



"DOCTOR AT SEA" a monthly Column in The Islander Magazine

Swine Flu

Occasionally, on a Saturday morning, I buy an English newspaper in Mallorca just to recreate memories of lazy Saturdays when the paper was delivered daily by our paper-boy back in England. This time I wanted to see how much coverage was given to swine flu which had dominated the media for the past few weeks but there was not a mention of it in the Times on the second Saturday in May! The media circus had moved on to other issues for the time being. Interesting to reflect on how much thinking we do for ourselves and how much is influenced by input from the world around us.

Swine flu caught worldwide attention before it became clear that the actual illness was mild. Maybe the mortality rates in Mexico gave an over-pessimistic view of what was in store for the rest of the world but the risks associated with worldwide infection by a minor illness are huge given that vulnerable groups succumb to flu. Certainly there were some very drastic measures taken in some countries such as the destruction of entire pig populations. There were rumours of restrictions on air travel and my easyJet flight from England included announcements on minimising risks from coughs and sneezes. My former general practice in NE England was dominated last month by planning meetings and strategies to cope with huge numbers of ill patients being cared for by a shrinking practice team weakened by the same illness.

It now looks as though we have a welcome respite but this scare has focussed thinking on precautions and control measures. Fortunately the scare has been in summer when the virus survival is lessened but spread to the southern hemisphere remains a possibility and poses an additional threat on top of "normal" seasonal flu which normally starts in the southern winter at this time of year. The seasonal virus mutates regularly and, as a result of climatic factors, fresh mutations spread to the north from October onwards after the southern hemisphere's winter. It is many years since we had a full-blown pandemic but this may be in part due to aggressive immunisation programmes against the seasonal flu virus. The vaccine is developed each year to target the new flu virus mutations and offers good protection against a condition which is far more serious than the common cold with which it is often confused in the public mind. The elderly and children and those suffering from chronic diseases, such as heart disease, chest conditions, diabetes, kidney conditions, are particularly at risk of serious complications and would normally be able to take up their flu vaccine during the last months of the year.

The situation now is much more complicated with the arrival of another virus and the problem for national Governments and vaccine manufacturers is to decide on policies for vaccine production against swine flu virus particularly if it returns in the winter and has mutated into a more virulent form. Alan Johnson, the UK Health Secretary, has said that the virus is now contained in Britain but he expects more infections later in the year. He said that evidence from all previous pandemics shows that there are two phases. The first wave is often very mild but is followed by a much more serious wave in the autumn and winter.

Many countries have stockpiles of antiviral medication which shortens the duration of the illness and reduces the severity but access to these medications is quite tightly controlled and it is not clear how the private sector will fare should the need arise. Similarly the advice on flu vaccine for this autumn is no longer straightforward.

It is clear that the absence of media interest has not lessened planning by Governments to be best prepared for the

anticipated pandemic but it is not easy. Perhaps it will be a relatively non-event - let's hope so but perhaps it could be a good time to be on a long sea voyage!

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