



Human & Health

Issue number 10 - January 2010 Periodical Magazine published and supervised by the Syndicate of Hospitals in Lebanon

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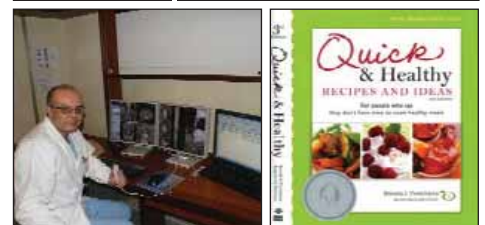
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Updates on A H1N1 vaccines Based on WHO recommendations

The novel A H1N1 pandemic influenza has been declared for over 6 months by now. To date, the global data on the pandemic spread indicates that teenagers and young adults continue to account for the majority of cases, with rates of hospitalization highest in very young children. It is estimated that between 1% to 10% of patients with clinical illness require hospitalization, and around 10% to 25% of them may require admission to an intensive care unit. Deaths attributed to A H1N1 complications ranged between 2% to 9% globally. It is also noted that pregnant women are ten times more likely to need care in an intensive care unit when compared with the general population.

The global data also indicate that :

- o The majority of influenza viruses identified are now the new A H1N1 pandemic virus
- o The virus is antigenically stable.
- o A limited number of viruses from sporadic cases are resistant to Oseltamivir
- o The virus evolution remains unpredictable. There have been reports regarding virus mutations in a few countries (Norway, Brazil Ukraine, China, Japan, Mexico, USA, France), the significance of which in terms of severity of symptoms and resistance to medications is under investigation
- o Attack rate remains 20-40%
- o Reproduction rate is estimated at 1.1-1.5
- o Generation time and incubation period are the same as for the seasonal influenza

In view of this situation, and the oppressing need to finalize the vaccination global strategy and recommendations, the Strategic Advisory Group of Experts (SAGE) on Immunization, which advises WHO on policies and strategies for vaccines and immunization, devoted a session of its 27-29 October meeting to pandemic influenza vaccines. The experts reviewed the current epidemiological situation of the pandemic worldwide and considered issues and options from a public health perspective, which are summarized below:

1-Vaccine availability:

- o Available: live attenuated, adjuvanted and non-adjuvanted inactivated
- o In Europe: three vaccines licensed (GSK, Novartis and Baxter)
- o Local production: Canada, Australia, China, Hungary, Korea, USA, Russian federation
- o around 80 million doses of pandemic vaccine have been distributed and around 65 million people have been vaccinated

2-vaccine administration

- o Adults: one single dose as of 10 years of age
- o Children: less than 6months and more than 10 years: little immunogenicity data available
- o Dosage regimen not finalized in immuno-compromized patient
- o Pregnant women: adjuvanted and non adjuvanted, and live attenuated can be administered
- o Co-administration with seasonal vaccine:
 - OK if both are inactivated, or one is inactivated and the other is live attenuated
 - NOT OK if both are live attenuated

3- vaccine safety and vigilance:

- o Adverse effects similar to seasonal vaccine
- o Studies on animal models: no direct or indirect effect on fertility, pregnancy, embryonic/fetal development, parturition, post natal development
- o fewer than ten suspected cases of Guillain-Barre syndrome have been reported in people who have received vaccine, and all cases have recovered
- o A small number of deaths have occurred in people who have been vaccinated. results of completed investigations reported to WHO have ruled out a direct link to pandemic vaccine as the cause of death.
- o No differences in the safety profile of severe adverse events among different vaccines have been detected to date

4-vaccine production

- o Global production capacity: 3 billion per year
- o WHO initiative to support procurement for 95 low middle income countries (for 2% then 10%of their populations)
- o Trivalent (AH1N1,AH3N2 and B) and bivalent (AH3N2, B)+/- monovalent (AH1N1) vaccine options will remain in 2010,

5- vaccination timing

- o If vaccination occurs after the peak of transmission, immunization of groups at risk of severe outcomes will be more effective in reducing mortality and morbidity

than immunizing the groups most associated with transmission

Finally, the pandemic continues to evolve. The levels of intensity of the pandemic vary from country to country, and can differ within one country. Because the number of cases is higher,we could expect that more complicated cases and fatal outcomes will be reported. Besides the personal behavior prevention and protection measures, vaccines for A H1 N1 remain a safe measure for individual and population protection. It is very important that surveillance at global and national levels keeps its current momentum so that new challenges in the pandemic spread and consequences can be addressed appropriately.

Doctors condemn homeopathic treatments for Aids and malaria

Homeopathic treatments continue to be sold as treatments for HIV/Aids, malaria and other serious diseases, despite containing no active ingredients, doctors and medical researchers say.

Campaigners want the World Health Organisation (WHO) to publicly condemn the “highly unethical” use of the treatments, which they say give patients false hope and put lives at risk.

The Voice of Young Science Network, an association of young doctors and scientists, called on the WHO to act amid fears that vulnerable patients are dying after turning to homeopathic preparations for HIV, tuberculosis (TB), malaria, influenza and infant diarrhoea, instead of medicines which are proven to be effective.

In an open letter to the WHO the researchers - many of whom have worked in developing countries - urge the UN's health body to make clear that homeopathy cannot prevent or treat these five conditions

“Those of us working with the most rural and impoverished people of the world already struggle to deliver the medical help that is needed. When homeopathy stands in place of effective treatment, lives are lost,” the scientists write.

Their comments come in advance of an international conference in the Netherlands in november, which will promote the use of homeopathy in developing countries.

British homeopathic practitioners accepted the researchers' call, admitting that homeopathic remedies could not treat serious illnesses such as malaria.

Homeopathic medicines are made by repeatedly diluting preparations with water until there is no trace left of the original compound. Reviews of medical studies suggest that where homeopathy can benefit patients it is usually no more effective than a placebo.

In Britain homeopathy is only typically advocated where doctors can provide no other effective treatments or in “self-limiting” conditions that would otherwise be

expected to heal on their own. Yet in 2007, the UK market in the treatments was estimated to be worth £38 million.

The WHO already works with national organisations that promote homeopathy and other alternative medicines in their public health programmes.

The British researchers highlight homeopathy projects in Kenya, Tanzania, Ethiopia, Ghana and Botswana that all offer to treat patients with HIV, malaria, diarrhoea or flu.

Daniella Muallem, a biophysicist at University College London, who signed the letter, said: “The WHO's strategy is very unclear on homeopathy and that is shocking. They are supposed to be articulating evidence-based medicine, but their stance is very wishy-washy.

“Homeopathy is cheap, but there is no evidence that it works for these diseases, and the way they are being sold by practitioners is dangerous and completely unethical. There are medicines that do work and we should be advocating trying to get those to people,” she added.

Duncan Casey, a researcher at Imperial College who also signed the letter, added: “This isn't the difference between two schools of medicine; this is like comparing a 747 to a magic carpet. The magic carpet is a lovely idea - but at the end of the day, which would you rather trust with your life?”

Peter Fisher, a member of the Faculty of Homeopathy and Clinical Director of the Royal London Homeopathic Hospital, said: “Malaria is a serious and life-threatening disease and there is no published evidence to support the use of homeopathy in the prevention of malaria.”

According to WHO estimates, 33-million people were living with HIV at the end of 2007, and during that one year, two million people died of Aids, including 270 000 children. Two thirds of the world's HIV cases are in sub-Saharan

The WHO said it was unable to provide comment on the letter.

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