

MY SAY: Of flying pigs and human error

Professor Tan Sri Dato' Dzul kifli Abd Razak

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The number of confirmed cases of "swine flu", or more recently renamed influenza A (H1N1), has passed the 10,000 mark world-wide, according to the World Health Organization (WHO). This has triggered WHO to raise its pandemic alert to "Phase 5". This level "is characterised by human-to-human spread of the virus into at least two countries in one WHO region".

The Phase 5 alert is a strong indication that a pandemic is imminent. While some criticised the world body for being hasty, others felt that it is better to err on the side of caution rather than be sorry. Moreover, there is the possibility that the flu may come back with a vengeance during the onset of the Northern Hemisphere winter.



Schoolchildren wear surgical masks as they enter their elementary school in Mexico City. More than 80 people in Mexico have died from the disease.

The outlook across the globe is indeed grim. In Mexico, where the first outbreak was reported, the death toll from the disease has hit more than 80 to date. Many more countries, including Malaysia, have recorded confirmed cases of swine flu, with the US and Japan the worst of the lot. The US has more than 5,000 cases, with about 280 confirmed cases in New York City alone.

Japan has confirmed close to 300 cases, reportedly centred on Kobe and the neighbouring city of Osaka in the western part of the country. This has baffled the authorities, given that Japan is noted for its keenly hygienic practices. Although the country has implemented stringent disease control measures, the outbreak indicates that something must have "slipped" through. This only goes to prove that there can be no system completely foolproof against the spread of a disease.

A more serious "slip" might have occurred when WHO is said to be investigating a claim by a researcher that the swine flu virus may have been created in a laboratory as a result of human error. The Australian researcher, Adrian Gibbs, in an interview with Bloomberg, claimed recently that the new strain may have accidentally evolved in eggs scientists use to grow viruses and drugmakers use to make vaccines.

"One of the simplest explanations is that it's a laboratory escape," Gibbs, 75, was quoted as saying. It was during the course of tracing the virus' origins by analysing the genetic blueprint of the H1N1 strain in the laboratory that the mistake was suspected to have happened. In other words, the new virus was created from lab experimentation. The rate of genetic mutation in the new virus was about three times faster than similar viruses in pigs, suggesting it evolved outside of swine, according to the report. Should this prove true, the "flying pigs" cliché could further complicate the already confusing situation.

Meanwhile, newly confirmed cases are pouring in with each passing day. In the face of the seemingly relentless march of the disease, members of the international community are grappling for effective strategies to deal with the situation. A cause for grave concern is that should there be a pandemic outbreak, there is no known efficacious treatment and the much-needed vaccination to combat the flu is still many months away. This is compounded by a glaring disparity over the distribution of antiviral drugs that can be used to treat the flu, though not without controversy as to its usefulness. Still, most of the rich countries are rushing to buy and stockpile the drugs to meet the pandemic threat.

To be sure, this has left developing countries in short supply of the drugs, thus putting them at greater risk. This has compelled WHO to call on the drug makers to attend to the needs of the poor countries by reserving their share of the drugs. But, as expected, the response from the drug makers is not encouraging.

Such apathy is nothing new. In fact, it is a classic case where the world has failed to assert itself when the health of its community is at stake. This is in sharp contrast to the situation where developing countries are often "arm-twisted" to purchase drugs despite there being many proven cost-effective alternatives.

Clearly, such a discriminatory practice is not about to change any time soon, given the "double standards", which is so well entrenched.

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