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[FRIDAY, MAY 01, 2009]

Caution closes 4 more schools
The Advertiser | 05.01.09 2

Community briefly: Head, neck cancer screening set
Shreveport Times | 05.01.09 4

8 people from Louisiana tested for disease
The Times-Picayune | 05.01.09 5

DHH sends eight suspected swine flu cases to CDC
The Town Talk | 05.01.09 7

Retailers: Face masks selling fast
The Advocate | 05.01.09 9

State testing for swine flu
The Advocate | 05.01.09 10

Jindal press conference on swine flu
The Advocate | 04.30.09 11

Ochsner gains foreign med school
The Times-Picayune | 05.01.09 12

Letter: State pay raises not automatic
The Advocate | 05.01.09 13

Swine flu cases pass 100 in US, vaccine promised
The Times-Picayune | 05.01.09 15

First Flu Death Provides Clues to Mexico Toll
The New York Times | 04.30.09 17

Tests for New H.I.V. Infection Not Widely Adopted
The New York Times | 04.30.09 20

Caution closes 4 more schools

The Advertiser | 05.01.09

Tina Marie Macias

Four more Catholic schools are closed today as reports of Type A influenza - the type that includes both the swine flu and seasonal flu -continue to grow.

St. Pius Elementary School, St. Cecilia School in Broussard, Our Lady of Fatima School and Academy of the Sacred Heart in Grand Coteau are all closed today. Each school has at least one student with Type A flu.

School officials called the closures a "precautionary measure," and the sites are tentatively set to reopen Monday. The first school to be shut in the state was Cathedral-Carmel, which closed after five students tested positive for Type A flu Wednesday.

One of Cathedral-Carmel's ill students had recently visited Mexico. Officials say the swine flu outbreak may have started in Mexico.

Cathedral-Carmel, a Catholic kindergarten- to eighth-grade school, is the largest parochial school in Acadiana with nearly 800 students.

The state Department of Health and Hospital tested oral swabs from the five Cathedral-Carmel students taken Wednesday. They were not conclusive and were transferred to the Centers for Disease Control in Atlanta for further testing.

The CDC is the only place that can test for swine flu, DHH Region 4 director of public health Tina Stefanski said.

"It could just be a type A seasonal flu that we can't detect in our labs," she said.

Half the samples the CDC has tested from the rest of the country have tested positive for swine flu.

Meanwhile, local hospital officials said they have seen an increase in patients showing at the emergency room with concerns and symptoms that could be associated with influenza.

At Lafayette General Medical Center, spokeswoman Leslie Davis said the hospital has seen an increase in patients complaining of upper-respiratory problems, but they were not necessarily related to the flu.

Larry Dorsey, administrator for University Medical Center, said there has been a slight increase in patients complaining of flu-like symptoms, but nothing significant.

Several of the hospital officials said they have taken extra precautions by ordering additional flu test kits and antivirals such as Tamiflu.

Taking precautions

Public school Katherine Drexel Elementary School in Broussard had one student test positive for type A flu, but the school remains open today.

Westminster Christian Academy in Opelousas sent three students home as a precaution. The students had recently visited Mexico. No symptoms or illness was reported.

All infected students have had oral mouth swabs sent to the state DHH for testing. Schools with infected students are following Cathedral-Carmel's example and disinfecting all surfaces today.

"We were not told to do this by the Department of Health, we just feel that, again in being very proactive in making our school safe for our kids," Cathedral Vice Principal Greg Dubois said. Custodians disinfected toys, all surfaces and cleaned air-conditioning vents.

Parents react

Parents picking up their children at St. Pius and Fatima had mixed feelings Thursday. Some were calm and praised the schools for being cautious, while others worried about their children's health.

Physician Mike Hebert has three children who attend St. Pius. He said he's pleased the schools are being cautious.

"We have to be concerned, but not overly concerned," he said.

He added that as with many illnesses, those dying are babies and toddlers, people with immune deficiencies and the elderly.

"These are generally healthy children (at St. Pius), so I'm not overly concerned," he said.

Other parents, however, weren't as confident on Thursday. Fatima parent Steele Russell worried about how little everyone seems to know about the swine flu.

He is keeping up with the news, talking to his family physician and urging his three sons to wash their hands and keep their hands to themselves.

"It sounds scary that everything is shutting down," 8-year-old Alex Russell said. A third-grader at Fatima, Alex is Steele Russell's eldest son.

Infected students

Little has been reported about the ill children at Drexel, St. Cecilia, Academy of the Sacred Heart and Fatima.

However, one of the St. Pius students visited Mexico in the past two weeks. Both of St. Pius' ill students are middle schoolers and have been in contact with students from Cathedral-Carmel School, assistant principal Ted Daigle said.

