

Swine Flu: A fact or manufactured panic attack

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Twenty first century has brought novel scientific discoveries making better health care. At the same time it is quite frequent to notice new challenges and threats continuously emerging and creating a panic like situation in the public. National health care systems are under immense financial and management pressures. One epidemic is yet to be fully controlled and the subsequent starts peeping through community corridors. Swine origin influenza A [H1N1] virus [S-OIV] created turmoil in many countries with no respect for the borders and boundaries. Virus [S-OIV], responsible for swine flu, originated in Mexico and United States in April 2009, as its name suggests, genetically closer to those viruses found in swine. Within few weeks of initial information, reports started pouring from all over the world. The World Health Organization (WHO) in response raised and alert of level VI pandemic, the highest level of precaution possible for this newest influenza virus infection.¹

H1N1 2009 influenza virus infection (swine flu) manifests itself very similar to common flu. It is proclaimed as a widespread outbreak

predominantly afflicting children and young adults.^{2,3} Now when the boiling situation has already cooled down, it is quite important for medical scientists to review the situation in perspective of seasonal flu as well. Mexico City, where this new strain of virus (S-OIV) originated is a one of most populous metropolitan, comprising 22 million inhabitants. A total of reported cases were 22000 constituting only 0.1% of the total population. An ordinary strain of influenza inflicts around twenty hundred thousand cases during few months of winter each year and mortality is around 36,000 each year. In USA alone, the estimated deaths due seasonal influenza-associated complications could reach up to 51000.⁴ More recently, February 2, 2010, it has been reported that in New Mexico's overall rate of swine flu hospitalizations was 50.3 per 100,000 population [0.05 %]. New Mexico's overall death rate due to swine flu was 2.6 per 100,000 people [0.0026 %].⁵ Swine flu has caused just 14,000 deaths worldwide, a fraction of the number who die from seasonal flu every year.⁶

Another point which deserve serious consideration is undue fear generated through wide broadcasting of "expected spread of H1N1 in large gatherings". Current evidence is in complete contradiction to this notion. One of the world's largest Muslim gatherings was at Makkah Mukarama (Saudi Arabia) during the global peak of H1N1. Around 2.5 millions pilgrims of different age, gender, and ethnicity arrived from every corner of the globe at Makkah Mukarma to perform the various rituals of Hajj. Pilgrims started arriving at the Holy city around one month before the Hajj days [November 23-30, 2009]. Many of the pilgrims were in the Kingdom of Saudi Arabia longer than the usual incubation period and they remained without showing any symptoms of the virus. All the pilgrims were packed shoulder to shoulder for a period of one week [November 23-30, 2009]. Only 73 [0.0029%] cases of the H1N1 virus had been recorded among 2.5 million pilgrims who came to perform Hajj and

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only five pilgrims had died in the days leading to-and-during the Hajj.⁷

Another evidence comes from similar type of gathering during the month of Ramdan (A holy month of Muslim community) [August-September, 2009] and about 2 million pilgrims were gathered at Makkah Mukaram to perform the "UMRAH" and only 26 cases [0.0013%] of H1N1 infection among two million pilgrims were discovered.⁸

Classic pandemic flu attack rates are, unfortunately, far higher than H1N1. Indeed, influenza is in a class of its own for its potential ability to infect enormous numbers of humans in a very short period of time, thus far with H1N1 2009 we are not even close to that level. This may technically be a "pandemic" in the sense of human-to-human virus transmission of a novel virus in more than one region of the planet, but the panic generated out of blue with this "maniac" does not look justified. Media may have "overdone" the due role to provide its reliable or even exaggerated awareness to the public and medical community alike. Health departments in many countries under the lobbying effect of certain international forums recommended vaccinating the population as a whole. Even safety in general with a specific concern to grave complications of vaccination like GB syndrome were not thoroughly evaluated by any independent body in those countries. The WHO initially recommended rapid development of treatments and vaccines, fearing the virus had the potential to kill millions of lives. As a result affluent communities spent billions of dollars on medicines and now most of them believe that was unnecessary.⁹ The pharmaceutical industry gained hefty profits by selling vaccine. Such havocs are very much expected in future as well. Monitoring bodies may be established to closely analyze situation before deciding for mass level preventive measure against any non-real threat.

