

<http://news.harvard.edu/gazette/story/2009/09/hsph-dean-evaluates/>
Monday, September 21, 2009

HSPH dean evaluates H1N1 response, lessons learned

Much more is known about flu for anticipated second wave

By Alvin Powell

Harvard Staff Writer

Thursday, September 17, 2009



Rose Lincoln/Harvard Staff Photographer

Though the global response to the sudden appearance and rapid spread of swine flu, caused by the H1N1 virus, was not perfect, HSPH Dean Julio Frenk gave it high marks. Frenk's talk, titled "The H1N1 Pandemic and Global Health Security," was the first in a series sponsored by the Center for Public Health Preparedness.

Health officials learned enough during the spring's first wave of swine flu to be confident about managing this fall's expected second wave, despite a "sense of uneasiness" that hangs over the coming flu season, Harvard School of Public Health Dean Julio Frenk said Wednesday (Sept. 16).

Though the global response to the sudden appearance and rapid spread of swine flu, caused by the H1N1 virus, was not perfect, Frenk gave it generally high marks.

Public health preparedness is key, he said, and in this case was heightened by two previous flu outbreaks that did not become global pandemics: first SARS in 2003 and then avian flu in more recent years.

Frenk's talk, "The H1N1 Pandemic and Global Health Security," was sponsored by the School's Center for Public Health Preparedness as part of its annual speaker series, which this year will focus on lessons learned from the swine flu pandemic, according to Elena Savoia, the center's acting director.

The swine flu outbreak originated in Mexico, where Frenk served as the minister of health from 2000 to 2006. He gave Mexico's response — which exacted an enormous economic toll on the nation's tourism industry — high marks and credited the teaching at the Harvard School of Public Health (HSPH) for much of it.

"In this first wave, the top five persons dealing with the emergency in Mexico were all alumni of the Harvard School of Public Health. So those investments in the 1980s paid off because their response was quite competent," Frenk said. "I think literally millions of cases and hundreds of lives were saved because the response in that first country, where no one was expecting the disease to happen ... allowed the rest of the world to be better prepared."

Frenk said that a lot more is known about swine flu today than was known last spring when it initially appeared. It is mostly a moderate illness, he said, and so far there are no signs that it is mutating to a more virulent form or evolving resistance to drugs used against it. In addition, he said, at least seven manufacturers are in clinical trials with vaccines, expected to be available by October.

Despite those positive factors, he said, many people remain susceptible to swine flu and those particularly at risk include pregnant women, diabetics, those who are obese, or immune-compromised. The disease also strains medical facilities by increasing the number of patients experiencing respiratory failure, he said.

Public expectations have also shifted since the disease first emerged, he said. When the swine flu reports first started circulating, the public was dealing with an event that was expected but unknown. Now, he said, the disease is expected and known, with a lot of scientific knowledge and high public attention. Consequently, the public has raised its expectations for a competent response.

The recent worldwide outbreaks illustrate that global health generally is not synonymous with “foreign” health, Frenk said. The separation between domestic health here in the United States and global health is virtually nonexistent, with international travel commonplace and rapid. At the U.S.-Mexico border alone, 1 million people cross the border each day, bringing health problems with them in both directions.

Health problems flowing around the globe take many different forms, Frenk said. In addition to viruses, health problems may include unsafe working conditions at factories that move from first to third world countries, pollutants that flow over national borders, products that endanger consumers, and unhealthy lifestyles that increase obesity and diabetes.

Frenk said the current heightened sensitivity to health issues presents an opportunity to develop a more comprehensive, global concept of health security. Health security, he said, should provide people with assurances of survival, dignity, and livelihood. Specifically, it should provide epidemiological security, which is more traditionally understood as safety from the health risks of biological or chemical agents, either natural or man-made. Second, it should provide what could be called health care security, through access to personal health services that are safe, effective, and responsive. And third, it should provide financial security, protecting people from the financial consequences of disease and preventing them from financial disaster as a result of being sick.

He also cautioned that today’s difficult global economic climate shouldn’t be a reason to derail efforts to improve health security. Economic climates rise and fall over short time spans, he said, while health problems endure over longer periods of time. Guaranteeing health security, he said, is even more important during difficult economic times, as sick people can’t work, decreasing their access to health care, and causing a vicious cycle.

Health security is in the news these days because of the health care reform debate going on in this country, but Frenk cautioned that health security shouldn’t be something only provided in the industrialized world.

“There’s one situation we don’t want to be in. We don’t want to be in a world where there’s a global pandemic and only the citizens who happen to live in a certain part of the world, the rich part of the world, have access to a vaccine and the rest of the world is just watching, powerless,” Frenk said. “That’s probably more dangerous than a pandemic itself.”