



Predicting The Next Flu Pandemic

It's hard to pick up a newspaper or watch TV without being bombarded with reports of bird flu in waterfowl somewhere in the world and the prospects that such outbreaks will likely jump to humans and spread throughout the world, creating a global flu "pandemic". Images of the deadly flu pandemic during World War I are often shown to reinforce what kind of disaster would occur. Reports also describe frantic efforts to stockpile large quantities of drugs that could counteract the flu and to develop a vaccine that could prevent its spread.

Not surprisingly, there is considerable anxiety in the public's mind about whether and when such a devastating flu epidemic might occur. For this reason, we thought readers would be interested in a commentary, appearing in the *Journal of the American Medical Association*, that tries to put what we know into perspective. The authors, from the U.S. National Institutes of Health, are international experts in infectious diseases.

They note that since 2003, the "bird flu" virus, called H5N1, has caused 172 deaths in small outbreaks in 60 countries. These cases are generally attributed to people coming into close contact with birds who were infected with the virus, but so far, widespread transmission of the virus from one human to another has not occurred, and without such transmission, a pandemic can't take place. Typically, annual flu epidemics occur in humans when viruses that normally infect wild birds spread to domesticated birds, pigs, or horses, and are then transmitted to humans. But to spread between humans, the virus has to undergo a genetic change, and there's little known about how this occurs.

It's useful to summarize the authors' conclusions: Currently, it's simply not possible to predict the occurrence of a flu pandemic, except that it's reasonable to suspect that one will occur,

eventually. It's also not possible to predict when and where such a pandemic will occur, nor can we anticipate whether it will involve a terribly severe form of the flu or a relatively mild one. And when the next pandemic does come, it may be caused by viruses other than the one that causes bird flu.

The lesson for us, note the authors, is to be prepared for a variety of viruses by improving our ability to identify outbreaks early on, developing new antiviral medicines, and producing effective vaccines. While this is necessary in case a pandemic occurs, these experts point out that these same measures will also help us in our fight against the "normal" flu epidemics we face each year. (Taubenberger JK et al: *Journal of the American Medical Association*, May 9, 2007, pp. 2025-2027)

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COMMENT: We thought this was a useful perspective which can help us all pay less attention to frightening news reports that are designed to catch your attention but in the process can scare the daylights out of both adults and children. As these

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experts point out, there is likely to be a pandemic at some point in the future, but there's no reason to believe it's right around the corner. The good news is that concern about such a pandemic

is pushing governments and researchers to increase preparations and countermeasures, all of which would, we hope, diminish the impact of a pandemic, whenever it might occur. **CHA**

Rx MEDICATION

Antidepressant Medications: A New Warning About Risks...

Antidepressant medications have come into fairly wide use among adults, adolescents, and children. In 2004, the U.S. Food and Drug Administration (FDA) required that these medications include a warning that use in children might increase the risk of suicide or suicidal thinking. Now, the FDA has expanded that warning to include young adults 18 to 24 years of age. An analysis of this action, published in a medical journal, notes that it's hard to know whether suicide is caused by taking the drug or whether it's the child's underlying depression that causes the suicide. While this question remains unanswered, the authors note that leaving depression untreated poses a greater risk of suicide than the medications do. They urge that patients starting antidepressant medications be told that some people have an increase in suicidal symptoms, especially early in treatment, and they need to be followed closely by their health care provider for the first 4 to 6 weeks of treatment. (*FDA Press release, May 2 2007, www.fda.gov/medwatch/safety/2007/safety07.htm#Antidepressant; Friedman RA & Leon AC, *New England Journal of Medicine*, May 7, 2007)*)

...And A New View About Benefits

A couple weeks before the FDA issued its new warning, child psychiatrists published a report in which they reviewed all the available data on



antidepressants in children—including a few studies that weren't available to the FDA when it came out with its 2004 warning about the risks of these drugs in children. As one of the authors concluded, “the medications are safe and effective and should be considered as an important part of treatment”; further, “the benefits seem favorable

compared to the small risk of suicidal thoughts and behavior.” At the same time, an expert who was not involved in the study made the point that the risks should not be ignored; “You can't say (to children or their parents), “Take these and call me in 6 weeks.” (*Bridge, JA et al: Journal of the American Medical Association, April 18, 2007, pp. 1683-1696; New York Times, April 18, 2007*)

COMMENT: Every time a health care provider suggests a medication, he/she should be balancing the benefits of the medication for that patient against possible risks. While we don't know whether antidepressants actually increase suicide-related risks in children and young adults, or whether these risks come from the depression itself, it seems clear that young people who take these medications are at a slightly increased risk of thinking about suicide or actually committing suicide. On the other hand, depression itself, if untreated, carries a considerably larger risk of suicide.

It's very important to recognize that the FDA is not saying these drugs should not be used in children and adolescents, and the experts quoted above are not saying risks of suicide should be ignored. Rather, there is general agreement that the drugs can be effective in treating depression, but doctors (and parents) need to be alert for suicidal thinking among children and adolescents who take antidepressant medications, particularly in the first weeks and months of treatment. **CHA**

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