

# EDITORIAL

## First Influenza Pandemic of the 21st Century

A few years ago, based on basic technical information, the World Health Organization (WHO) was alerting to the imminent risk of a new influenza pandemic, since its etiological agent, the influenza virus, has high plasticity, suffers mutations and reappears very cyclically.

On the second half of April 2009 the World Health Organization publicly declared the existence of a public health emergency of international importance, concerning the possibility that the dreaded pandemic might take place. After several months of high expectation and apprehension we witnessed on June 11th of the same year the WHO's formal declaration that the world was going through the first influenza epidemic of the 21st Century, whose etiologic agent was known as Influenza virus A (H1N1), a completely new strain which had not yet circulated among humans. That was the first influenza epidemic of this millennium and the fourth in less than a century, as there had been others in 1918, 1957 and 1968.

The declaration of a pandemic occurs when it is found out that the spread of influenza among humans is occurring, at community level and in different regions of the world and it is considered that the continued spread is inevitable. On June 24<sup>th</sup> the total number of cases in the world was close to 60 thousand, only in Brazil there were 399 confirmed cases.

It is worth mentioning that, in Brazil, it has been made, since 2005, the titled "**Brazilian Preparation Plan to Confront an Influenza Pandemic**". On the same day as the WHO declared the existence of Public Health Emergency of International Importance, the Ministry of Health created the Standing Office in Public Health Emergency, which has been monitoring the situation and indicating the most appropriate measures to the country. Despite these measures which are in accordance with the International Health Regulations and the efforts of the WHO, as well as of several countries, including Brazil, the latter has sped efforts to adjust its Confrontation Plan to the characteristics of the A (H1N1); some critical considerations could be taken into account.

It is necessary a greater effort of international and national authorities in order to provide consistent information to the population. About this, see the hasty denomination of swine influenza and the sensationalism with which the new epidemic was being treated in the media in the early days when it became public. Afterwards, the press minimized the coverage of the number of cases that were increasing in the world and in Brazil, as soon as the lethality was shown to be lower than it originally seemed to be, confirming the sensationalist character to which we had referred previously.

Having taken public measures and alerted the international health authorities, Mexico has been penalized as much as the big transmitter and territory of origin of the new virus; nevertheless, it had been identified previously in the United States. The pandemic was actually a fact even before its formal announcement, because the countries that report the highest number of cases are those that have more structured monitoring systems. It is assumed that in those countries, in which the monitoring system is not effective, there is underreporting of cases and the flu spreads without coming to public.

Therefore, the impacts that the pandemic will bring to the scenario of different countries must be taken into account. Surveillance, control and personal protection measures are vital and they are in process. There are some antiviral

drugs that are effective in the treatment of the new influenza. However, only vaccination in a large scale will enable the control of the process either very fast or too late.

It has been reported in the press that the Swiss laboratory, which is at an advanced stage in the production of the vaccine, in expectancy of launching it on a commercial scale, in October 2009, has informed that some countries already have millionaire contracts for large volume of reserves. This may cause lateness in attendance for those who are not anticipated with such measures or there may be even non-attendance for the population of countries which do not have condition to purchase the drug. It is outlined, therefore, the possibility that several human beings around the world may not have agile, convenient or universal access to the medicines available or to the specific vaccine for the new flu, if for beyond such market matters, human solidarity is not considered a priority.

*Maria de Nazaré de Oliveira Fraga*  
Editorial Council Member