the total number of effected flu patients, more than 450 have been treated and sent home. He also said situation is being monitored on a daily basis.

Contending that Tamiflu (oseltamivir), the only drug against the flu, has a worldwide recognition and is effective in combating the disease, Mr Azad assured that India has enough stock of the medicine. Mr Azad said government has kept a stock of one crore Tamiflu doses ready and if there was a need for open sale of the medicine, it will be done as and when necessary.

He said pharma companies are ready to provide another 60 lakh doses at any given



Children wait for an H1N1 virus test outside a hospital in Pune on Friday. PHOTO: PTI

number of time. Mr Azad assured there is no shortage of drug or testing material in the country.

As of now, the drug is available at government hospitals and administered only at the "discretion" of designated health official. This is done to prevent "panic buying" of the drug.

"So far, we have not allowed Tamiflu to be sold in the retail market. Should the need warrants, we would allow for public consumption but only through prescription by designated doctors," Mr Azad said.

With health being a state subject, the Centre issued fresh guidelines to states asking them to increase the designated hospitals for treatment. States have also been asked to allow private hospitals to

to the fore with symptoms suggestive of flu, the load will need to be shared with the private sector at some point of time.

Caring for H1N1 patients is seen as a difficult proposition by private hospitals. The rooms earmarked for H1N1 patients cannot be centrally air-conditioned and must have a vent. These are not difficult parameters but most hospitals do not have such rooms.

That is why they are not keen to create a ward that would accommodate H1N1 influenza patients. A lot of private hospitals do not want to be part of this for such reasons.

The Delhi government has offered to provide free diagnosis and medicine to private hospitals. It has also told the representatives that the hospital could charge patients as per competitive market rates.

Once the number grows, private hospitals will have to create dedicated treatment centres based on the guidelines issued by the government. Only certain big private hospitals in all cities should be designated the job of handling these patients. Otherwise the infection may actually explode into a full-scale epidemic.

(The writer is a consultant, internal medicine, at Max Healthcare)

low the protocol," said Mr Azad. He also said the first case of flu death in the country was a result of a private hospital not being able to diagnose the disease and when it was finally done by NIV, it was "too late." Mr Azad said though there are 19 designated testing laboratories in the country, they are handling the cases perfectly. He said private labs could also be involved but it could only be done after ministry's reference labs give them the green signal.

On the "efficacy" of health authorities to contain the disease, Mr Azad said Centre is fully equipped to deal with the situation. He said the disease entered the country from other flu-affected countries and authorities have so far screened 43 lakh passengers in the last five months. He said 7,000 "contact traces" of passengers, who were sitting three seats behind and ahead of flu-infected patients on flights, have also been successfully treated.

Authorities said there was no need to panic as the spread of disease has shown that till now it was spreading indigenously only among 10 per cent of those exposed to the virus. Mr Azad said as compared to other countries like the US where more than 400 people have died because of the virus and where more than 6,000 number of people have been effected by the disease, India's surveillance system is far better.