



# Back to the Swine Flu Epidemic – April 2009





Epidemics arise at random and instill an attitude of fear and unknowing within populations around the world. Countries are not normally prepared for such an outbreak and have to move fast to determine what will be said to the public and how to combat the epidemic. The swine flu, thought to have been transported from Mexico, poses a huge threat to nations around the world both in terms of health as well as the economy. World epidemic outbreaks result in significant decreases in travel and airline spending, thus decreasing stocks in an already recessive economy. The swine flu is of great significance as it can be orally transmitted to anyone. Following the First World War, twenty million people contracted and died of the flu. These figures are frightening and countries need flexible plans to deal with pandemics, the swine flu in particular, because they pose great threats to their people. How will nations, especially those dependent on tourism, cushion the blow from decreased spending on travel? What channels are the first that need to be cut off to maintain a safe environment? How will countries that have contracted the virus deal with treating their patients, especially in underdeveloped nations with little money for excess spending? These are questions that I hope this committee can come to answer. This background guide will provide details on how different regions throughout the world were affected by the swine flu and information on how countries and governments dealt with the pandemic. It will be the goal of this 2010 Spring Committee of the World Health Organization to use the successes and mistakes that this pandemic brought forth onto governments around the world to come up with an elaborate plan of how the

pandemic should have been handled and how a similar pandemic should be dealt with in the future.

### **Statement of the Problem**

This committee session will transport back to April of 2009, knowing what we know now about the virus and how it affected world economies, politics, and health, and attempt to evaluate and reconstruct how the world dealt with this influenza outbreak. By the time of the conference, the epidemic will hopefully have played itself out, but there will be many lessons learned that can be debated, and translated into resolutions. There will be decisions that should have been considered differently and precautions that should have been taken more seriously, or that were perhaps unnecessary. More specific and up-to-date information will be available closer to the conference.

The swine influenza A (H1N1) virus is a flu virus that is spreading quickly from person to person throughout the world. Symptoms of the flu include fever, headaches, and body pains and aches similar to those experienced for the common flu. The virus is thought to have originated in swine in Mexico, and has spread to become a worldwide pandemic. The outbreak took off in April 2009; five months later, on August 6, 2009, the number of detected cases had reached 204,637, and the number of confirmed deaths associated with the swine flu virus had reached 1,661 worldwide. (By the time of the conference, figures will most likely have changed). This new strain of influenza spreads similarly to more common strains (through coughs and sneezes), but is a primary concern and has lead the UN to post a six out of a possible six-level security warning. A six on the alert level is





characterized by “Human-to-human spread of the virus in two or more countries in one WHO region, [and] the same virus spreads from human-to-human in at least one other country in another WHO region”. Since H1N1 is a new virus, our bodies have not had the opportunity to create antibodies to combat it. This makes even catching the flu potentially fatal, although most cases have just been mild cases of the flu. Unlike more common strains of the flu which tend to affect the very young and the elderly, the swine flu virus is affecting young people from the age of 20-25; the reason for this is not yet known but it may be because some older people have some level of immunity to the virus or simply because it will first affect younger generations and then move to older ones.

#### *Bloc Positions*

##### *Africa*

As of May 1, 2009, there were no reported cases of the swine flu in Africa, but the worldwide outbreak forced African countries to consider how they would deal with infected patients. Developing countries like those in Southern Africa had not at this time placed emergency drug orders for the flu vaccine, but recognized that they would have difficulty doing so if necessary since the region has little funds to pay for these in-demand medicines. For instance, Zimbabwe is still recovering from one of the biggest cholera outbreaks; the country does not have money to spend on another potential outbreak that appears to be so distant and not affecting its populations (this and the following information is as of May 2009). Some countries, such as Malawi, are attempting to protect their country by setting up medical teams at all entry points. Zambia has been working with the World

Health Organization to obtain drugs and come up with the best arrangement for isolating the nation from the outbreak. On the other hand, Angola is known for its minimal response to recent outbreaks of other diseases; the government has stated, however, that measures are being taken. Other African countries, including Egypt, Ethiopia, Ghana, and Gabon, have taken precautions for the potential epidemic. The WHO’s regional office in Africa announced that it has some Tamiflu to prevent and treat the flu, masks in stock, and the ability to provide technical support to regional countries to monitor the virus.

As of April 29, 2009, the Egyptian government ordered the mass slaughter of all pigs in Egypt, despite the fact that the current strain of the epidemic is only transmittable through human-to-human contact. The slaughter was seen as “scientifically unjustified” by the World Organization for Animal Health.

There is also some controversy and panic over whether the scheduled 2010 FIFA World Cup will still take place in South Africa as the pandemic is becoming increasingly widespread. The event will be taking place in the winter in the southern hemisphere, a favorable climate for the flu to thrive; this poses an even larger threat to tourists and the country’s inhabitants. The WHO has been working with the South African government to plan how to best respond to any potential public health event that may occur at the mass gatherings. The organizer of the event, FIFA, has been in close communication with the WHO to stay informed on the spread of the disease. As of early August 2009, the 2010 World Cup is still scheduled for South Africa in the winter of 2010, but FIFA acknowledges that it is still too early to





have final decisions (as of 31 July, 2009). The event has already sold 630,000 tickets and would result in huge economic and social consequences if it were to be cancelled.