Both students were in class Thursday and later began to feel ill. Their parents then took the students to the doctor where they tested positive for Type A flu.

Stefanski said the incubation period can last up for seven days but is usually one to four days.

One of the St. Pius students had recently slept over at a Cathedral-Carmel student's home and the other came in contact at an extracurricular activity.

"This is purely a precautionary measure," Daigle said of the school closure. "It's just a chance to nip any problems that we do have in the bud and get a handle on them before they get away from us."

Advertiser reporters Claire Taylor, Amanda McElfresh, and Shay Randle contributed to this report.

<http://www.theadvertiser.com/article/20090501/NEWS01/905010331>

[\[BACK TO TOP\]](#)

**Community briefly: Head, neck cancer screening set
Shreveport Times | 05.01.09**

Head, neck cancer screening set

Feist-Weiller Cancer Center of LSU Health Sciences Center-Shreveport will have a free head and neck cancer screening from 9 a.m. to 2 p.m. today.

Advertisement

Members of the Department of Otolaryngology/Head and Neck Surgery faculty will conduct the screenings.

An appointment is needed. Call (318) 675-6262 for more information or to schedule an appointment.

Free parking is available at the Feist-Weiller outpatient treatment building on Kings Highway in Shreveport just east of the main LSUHSC-S campus.

<http://www.shreveporttimes.com/article/20090501/NEWS01/905010332/1060>

[\[BACK TO TOP\]](#)

8 people from Louisiana tested for disease

The Times-Picayune | 05.01.09

By Jan Moller

and David Hammer, Staff writers

BATON ROUGE -- Louisiana health officials are awaiting tests to determine whether at least eight people in four parishes, including St. Tammany and Orleans, have contracted the swine flu that is spreading rapidly throughout the country, Gov. Bobby Jindal said Thursday.

None of the cases are confirmed as resulting from the H1N1, or swine flu, virus. Viral samples could not be positively identified through tests conducted by the state's public health laboratory in Metairie, and they have been sent to the U.S. Centers for Disease Control and Prevention in Atlanta.

The results are expected in two to four days, Jindal said.

All eight cases tested positive for Type A influenza, which could mean either seasonal flu or swine flu. The eight cases include five in Lafayette Parish and one each in Orleans, St. Tammany and St. Martin parishes.

State officials confirmed that the Orleans case is one of a boy examined Wednesday at Tulane University's Uptown Clinic. Tulane spokesman Mark Romig said Dr. Rade Pejic saw the boy and performed a rapid swab test at the clinic.

It came up negative for both influenza Types A and B, but the boy was exhibiting flu-like symptoms and had been around people who were recently in Mexico, where the swine flu epidemic has been most intense. So Pejic sent the sample along to the state lab out of an abundance of caution, Romig said.

But at the state labs, the sample tested positive for Type A, which includes the swine flu strain, as well as for seasonal flu. The state couldn't rule out swine flu in the Tulane Uptown Clinic case and therefore sent the sample on to the CDC for further analysis.

All of the Louisiana victims are being treated at their homes with antiviral drugs. "The good news is the disease has shown itself to be responsive to treatment," Jindal said at a late-afternoon news conference.

Symptoms of the swine flu are virtually identical to that of normal influenza and include high fever, aches, vomiting and congestion.

Immunologists and other influenza experts say swine flu is not necessarily any more virulent or dangerous than typical flu strains but it has the potential of being more widespread because the general population has not developed an immunity to it.

As of Thursday, 148 suspicious viral samples had been delivered to the state's Office of Public Health laboratory for testing. Health and Hospitals Secretary Alan Levine said they are being tested at a rate of 18 every four hours, and that the lab is working 24 hours a day.

Nationally, there have been 109 confirmed cases and one death as of early Thursday, according to the CDC's Web site.

State Health Officer Dr. Jimmy Guidry said he expects there to be eventually several confirmed cases in Louisiana and said state officials are working closely with federal authorities.

"We anticipate some confirmed cases in Louisiana, but our collective actions with our partners will help to mitigate the spread of infection," Guidry said.

When samples test positive for Type A influenza but the exact type of virus cannot be identified, they are sent on to the CDC for more evaluation since the state does not have the equipment to positively identify the virus.

In Lafayette Parish, all of the suspected cases involve sixth-grade students at a private school, and are believed to have stemmed from a student who vacationed recently in Mexico.

The school was closed indefinitely Wednesday.

As a precautionary measure, Jindal said the state Department of Corrections has canceled visitation and prisoner transfers for the next 14 days at state prisons, and is screening all deliveries. Parole hearings have been suspended for a week, Jindal said.

