

Social, Health and Family Affairs Committee
of the Parliamentary Assembly of the Council of Europe

*Hearing on “The handling of the H1N1 pandemic: more transparency
needed?”*

Strasbourg, 26 January 2010

Introductory statement by Prof. Dr. Ulrich Keil

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Madam Chairperson, dear ladies and gentlemen,

as director of the WHO collaborating centre for epidemiology and prevention of cardiovascular and other chronic diseases at the university of Münster I recently had the honour to deliver a welcome address to the audience of the annual German epidemiology congress in Münster.

The main topic of the address was the so called swine flu pandemic. I criticised the hysterical announcements and reactions of ministries, scientific bodies and not least the media, sharply contrasting the mounting epidemiological evidence of a mild viral infection compared to previous influenza seasons.

In the meantime a number of physicians, health scientists and others are questioning the decision of WHO to declare the H1N1 pandemic.

What are the facts ?

Neither WHO nor the National Pandemic Expert Committees nor the Governments have informed the general public that the H1N1 virus is not a new virus but is known to us for decades. It has been carried to the US by soldiers coming from Vietnam as the so called Asian swine flu in the 1970ies. In 1976, actually triggered by Legionnaires Disease in Philadelphia (a bacterial, not a viral disease), and initiated by President Gerald Ford, a vaccination campaign was started in the US and about 40 million US-citizens were vaccinated because the infectious disease specialists at the CDC were convinced that H1N1 was similar to the virus that had caused the Spanish influenza in the fall of 1918 with millions of deaths¹. However, the H1N1 vaccination campaign was stopped abruptly when it was realized that the virus produced only a mild disease without complications among only 500 infected and one death , while the vaccine produced a number of severe neurological side effects, namely Guillain-Barre-Syndrome. This story was reported again in the Washington Post of April 27, 2009. ²

The reviewers Neustadt and Fineberg concluded in “The Epidemic That Never was”³ that

- Overconfidence by specialists in theories extrapolated from meager evidence
- Conviction fuelled by a conjunction of some preexisting personal agendas
- Premature commitment to deciding more than had to be decided
- Failure to address uncertainties in such a way as to prepare for reconsideration
- Insufficient questioning of scientific logic and of implementation prospects

were detrimental in the decision making process in 1976. Obviously, those lessons were not learned.

A similarly benign evolvement of the H1N1 epidemic has been observed around the world to date. In Germany, about 10 000 deaths are attributed to the seasonal influenza each year,⁴ producing death victims especially among older and frail people. In contrast, only a very small number of deaths can actually be attributed to the so called swine flu H1N1 pandemic in Germany (189 deaths).⁵

Older people are obviously immune against the H1N1 virus, because hardly any infection with H1N1 has been found among people age 60 and over.⁶ This finding is a clear indication that older people have already been in contact with the H1N1 virus and/or with former vaccines that have contained H1N1 virus antigen.

In spite of contradictory data from Mexico and weak and unconvincing evidence compiled by the CDC and the European Centre of Disease Control in Stockholm and in light of all the facts mentioned above the Director General of the World Health Organization, Dr. Margret Chan declared the H1N1 pandemic in June 2009 and triggered a cascade of actions by individual countries that had been prepared during the years following the SARS and avian flu pandemic fears.

In Germany the Federal Ministry of Health and the respective ministries of the 16 Länder ordered 50 million doses of vaccine and were expecting millions of people to be vaccinated. Interestingly, the binding and far reaching contracts with the vaccine manufacturer for Europe, Glaxo Smith Kline were signed already in 2007 after a new pandemic mock-up vaccine had been licensed.

A discussion at the above mentioned epidemiology congress in Münster with Dr. Krause from the Robert Koch Institut in Berlin was very revealing: Dr. Krause confirmed that the definition of a pandemic had been recently changed by WHO in that the severity of the disease was no longer relevant to declare a pandemic . To my question “ What might happen if WHO next year defined sneezing as a pandemic. Would you also start a vaccination campaign ?” Dr. Krause responded with a clear YES !

Dear ladies and gentlemen, in recent years we have been witnessing Angst campaigns with regard to SARS in 2002/3 (Severe Acute Respiratory Syndrome), with regard to avian flu in 2005/6 and now we live with the so called swine flu pandemic. The theoretical possibility of a viral antigen drift to such an extent that H1N1 would be turning within one hit to a highly fatal virus has never been corroborated by epidemiological data. Avian flu so far has affected some 467 individuals worldwide, killing 282 of them.⁷ It is important to know that avian flu was only contracted by close contact between birds and humans and therefore, always remained a regional zoonosis. At least in Germany not a single fatal case from SARS or avian flu has been documented. Nevertheless, avian flu became the model for pandemic flu scenarios overhauling the seasonal influenza preventive strategies including seasonal vaccination technology which was no longer deemed efficient in the case of a pandemic.

