

# Current Status of Avian/Pandemic Influenza

by **Tanya Melillo Fenech MD MSc**  
Principal Medical Officer at Disease Surveillance Unit, Department of Public Health

The latest epidemiological update by WHO is the following:

1. The number of new countries reporting human cases increased from 4 to 9 after October 2005.
2. Half of the cases occurred in people under the age of 20 years; 90 per cent of cases occurred in people under the age of 40 years.
3. The overall case fatality rate was 56 per cent.
4. Assessment of mortality rates and the time intervals between symptom onset and hospitalization and between symptom onset and death suggest that the illness pattern has not changed substantially during the 3 years;
5. Cases have occurred all year round. However, the incidence of human cases peaked during the winter and spring in the northern hemisphere.

Although media has not been reporting much on the subject, two more human deaths have occurred in July in Egypt and Indonesia. The cumulative number of cases is 229 with 131 deaths as of 4 July. This week Spain has discovered H5N1 in a wild bird and Hungary has discovered the virus in poultry. H5N2 has been discovered in ostriches in South Africa.

## Seasonal Vaccine

It is time to start encouraging our patients to book their seasonal vaccine. We succeeded in vaccinating 62 per cent of the total population last season and this has had an impact on both adult and children absenteeism during winter due to influenza like symptoms. I strongly urge General practitioners and Pharmacists to encourage your clients to take the jab again this year.

Some very interesting news from the Influenza June Market brief: 'New research from St. Jude Children's Research Hospital has suggested that the seasonal flu vaccine could be somewhat effective

in preventing people dying from avian influenza. St. Jude influenza specialist, Robert Webster, has said that the seasonal vaccine will not prevent people becoming sick, but could prevent death. The results of this research has fuelled the argument for broadening the scope of seasonal flu vaccination.'

This season, the Maltese Health Authorities are offering the seasonal vaccination to a wider group including those persons whose occupation is directly involved with poultry and also to front liners including police, armed forces and civil protection staff.

A study in the New England Journal of Medicine published 6 July 06 based on a population based surveillance on disease burden of influenza among children concluded that the average annual rate of hospitalization associated with influenza is 0.9 per 1000 children. Between 50-95 clinic visits and 6-27 emergency visits per 1000 children occur at outpatients. The attack rates of influenza infection vary between 15-42 per cent among school children and these form a reservoir which increases the attack rate in younger children and old persons (both groups being at an increased risk of needing hospitalization for influenza and its complications).

Influenza may be important in the pathogenesis of acute otitis media during the influenza season: 3-5 per cent of children annually experience acute otitis media associated with influenza. Influenza and its complications has been reported to result in 10-30 per cent increase in the number of antimicrobial prescriptions prescribed to children.

The European Vaccine Manufacturers are encountering delays in their production for the coming season due to low manufacturing yield of 1 of the recommended strains H3N2. This will result in fewer doses initially from all suppliers and supply will spread over a longer period so vaccination will start in October and continue till the end of December. ☒

The information is correct as on 13/7/2006.

For further information check the Disease Surveillance Unit Web Portal on <http://www.health.gov.mt/dsu/>.

## Stem Cell Research and Cloning

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Legal instrumentation in a pan-European context, which concerns cloning is found within the reimits of two institutions. The Council of Europe and the European Union. The former institution has adopted the Bioethics Convention of Oviedo, with a specific protocol on cloning, as mentioned above, which in effect outlaws both types of cloning (only for those who are signatories to the Convention). The European Union has adopted the Charter of Fundamental Rights which in effect, in article three, (the right to integrity of the person), indicates that the following must be respected: 'prohibition of the reproductive cloning of human beings'. Therapeutic cloning is not addressed in this charter. This charter will form part of the EU Constitution when the latter instrument is adopted by the EU. In the USA, reproductive cloning is forbidden, and President Bush has wisely forbidden the use of public federal funding for research in therapeutic cloning. The EU is still debating the use of EU funding for therapeutic cloning in specific countries. Since our accession to the EU, Malta has consistently voted 'no' to the use of EU funding for therapeutic cloning during the ministerial council meetings of the EU particularly so because it objects to the use of the procedure and also because it objects to any use of the funds which Malta pays into the EU coffers, being used to fund these procedures in other countries where it is allowed. Many countries also have their own national legislation on cloning procedures. For example Germany has very tight restrictions while the

UK has a very liberal legal formulation allowing therapeutic cloning to proceed under the control of research ethics committees.

Incidentally, Malta has no national legislation on the subject (except the abortion law which would prohibit use of embryos for stem cells – therapeutic or research and the patents law). It has not signed the Bioethics Convention at all, nor any of its protocols including the one on cloning (Malta is only bound by the Convention for the Protection of Human Rights and Fundamental Freedoms incorporated into the Maltese European Convention Act, which does not mention cloning at all). All else is fair game barring the arguing in a potential court-case of banning the procedure due to our obligations from our own criminal law and those from our national commitment to the European Convention of Human Rights! Incidentally, the Court of Appeal in the Human Rights Court in Strasbourg has decided not to consider the fundamental rights included in the European Convention, as extended to children who are not yet born, although it does not prevent individual European countries from extending this right to children in utero if they so desire (in Malta, there is some legislation that gives rights to unborn children – mainly Civil Law but also in the latest Domestic Violence Act). Like many other issues in bioethics, Malta is still in its pre-embryonic stage or as a foreigner observed to me, in the Wild West and some effort is needed to remedy the situation soon! ☒