Australian governments downplay mounting swine flu cases

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The confirmed swine flu cases in Australia climbed above 4,500 this week, with more than 150 patients hospitalised. As of today, 11 people had died due to complications after contracting the infection.

Despite Australia having one of the highest infection rates in the world, however, the Rudd government and its state and territory counterparts have downplayed the impact of the global pandemic and downgraded the official response, targeting for treatment only people with severe symptoms. This policy largely leaves the virus to run its course, with potentially disastrous consequences.

After the first death on June 19, federal health minister Nicola Roxon moved to placate community concern. "We do need to remind the community that for the vast majority of people who contract this flu over the coming months, it will be very mild," she told the ABC. Roxon has maintained that stance despite the rising death toll.

Significantly, the first fatal casualty was a Western Australian Aboriginal man from the remote community of Kirrikurra, who died at Royal Adelaide Hospital. His death confirmed the vulnerability of many indigenous people to the disease because of their shocking poverty, chronic ill-health and lack of access to basic health and social services.

The next death, of 35-year-old Anthony Splatt from the western Victorian town of Colac on June 23, revealed that severely under-funded public hospitals have been stretched to the limit to cope with the infection. Splatt's parents, Brian and Judith Splatt, complained that their critically ill son had to wait three hours for an intensive care bed, which was only found at Maroondah Hospital, 150 kilometres away. "There were no beds in Victoria. It seemed like forever (before a bed was found). We hope in a way his death makes more intensive care beds available," Brian Splatt told the Melbourne *Herald Sun*.

Anthony Splatt was not tested for swine flu until he reached Maroondah Hospital and then his test took four days to assess. It was not confirmed that he had swine flu until three days after his death. There are long delays in laboratory testing for the virus. Victoria's acting chief health officer Dr Rosemary Lester told the *Age*, "As you can imagine, there are hundreds of tests at the reference laboratory, all from potentially high-risk patients."

Most of the victims have been adults with pre-existing problems such as cancer. On June 26, however, a three-year-old Melbourne boy died, possibly indicating that children are at risk. Medical authorities have released no information about the child's condition, reportedly at the request of the family. A Victorian Department of Human Services spokesman said he could not comment on the circumstances of the death, but "children do die of flu, unfortunately. It's not unusual for very young people because they are vulnerable."

Health experts have expressed particular concern about the potential impact of swine flu on Aboriginal people, many of whom live in unhygienic, overcrowded and ramshackle houses with no running water. Indigenous settlements are known to have numerous chronic illnesses such as diabetes, metabolic syndrome, and heart and kidney diseases. Aboriginal people have an average life expectancy 17 years less than non-indigenous people.

Paediatric respiratory physician Anne Chang told the *Australian* that "an outbreak in those (remote) communities would be quite severe—a lot of children would probably need to be hospitalised and deaths are a possibility.... Because these people are living in squalid conditions, any outbreak is usually worse than elsewhere." The Northern Territory, which has the smallest population of Australian states and territories, but the highest indigenous population rate (31 percent), has the highest rate of swine flu infections, with more than 115 confirmed cases.

The antiviral drug Tamiflu is only being made available to those at extreme risk, such as those who are pregnant, have kidney disease or are obese. Alice Springs Aboriginal Health Service Dr John Boffa said the drug should be available for all. "By treating everyone with Tamiflu that presents with flu, we have got the best chance of protecting the most vulnerable at risk Aboriginal people with underlying chronic illnesses," he told the ABC.

Influenza experts predict that the death toll will increase as the flu season progresses in the southern hemisphere winter. Raina Macintyre, Professor of Infectious Diseases and Epidemiology at the University of New South Wales, told ABC radio: "Normally

during seasonal flu we see about 2,500 to 3,000 deaths a year in Australia, so it'll be in that range or more. But we really need probably to see many more cases to get an accurate measure of what the mortality rate is."

The situation is exacerbated by limitations in laboratory capacity, as well as conflicting rules and interests between the states and territories, which have sought to understate the extent of the problem within their own jurisdictions. The true number of infected people is likely to be much higher as health authorities are no longer routinely screening all patients with symptoms. In Victoria, the number of daily tests was cut from 500-1,000 per day to 50-70 per day on June 10.

Yet, on June 12 the World Health Organisation (WHO) declared swine flu a pandemic—that is a worldwide epidemic—and moved to the highest alert, phase 6. WHO chief Dr Margaret Chan said "the world is moving into the early days of its first influenza pandemic in the 21st century". As of June 23, 52,000 people were infected in 100 countries and 231 had died. WHO's level 6 means the virus is widespread and has spread to more than one continent. At this level, WHO calls on governments to increase detection systems for potential cases. In Australia, the reverse has occurred.

When swine flu first hit Australia, the media response was somewhat hysterical, creating an atmosphere of alarm. The Rudd government and the states imposed airport and dockside screenings, invoked quarantine powers and shut down some schools, but these measures failed to stem the spread of the virus.

On June 17, five days after WHO declared the pandemic, Health Minister Roxon suddenly announced an addendum to the 2008 Australia Health Management Plan for Pandemic Influenza. The plan had a two-stage response—a Contain phase aimed at ensuring the health system could cope with the emerging threat, followed by a Sustain stage based on the development of a vaccine. Roxon unveiled a new "Protect" phase, which abandons any concerted attempt to control the spread of the virus.

Isolation due to infection was made voluntary and school closures halted. Monitoring of the virus was stopped, along with thermal screening at airports. Australia's Chief Medical Officer Jim Bishop admitted that the plan was problematic. "We think that we can mitigate it [swine flu] down to a similar experience with ordinary seasonal flu, but we don't have evidence for that yet," he told the *Australian*.

The shift to the Protect stage was substantially driven by the needs of business. In Mexico, where the pandemic first emerged in early May, offices, restaurants, shops, schools and "non-essential" industries were ordered to shut down. Mexico City, one of the world's largest metropolises, came to a near standstill. According to the *Wall Street Journal*, the swine flu outbreak cost the Mexican economy at least $US2.2 billion. The Rudd government did not want a repeat in Australia.

Sections of industry called on the federal and state governments to moderate their already limited intervention against the virus. On June 13, Victorian Tourism Industry Council chief executive Anthony McIntosh described the measures as an "overreaction." Once the Protect phase was announced, the Australian Industry Group called it a "reasonable and proportionate health response".

Since then it has become apparent that no swine flu vaccine will be ready until after the winter flu season. On June 29 scientists at the University of Queensland's Australian Institute for Bioengineering and Nanotechnology announced they had developed a vaccine but it would not be available until after clinical trials later this year.

Most of the confirmed cases have been relatively mild but as the infection spreads the danger remains that the virus could mutate into a more dangerous strain. This occurred in the 1918 Spanish flu epidemic, where the first wave of infection was relatively benign only to emerge a few months later in an extremely virulent form. The virus currently sweeping the world is an A(H1N1) variety with a genetic structure that combines four flu viruses—two human, one swine and one avian. The last flu pandemic, the 1968-69 Hong Kong *flu*, killed about a million people.

The Australian governments' policy of letting the virus spread only multiplies the probability of a more dangerous mutation emerging that could have devastating consequences. If such an emergency developed, it is already clear from what has happened in recent weeks that the run-down public health system would be overwhelmed.