COMMENT

Being prepared

IN an article on the new H1N1 influenza A virus on p 577 of this issue, Richard Irvine and Ian Brown of the virology department at the Veterinary Laboratories Agency – Weybridge describe influenza viruses as ‘an historical foe with seemingly limitless capacity for change and variation, and to evade predictions’. This latest manifestation of influenza virus has certainly demonstrated the capacity to surprise; after all, in recent years attention has focused primarily on the potential threat to human health of new forms of H5N1 avian influenza. Having said that, the potential threat from avian influenza has not diminished as a result of the new H1N1 influenza A virus, and parts of the world are perhaps better prepared to deal with the current outbreak than they would otherwise have been if it had not been for the concerns about avian influenza.

It is unfortunate that the new virus, which became apparent in people, quickly became known as ‘swine flu’, despite the fact that it had not been found in pigs. This seems to have been recognised by the World Health Organization, which confirmed on April 29 that it would now be referring to the current outbreak as H1N1 influenza A, not swine flu, to avoid confusion. This is more than just a matter of semantics, as demonstrated, perhaps, by reports this week of pigs being culled in Egypt. The World Organisation for Animal Health (OIE) has described such culling as inappropriate, advising instead that efforts should focus on appropriate disease surveillance and strengthening the general biosecurity measures applied at premises where pigs are handled and slaughtered. It has not been demonstrated that the new H1N1 influenza A virus (which includes human, avian and swine components) originated in pigs. However, a report to the OIE this week that a pig farm in Canada had been infected with ‘A/H1N1 virus’, apparently linked to the entry to the farm of someone with flu symptoms after a short stay in Mexico, underlines the importance of biosecurity on pig farms to protect animals from human infections, as well as of strengthening surveillance. It also demonstrates the importance of research being undertaken to determine the susceptibility of different animal species to the virus isolated from infected humans.

The situation regarding H1N1 influenza A virus continues to develop rapidly, and more information will become available in the days and weeks ahead. In the meantime, this is not the first infectious disease to present challenges in an increasingly interconnected global community, nor will it be the last. The nature of the challenges was clearly set out by Professor Paul Gibbs, of the University of Florida, in the plenary Wooldridge memorial lecture at the 2005 BVA Congress (see VR, November 26, 2005, vol 157, pp 673-679). More recently, ways of addressing the challenges were discussed in a report entitled ‘Infectious diseases: preparing for the future’, produced under the Government’s Foresight programme, which assessed how science could help in managing the threat of future disease outbreaks (VR, May 6, 2006, vol 158, p 605). Both Professor Gibbs’s lecture and the Foresight report noted that the majority of emerging and re-emerging human diseases have originated from animals, and that with globalisation, and increasing – and increasingly rapid – movement of people around the world, the stakes are getting higher. Both emphasised the importance of research and surveillance in combating the threat of emerging diseases, and the need for an internationally coordinated, multidisciplinary approach.

The Foresight report argued that more could be done to strengthen links between the human and veterinary medical fields and that new skill sets were needed to address the challenges presenting themselves. It also considered the situation in developing countries and a need to develop a global infrastructure for disease surveillance and management. It remarked, ‘Many regions of the world do not have the laboratory infrastructure, the human resources or the financial resources to support effective disease surveillance programmes. Yet it is increasingly clear that infectious diseases are a global problem and that surveillance is an international responsibility. Investment by richer countries in surveillance capacity in poorer countries may be a sensible response to this problem.’

Much effort has been devoted to surveillance and monitoring in recent years, but there is no doubt that there is room for improvement. With the arrival of H1N1 influenza A virus, the measures in place are already being tested and will clearly be tested further in the days and weeks to come. In the space of a few days, the virus has already demonstrated the continuing importance of surveillance, of cooperation between workers in the human and veterinary fields, and the need for a truly international approach.

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