REFERENCES

1. Smith GJ, Vijaykrishna D, Bahl J. Origins and evolutionary genomics of the 2009 swine-origin H1N1 influenza A epidemic. *Nature* 2009;25;459 (7250):1122-5.
2. Malik Peiris JS, Poon LLM, Guan Y. Emergence of a novel swine-origin influenza A virus (S-OIV) H1N1 virus in humans, *J Clinical Virology* 2009;45(3):169-173.
3. Zarocostas J. World Health Organization declares A [H1N1] influenza pandemic. *BMJ* 2009;338:b2425.
4. Thompson WW, Moore MR, Weintraub E. Estimating Influenza-Associated Deaths in the United States. *Am J Pub Health* 2009;S225-S230.
5. Data analysis on NM swine flu cases [Cited Dated, February 2, 2010, Available at: [releasedhttp://www.newswest9.com/Global/story.asp?S=11893599](http://www.newswest9.com/Global/story.asp?S=11893599)
6. Honigsbaum M. Was swine flu ever a real threat? Cited Dated, Feb 2, 2010. Available at: www.telegraph.co.uk/health/swine-flu/7130303/Was-swine-flu-ever-a-real-threat.html
7. Swine flu claims five on Hajj (2009). Available at: www.hc2d.co.uk/content.php?contentId=13429- [Cited dated Dec 2, 2009].
8. Meo SA, Imran MB. Swine Flu: No need to panic during Hajj season. *Pak J Med Sciences* 2009;25(6):1025-1026.
9. Imogen Foulkes. World Health Organization to review swine flu response, Available at: <http://news.bbc.co.uk/2/hi/health/8455035.stm> [Cited dated Feb, 27, 2010].

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A comparative analysis of writing scientific references manually and by using Endnote bibliographic software

Younis Abed AL-Wahhab M. Skaik

This refers to the brief communication "A comparative analysis of writing scientific references manually and by using Endnote bibliographic software" by Rokni et al.¹, I would like to add the following points which further highlights the importance of the software in reducing author's time:

1. The speed of typing varies among authors.
2. The Internet connection speed is a vital element in reducing time using the Endnote. However, it is of no value if the references are inserted manually using the Endnote.

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3. I would like to know the range, mode and median of minutes for the 2 techniques.

Finally, I would like to draw the attention of the authors to an unintentionally statistical mistake in their analysis. Regarding the independent unpaired t-test, one of the assumption criteria that should be fulfilled is that the standard deviations of the two groups must not markedly be different.² In Table-I, the ratio of the larger to the smaller standard deviation in each writing model is greater than 2, which is not allowed and hence should use a nonparametric test (e.g., Mann-Whitney). Alternatively, transformation of data is another choice. A more simple strategy is an approximate test described by Armitage and Berry³, which overcomes the inequality of standard deviations.

REFERENCES

1. Rokni L, Ahmad AP, Rokni MB. A comparative analysis of writing scientific references manually and by using Endnote bibliographic software. *Pak J Med Sci* 2010;26(1):229-232.
2. Swinscow TD. *Statistics at square one*. 10th ed. British Med J Publications 1997:48.
3. Armitage P, Berry G. *Statistical methods in medical research*. 3rd ed. Oxford: Blackwell Scientific Publications, 1994:112-13.

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Profile of women who experienced Vesicovaginal fistula due to obstetric trauma

Junaid Rafi

I read the article by Nisar N et al on Profile of women who experienced Vesicovaginal fistula due to obstetric trauma: Results from survey at Gynecological Surgery Camp 2005 with great interest published in Jan 2010 issue. However I would like to add here that the findings in this survey are quite consistent with some other studies but there are few issues which need to be highlighted.

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1. The study subject is too small (n=27), even less than 50. The authors referred to a similar study¹ carried out in Nigeria and if we look the sample size the number is more than 50 (n = 80).
2. The authors also failed to establish the statistical significance of any of the factor. Significance is a statistical term that tells how sure you are that a difference or relationship exists. Also significance levels show you how likely a result is due to chance. In all cases, the p value tells you how likely something is to be not true. P-value is not calculated anywhere in this survey. I do appreciate that statistical significance does not mean that the finding is not important

Why is it important then?

Inadequacies concerning the publication, interpretation, and implementation of the trial / study results cannot be produced for Evidence-based medicine and generally not accepted or reproduced globally. In this case it will be difficult to say that this study truly reflect the issues of even one province rather than the application of these demographic factors for the whole country.

REFERENCES

1. Melah GS, Massa AA, Yahaya UR, Bukar M a, Kizaya DD, El-Nafaty AU. Risk factors for obstetric fistulae in north-eastern Nigeria *Journal of Obstetrics and Gynaecology* 2007,27(8):819-823.

Response from the author: I do agree with the observation of Dr Junaid that the sample is less than 50 and the findings were consistent with literature. Sample size was less because it was our observations from a free surgical camp whatever patients we had, we interviewed those. Consistent findings with several studies which were conducted in underdeveloped countries with same sociocultural and economic issues proves the significance of the study. It is not always the P value as it is acknowledged by the reader also. However more studies with larger sample size analysis of variables with test of significance should be conducted in future.

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