

May 2009 NEWSLETTER

The only possible topic for this newsletter is the influenza A (H1N1) virus (formerly called “Swine Flu”). As this is a rapidly evolving situation, I will make a point of noting that I am writing this May 12. There has been a constant stream of reportage on the virus over the past three weeks, much of it sensational, but the result has been that after an initial near-hysteria, present attitudes are more of complacency (which is potentially worse). To that end, this newsletter is devoted to presenting clear facts on influenza A (H1N1), the risk it poses to you, and what you can do to protect yourself from its’ effects.

Although the 1918 influenza pandemic that affected approximately 500 million people around the globe, killing approximately 50 million was also an H1N1 virus, other elements of the virus are different (in the same way that not all blond-haired, blue-eyed people are the identical). An important clarification that should be made regards the term “pandemic”. A pandemic is simply a worldwide epidemic (an epidemic being when there are more cases of a particular disease than normal). The present situation is at “phase 5” of a possible 6. This describes human-to human (as opposed to animal-to-animal, or animal –to-human) spread of the virus into at least two countries in one World Health Organization (WHO) region. At phase 6, the virus has spread into a second WHO region, and at this point, the situation is a pandemic. Importantly, the term “pandemic” refers only to how widespread a virus is, not to how severe the illness caused by the virus is.

The present strain of influenza A (H1N1) does not seem to cause particularly serious illness, but unlike seasonal influenza infects young, otherwise healthy people; and can potentially spread quickly (likely because unlike with seasonal influenza, people, the young in particular, have had no previous exposure, and therefore possess no immunity to it). Presently there are 5251 confirmed cases worldwide, with 61 confirmed deaths (approximately 1%). Of the 330 cases reported in Canada, only one has resulted in death. For perspective, a 2003 article in the Canadian Medical Association Journal (March 18, 2008; 168 [6]) reported that Health Canada estimates the toll of influenza in Canada alone is approximately 700 to 2500 deaths yearly.

Although the above reference to the 1918 H1N1 virus effect on 500 million people and 10% mortality rate may be cause for concern, it is important to remember that in 1918 world war I had recently ended: In general resources were low, people were malnourished, there was massive movement of soldiers from country to country (increasing spread of the virus) and antibiotic and antiviral medications had not yet been invented. An important historical footnote is that according to available historical records, cases of the 1918 illness treated in homeopathic hospitals had a much lower mortality rate (approximately 1%) than in the general population (approximately 10%).

HEALTH TIP

Symptoms of influenza A (H1N1) include: Fever (38°C/100.4°F or higher), cough, sore throat, body aches, headache, chills and fatigue and possibly diarrhea and vomiting. At least two should be present for a positive diagnosis. The symptoms will occur between seven (the virus’ incubation period) and 14 days of contact with an infected person. Originally contact with an infected person meant you had travelled to Mexico in the past two weeks, but at least one case in Toronto has occurred in which the patient had no known ties to Mexico.

Protect yourself from infection by washing your hands frequently; avoiding touching your mouth, nose and eyes; and maintaining good immune system functioning. There is no definition of “frequent” with respect to hand washing, but a good guideline is to wash before each meal, after using the washroom (this is actual just common courtesy) and after coming in from a public place (e.g., returning to your workplace after lunch).

If you suspect you are infected, sneeze into your sleeve (not your hands which you use to touch doorknobs, etc.) and go to a walk-in clinic (not emergency room) for laboratory confirmation (a simple throat swab).

If confirmed, stay home for seven days or until you are symptom-free for 24 hours (You can telephone us if you are interested in a telephone appointment).

A final note: Eating cooked pork (core temperature of 70°C/160°F) is *not* considered a risk factor for contracting influenza.

IN THE NEWS ...

In non-flu news, Du and I (Jonah) are pleased to announce that last Friday, May 8 we welcomed into our family, unexpectedly early, but otherwise without incident, a little girl. Esmé Dioscora was born at our home. She weighed 6 pounds, 5 ounces, has had two follow-up appointments with her midwife, and has been pronounced to be “thriving” (Du is also well, but I have a spot of eczema on my right hand).