#### *United Kingdom*

The United Kingdom is one of the two most affected countries in Europe; transmission is mostly due to schools and travel. The UK designed a plan to immunize all 8.5 million students in the country's 33,700 schools against the H1N1 virus. Vaccination posts will be set up in each school to immunize children ages 5 to 16 in all schools. This will be the largest mass vaccination since those set up in 1964 to combat smallpox. Schools designated the vaccination locations in an attempt to keep the pressure off of family doctors. Although parental consent for the vaccinations will be mandatory, the approval rate will most likely be very high, as long as the flu vaccine is safe. The UK government wants to vaccinate before the regular flu season begins in order to fight off the many potential sicknesses that are forecasted for the fall. As of early August 2009, there are still many questions about the administration of the vaccines to the schools because there are only 1,447 school nurses for the 25,000 schools across the country. There are also concerns that the vaccine will not be ready in time for the planned administration dates. There is much controversy on the scheduled release dates of the drugs; this issue is both health related as well as political and economic.

#### *India*

As of early August 2009, India's top tourist destination, the region of Goa, hopes to receive thermal scanners in its airport to check the temperature of airline passengers as a way of testing for the swine flu. Tourist season is about to

set off next month and India's civil aviation ministry is said to be providing thermal scanners in the region's Dabolim airport before the season's kick off.

#### *Brazil*

A Brazilian priest urges his congregation to refrain from holding hands, shaking hands, and kissing in morning mass to avoid contracting the swine flu. Brazilians are making a concerted effort to minimize the spread of the virus by modifying typical religious habits, which includes: calling off scheduled travel plans and holding off on returning children to school after winter break. In Latin America, the largest Latin American country has the lowest mortality rate from the swine flu. As of early August 2009, Brazil was experiencing 0.02 deaths per 100,000 people, compared to the 0.41 in Argentina, and the 0.13 in Mexico. The government has worked to identify and separate patients infected with swine flu, while also educating the public on the disease's symptoms and its ability to spread quickly. In August, the country experienced winter, and the outbreaks are said to offer indications of how the virus will affect the northern hemisphere populations of the US and Europe in the wintertime.

#### *Airlines*

On July 29<sup>th</sup>, 2009, the European Union's transport chief stated that airlines do not have the right to forbid passengers suspected of having swine flu from flying. EU laws state that any passenger revoked the right to board their flight due to illness can demand compensation, or even a full refund or new flight ticket. Airlines are only able to bar sick passengers from flying by an order from a public health official or doctor. Virgin





Atlantic has declared that it can forbid passengers with the swine flu from flying unless the patient has a “fit to fly” document from a doctor. Due to the persistent and apparently “unstoppable” spread of the virus, as stated by the WHO, the organization has not recommended that each country secure its borders or try to minimize outside travel. The WHO believes that travel restrictions may be futile as people with swine flu can be contagious prior to displaying any type of symptoms, such as a fever or cough.

#### *Flu Vaccine*

Many European governments aimed to hurry the testing of the swine flu vaccine in order to get the product out to the public for vaccinations as soon as possible. As of September 24, 2009, the UN’s World Health Organization aimed to supply enough H1N1 flu vaccines to approximately 90 countries to allow them to vaccinate one tenth of their populations. Together, these 90 countries make up about 3 billion of the world’s population. However, these countries are unable to afford the costs of vaccines for the swine flu, and must rely on the WHO for the donation of 200 million doses. Two vaccine providers, Sanofi Aventis and GlaxoSmithKline pledged to donate 150 million swine flu vaccines to the WHO; in mid-September, nine countries, including the United States, agreed to donate 10 percent of vaccine doses to the WHO as well. Nations will be rated on their likelihood of using the drug swiftly, so that the doses do not waste away in a storage closet. The WHO approximates that about 3 billion doses of vaccine will be distributed over the course of 1 year. The WHO has no authority over who receives the vaccinations first, but strongly urges that health-workers be first on the list. There was controversy

on whether the drug should be distributed quickly with risks of side effects, or after months of testing. If the vaccine is not distributed until after meticulous testing, the virus may continue to mutate, resulting in more dangerous strains.

A dominant European concern appeared to be making the drug available and open to the public, whereas the presiding United States outlook focused on a more cautious approach of releasing the vaccine. European officials will not know if the vaccine results in any dangerous side effects until the drug has been distributed to the public at large. American officials are unwilling to take this risk, especially following the 1976 Swine Flu Disaster in which hundreds of Americans developed a paralyzing syndrome, Guillain-Barre syndrome, after receiving a vaccine that carried dangerous side effects. Experts state that they are unaware of why this happened in 1976, but that to avoid a recurrence of such an episode, there should be comprehensive testing prior to the release of the drug. There have also been unsubstantiated allegations that tie the measles, mumps, and rubella vaccines to autism. These associations make it necessary that there are no dangerous side effects to the upcoming H1N1 vaccine as they may generate adverse reactions both physically and socially from the public.

