

Swine Flu Update II, Business Ukraine, November edition
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As I fly back into Ukraine after a few days in London I am struck by masked passengers at the check in for the Kiev flight and have already been warned of the "huge epidemic". As a health care professional it is difficult and yet important to obtain an objective picture and to give sound advice.

I previously wrote of the real time statistics that the Ministry of Health collected from all rayons and oblasts and as I look at the recent figures and watch the first snow in Kiev I see there is a huge disparity between cases in west Ukraine - particularly Ivano-Frankivsk, Lviv and Ternopil, and those in Kiev and the east of Ukraine. Discussing these with the Ministry it appears that the figures from the west, reflecting an epidemic, include nearly everybody who has seen a doctor with a temperature and symptoms of viral illness, whilst those from Kiev (less than one hundred) for example include just those with severe signs of viral infection and who are hospitalised.

It has also been reported that in west Ukraine there have been 71 deaths associated with viral infection (38 associated with A/H1N1 flu -"swine flu") . Most deaths have occurred in those failing to seek medical attention within the first 5 days of the illness. On testing initial samples with internationally accepted procedures about 35% are caused by A/H1N1 flu. Perspective has to be maintained and it is important to remember that normal seasonal influenza will cause about 35,000 deaths each year in the USA and just over 4,000 in the UK. In serious epidemics these figures can increase up to tenfold, where 90% deaths are in those over 65. Whilst there are no accurate historical figures to hand for Ukraine we could expect some 3,000 deaths in Ukraine in a normal year. The Ministry of Health has responded by closing schools, advising citizens to practice social isolation and to wear masks. A World Health Organisation expert has arrived in Ukraine to advise the Ministry of Health and an initial report has been compiled.

Ukraine is considering a law to introduce a compulsory vaccination record for all citizens and to exclude from school children who fail to have the card. A recent poll has shown

many citizens to be against such moves being concerned that many parents would simply purchase such a card or more worryingly be persuaded to use cheap and possibly toxic vaccines. There is always a balance in public health between human rights and personal freedom and the necessity to stop serious diseases. Some American States and other democracies use vaccination cards for school entry, whilst others believe in public education and choice on informed information is the correct political stance.

Preventative measures are both national and personal. At the national level school closure helps to slow the spread of epidemics and isolates many young children and their younger brothers and sisters from contact with the virus. The wearing of facemasks is controversial as the influenza particle size is smaller than the holes in the conventional masks even if they were well sealed around the face. Good diet, adequate sleep and decreasing alcohol all help to boost immunity. Social exclusion of those who are ill or at risk is important as is regular hand washing after blowing noses and the safe disposal of tissues in sealed bins

We are undoubtedly dealing with two epidemics this year - seasonal influenza and the variant A/H1N1 flu - and there is no overpowering reason why Ukraine should be very different from Europe, which has not shown the severe effects and death rate that were associated with "Spanish Flu" after the Great War. (1918).

The symptoms of both viruses are sore throat, headache, initial dry cough, high fever over 38.5 C, severe muscle aches and sweats. Usually symptoms clear within 48 hours and patients begin to feel better and although still weak slowly recover. Healthy individuals can usually cope with influenza without any problems. It is important to understand that some conditions can appear like influenza particularly kidney infections which will often give shivering attacks and some disturbance of passing urine such as pain or frequency; cellulitis - a skin infection of the lower legs which gives redness of the skin, aching and high fever; and pneumonia which is usually associated with a looser cough and sputum and occasionally severe chest pain on breathing. Patients should always check they don't have these problems before diagnosing influenza. In particular influenza should not give symptoms of a rash, severe neck stiffness or pain on looking at the light and should not give a loose cough. The most common complication of influenza is a secondary chest infection and this will often affect smokers, those over 65 and those who have respiratory conditions such as asthma or chronic bronchitis or who have a tendency towards recurrent chest infections.

Swine flu is known to be more serious to children, and especially to those under 5, and to pregnant mothers, it appears to be less serious than seasonal influenza to those over 65 probably because they have some immunity from past epidemics. All influenza is serious to those who have other severe cardiac or kidney problems, diabetes or who have problems with immune responses.

I would advise all pregnant mothers and those with children under 10 and those in the above risk groups to seek early advice if they suspect influenza. The drugs tamiflu and relenza are available here in Ukraine and can be used to treat influenza viruses by stopping them replicating in the body. They do sometimes cause headache and diarrhoea but on balance are certainly indicated in the at risk groups.

If not using these drugs influenza should be treated by bed rest, copious fluids and paracetamol one gram four times a day for adults to decrease fever, regular deep breathing exercises will help ventilate the lungs and prevent secondary infection and daily vitamin C will assist healing. Medical advice should be sought if not recovering within 48hrs.

Vaccination to prevent A/H1N1 flu has just become available in Western Europe and uptake for at risk groups has been variable with some patients concerned about the rapidity of manufacture and the comprehensiveness of testing. However nearly all Western European and American governments have advised its use for those at high risk. I am told Ukraine currently has some supplies under government control.