Again, none of these pandemic predictions have become true. It is now time to re-evaluate public health strategies and to ask the question what really helps to reduce the burden of morbidity and mortality in the world's populations?

When giving lectures on life expectancy or mortality development in the western world I like to point out that of the 827 155 deaths in 2007 in Germany about 359 000 come from cardiovascular diseases, about 217 000 from cancer, 4978 from traffic accidents, 461 from HIV/AIDS and zero from SARS or Avian Flu!⁸

Ladies and gentlemen, we are presently witnessing a gigantic mis-allocation of resources in public health. While we know from the burden of disease study by Murray and Lopez and from the World Health Organization's European Health Report 2005⁹ that the great killers in terms of risk factors are

1. Hypertension
2. Smoking
3. High Cholesterol
4. High BMI
5. Physical Inactivity
6. Low Fruit and Vegetable intake
7. Unsafe sex
8. Urban outdoor air pollution
9. Occupational airborne particulate matter
10. Illicit Drugs

Governments and public health services are paying only lip service to the prevention of these great killers and are instead wasting huge amounts of money by investing in pandemic scenarios whose evidence base is weak.

At a recent WHO training program on non-communicable disease (NCD) prevention for 21 country directors, organized by Ala Alwan from WHO Headquarters in Geneva and Pascal Bovet from the WHO Collaborating Centre in Lausanne it was a major concern that 70% of the deaths in the world are from NCDs, Mental Illness and Injury, however less than 10% of the public health money is targeted towards NCDs.¹⁰

In one country 80% of the deaths were from NCD; there were over 2000 people in the respective ministry involved in communicable diseases and only 2 involved with NCD.

“The main problem is the epidemic of NCD and the fact, that while most important causes of NCD are known, key people..... do not act“. (Hong Kyu Lee)¹⁰

A major difficulty is the lack of resources targeted towards prevention of NCDs. It is most likely that more money was spent on the so called H1N1 pandemic, where there were only a small number of deaths, than on prevention of the millions of deaths from Diabetes, CHD, Stroke and Cancer.¹⁰

By the way, we know today that 90% of Diabetes Mellitus Type II, 85% of lung cancer, 80% of coronary heart disease, 70% of Stroke and 70% of Colon Cancer are preventable by life style modification and public health measures.¹¹

Ladies and gentlemen, thank you for your attention and thank you for taking action !

Münster, 25 January 2010

References

¹ Retrospective:What happened with swine flu in 1976 ?

<http://blogs.sciencemag.org/scienceinsider/2009/04/retrospective-w.html> accessed April 27, 2009

² Kindy, K. Officials are urged to heed lessons of 1976 flu outbreak www.washingtonpost.com/wp-dyn/content/article/2009/05/08/

³ Neustadt RE, Fineberg HV. The epidemic that never was.Policy making and the swine flu scare. Vintage Books, 1982

⁴ Arbeitsgemeinschaft Influenza:<http://influenza.rki.de/saisonberichte.aspx> accessed January 23rd 2010

⁵ Buda S,Wilking H.,Schweiger B, Buchholz U, Köpke K, Haas W, AGI- Studiengruppe. Influenza Wochenbericht. Kalenderwoche 2(09.01.bis 15.01.2010. <http://influenza.rki.de/wochenberichte.aspx> accessed January 23rd 2010

⁶ Arzneitelegramm. Im Blickpunkt Schweinegrippe: Alles im Griff ? Arznei-Telegramm ®2009; Jg.40.Nr.9

⁷ www.who.int/csr/disease/avian_influenza/country/cases_table_2009_12_30/en/

⁸ Statistisches Bundesamt.Todesursachenstatistik.www.gbe-bund.de accessed January 28, 2010
accessed January 23rd 2010

⁹ The European Health Report 2005: Public Health Action for healthier children and populations. World Health Organization Regional Office for Europe, Copenhagen 2005

¹⁰ LaPorte RE. NCDs, WHO Geneva. Personal communication. January 23rd 2010

¹¹ Willet WC. Balancing life-style and genomics research for disease prevention. Science 2002; 296:695-698