There is also limited information on the safety and effectiveness of the vaccine in children under the age of 3 and in pregnant women, both of which are vulnerable groups during an outbreak.

Marie-Paule Kieny, WHO vaccine director, asserted that a speedy release of the vaccine to the public would not compromise its safety. Testing has shown that adults will only need one dose of the vaccine, while more susceptible groups,





including infants, pregnant women, and people with medical conditions, will most likely require two shots. Once available to the public and received by millions of people, scientists will be able to monitor the side effects of the vaccine. Kieny states that deadly side effects should be rare. Most side effects should be those typical with other vaccinations: nausea, fever, pain at the site of injection, and diarrhea.

Following the bird flu outbreak in 2004, the European Medicines Agency designed a special protocol drug in which the pandemic virus could be inserted at the last minute. Most of the testing was to be done prior to any outbreak, saving time and hopefully many lives. It has been reported that the swine flu virus is not producing enough of an essential vaccine ingredient, potentially limiting the amount of vaccine available for distribution. Laboratories are working to solve this problem, as of late July 2009, by producing a new set of vaccines that hopefully will work better. The swine flu vaccine was released on October 6, 2009 in the United States; the early release was a record time for a new vaccine. Speed and safety were key factors in production of the drug

This background guide briefly covers the basic aspects of the swine flu virus and its impacts

around the world. Delegates should use this guide as a template for investigating how the disease has affected and continues to affect their country. The World Health Organization committee at the UCBMUN Conference 2010 will focus on creating detailed plans to deal with and combat pandemics such as the swine flu. Countries will take into consideration methods of containing the epidemic, means of cushioning the blow of tourist-dependent nations, and ways of vaccinating the masses.

Individual nations will have to decide how much money should be set aside during non-outbreak times for the purposes of handling a widespread pandemic (developed nations will have less trouble with this than developing regions with little excess spending money). States must also deliberate on how thorough testing must be before governmentally allowing vaccines to be sold to the public, and whether there will be anti-monopoly policies set in place for drug-distributing companies to follow. Each country will need to take into consideration its own concerns in order to fashion a suitable recovery plan. The elements listed above are only a template for the questions that must be considered; countries are urged to research their nations thoroughly to find all ways by which their populations will be affected.





## Bibliography

- Campbell, Denis and James Sturcke. "Ministers plan swine flu vaccination in every school." *Guardian* 06.08.2009 Web.07.08.2009. <<http://www.guardian.co.uk/world/2009/aug/06/mass-immunisation-swine-flu-schools>>.
- Cheng, Maria. "Europe fast-tracking swine flu vaccine." *Associated Press* 26. 07. 2009 Web.7 Aug 2009. <[http://www.google.com/hostednews/ap/article/ALeqM5iCajXBnuqbQEUF\\_cH4\\_dblpysz\\_gD99MCRJO1](http://www.google.com/hostednews/ap/article/ALeqM5iCajXBnuqbQEUF_cH4_dblpysz_gD99MCRJO1)>.
- Cheng, Maria. "WHO: Swine flu vaccine on track." *Associated Press* 06. 08.2009 Web.7 Aug 2009. <<http://www.google.com/hostednews/ap/article/ALeqM5i-Qd-q3ALSGUV0tZqwFVoy1GIgfQD99TEJN81>>.
- Moura, Fabiola. "Swine Flu Curbed in Brazil as Mass Habits Change, Schools Delay ." *Bloomberg* 04. 08. 2009 Web.7 Aug 2009. <[http://www.bloomberg.com/apps/news?pid=20601124&sid=aePaY\\_HEcxxw](http://www.bloomberg.com/apps/news?pid=20601124&sid=aePaY_HEcxxw)>.
- Plasse, Stephanie. "Swine flu - A/H1N1 influenza: 2010 World Cup threatened?." *Afrik* 31.07.2009 Web.7 Aug 2009. <<http://en.afrik.com/article15991.html>>.
- "EU: Airlines can't bar suspected flu sufferers." *Associated Press* 30. 07. 2009 Web.7 Aug 2009. <<http://www.google.com/hostednews/ap/article/ALeqM5imCXnYyMnMsLGXswAj6W-2PfO0sAD99OPHFG4>>.
- "Goa yet to receive thermal scanners for swine flu: health minister." *IANS* 06. 08. 2009 Web.7 Aug 2009. <<http://www.samaylive.com/news/goa-yet-to-receive-thermal-scanners-for-swine-flu-health-minister/644128.html>>.
- Brown, David. "WHO Aims to Hand Out 300 Million Doses of Swine Flu Vaccine." *Washington Post* (2009): n. pag. Web. 5 Oct 2009. <<http://www.washingtonpost.com/wp-dyn/content/article/2009/09/24/AR2009092402956.html>>.
- Krebs, Michael. "Swine flu vaccine arrives on Tuesday, fastest vaccine on record." *Digital Journal* (2009): n. pag. Web. 5 Oct 2009. <<http://www.digitaljournal.com/article/280060>>.

