Research confirms human to human transmission of avian flu

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Researchers have confirmed two cases of human to human transmission of the avian influenza virus, raising the possibility that the infection could soon gain a foothold among people, with the potential to strike millions.

The virus, influenza A (H5N1), infected 44 people last year (killing 32) in eight Asian countries. People normally catch this flu from infected birds, usually chickens and ducks. Health experts have been worried that the H5N1 virus could one day mutate into a form that passes easily between humans, perhaps leading to a major flu pandemic to rival the Spanish flu of 1918.

Fearing that many countries would be ill prepared to deal with this potential threat, the World Health Organization in December urged all countries to develop or update their pandemic strategies. The UK government is currently revising its plans.

To date, 12 people have died of the infection in Thailand. But two people there who died of the infection apparently had no direct exposure to birds, suggesting they got the virus from another person, say researchers in an "early release" article in the New England Journal of Medicine (www.nejm.org, 24 Jan 2005). The cluster started with an 11 year old Thai girl who transmitted the disease to her mother and aunt. The mother, a garment worker, had not been around poultry. She was in the girl's house for only 10 minutes. The aunt had had no exposure to poultry for 17 days before falling ill. That is longer than the typical two to 10 days before symptoms usually appear after infection with this virus.

Neither the mother nor the aunt spread the disease to anyone else, an indication that the virus still cannot spread efficiently among humans, the researchers reported. Laboratory tests showed that the virus that infected the family had not mutated from its avian form, the researchers said.

"There is so much transmission going on between birds and humans [in Asia] that the likelihood of a genetic reassortment that would make the virus able to be transmitted in humans grows every day," says Dr Michael Osterholm, an infectious disease epidemiologist at the University of Minnesota.

No one knows if or when the virus will start spreading among humans, wrote Dr Arnold Monto of the University of Michigan School of Public Health in an accompanying article.

In Vietnam outbreaks of H5N1 avian flu have spread to provinces across the country. Two more deaths were reported on 22 January, bringing the number of deaths since mid-December to nine (for previous report see BMJ 2005;330:110, 15 Jan).

The deaths in Vietnam—including five this week—have raised concerns about the virulence of the current strain and the high death rate. Of the 35 people infected since January 2004, 27 of them have died. Vietnam has banned poultry imports from nearby countries.

Eli Lilly: Correction and apology

An article by Jeanne Lenzer in our 1 January issue (BMJ 2005;330:7) reported that the US Food and Drug Administration was to review confidential Eli Lilly documents that had been sent to the BMJ by an anonymous source.

The article stated that these documents had gone "missing" during a 1994 product liability suit filed against Eli Lilly.

That statement has been the subject of a detailed investigation conducted by the BMJ following a complaint by Eli Lilly. That investigation has revealed that all of the documents supplied to the BMJ that were either Eli Lilly documents or were in the hands of Eli Lilly had in fact been disclosed during the suit.

At the end of the trial, all the documents were preserved by Court Order or were disclosed by Eli Lilly to the plaintiffs' lawyers in related Prozac claims.

The BMJ did not intend to suggest that Eli Lilly caused these documents to go missing. As a result of the investigation, it is clear that these documents did not go missing. The BMJ accepts that Eli Lilly acted properly in relation to the disclosure of these documents in these claims. The BMJ is happy to set the record straight and to apologise to Eli Lilly for this statement, which we now retract, but which we published in good faith.

The same article described Dr Peter Breggin as "the medical witness for the Wesbecker case." He was, in fact, the expert witness for the plaintiffs.