People who experience flu-like symptoms are being urged to contact their doctors and then stay home to avoid spreading the illness. All citizens are being asked to take extra precautions, such as frequent hand-washing, to avoid spreading the disease.

The state had stockpiled 400,000 courses of the two antiviral drugs being used to treat the disease, Tamiflu and Relenza, and Jindal said 100,000 more courses are being delivered to the state by the federal government.

He said 140,000 courses of the medicine will be positioned around the state so they will be available to hospitals as needed.

More information is available on the Web at www.flula.com and www.cdc.gov/

<http://www.nola.com/news/t-p/capital/index.ssf?/base/news-7/1241156018128200.xml&coll=1>

[\[BACK TO TOP\]](#)

DHH sends eight suspected swine flu cases to CDC

The Town Talk | 05.01.09

By Mike Hasten

Gannett Capital Bureau

BATON ROUGE -- Louisiana health officials have sent to the U.S. Centers for Disease Control and Prevention samples from eight suspected cases of the swine flu virus, and an in-state lab is looking at 148 other samples gathered statewide.

The eight samples collected from five Lafayette students and people in St. Martin, Orleans and St. Tammany parishes all tested positive for Type A influenza, which indicates either seasonal or swine flu. Further testing by the CDC will determine whether it is swine flu.

Louisiana Department of Health and Hospitals Secretary Alan Levine said he expects to hear within the next two to four days whether any of the eight actually have swine flu.

CDC was getting a one-to-two-day turnaround but is being swamped with samples across the nation, so it has sent test kits to all states.

Meanwhile, all eight flu victims are being treated at their homes with antiviral medications.

Even if it is swine flu, Levine said, it responds to antivirals, and the state has 400,000 doses available. National Guard troops are distributing them to doctors' offices, clinics and hospitals.

State Health Officer Dr. Jimmy Guidry said the state could begin testing its own samples if it can locate a "very expensive piece of machinery" needed to process the test kits.

Levine said the state Office of Public Health is working "around the clock" to check the other samples to see how many should be sent to CDC or processed here if the state can get the equipment.

Levine said that although no Louisiana sample has yet to test positive for swine flu, "I think we can expect to see that" problem arising because so many Louisiana residents have recently traveled to Mexico.

"The disease in the United States is beyond containment," he said. "It's going to travel."

Guidry agreed but said efforts are under way to mitigate the spread of infection.

A CDC report Thursday said there were 109 confirmed swine flu cases in the U.S. with 50 in New York, 26 in Texas, 14 in California, 10 in South Carolina, two each in Kansas and Massachusetts, and one each in Arizona, Indiana, Michigan, Nevada and Ohio. The only death reported was a child in Texas.

"I want to assure people that there are still no CDC-confirmed cases in Louisiana," said Gov. Bobby Jindal, but "we're going to see more and more people identified" with flu symptoms.

His best advice, he said, is "wash your hands, cover your mouth when you cough, and if you do experience flu-like symptoms, contact your doctor and stay away from large public areas."

Symptoms include fever, cough, sore throat, body aches, headache, chills and fatigue.

People with health problems, such as cardiovascular disease, are particularly susceptible, he said, and should avoid large crowds. Also, anyone with any symptoms should avoid going into places where a large number of people are gathered.

"We're in the phase where we're doing everything we can," Levine said. Health officials are going into the neighborhoods where flu cases have been reported and are encouraging people who had contact with the victims to watch for symptoms.

The governor said any state employee who develops flu symptoms should take sick leave or work from home for three days.

DHH has sent information to day-care centers telling what to watch for and giving steps to try to avoid spreading the virus. The Department of Social Services is sending instructions to its 75 group homes and foster homes on how to take precautions.

Jindal said the Department of Corrections has suspended visitations for two weeks and is not accepting any interstate transfers of prisoners. Parole hearings have been put on hold, and all deliveries to prisons are being screened.

The Governor's Office of Homeland Security and Emergency Preparedness has been put on alert, and the Joint Information Center has been activated so all agencies that are involved have contacts at the GOHSEP office in Baton Rouge.

DHH information is provided on the Web site www.flula.com. The Centers for Disease Control's swine flu Web site is www.cdc.gov/swineflu.

Additional Facts

LSUA Children's Center closed today

The Children's Center at Louisiana State University at Alexandria will be closed today as a precautionary measure after a child who attends the center developed Type A flu.

"There is one confirmed case of Type A influenza. It is not a confirmed case of swine flu," said LSUA Chancellor David Manuel.

A sample of the child's Type A flu was sent to the Centers for Disease Control, and it could take a couple of days to get back results. LSUA expects to announce over the weekend whether the Children's Center will reopen on Monday.

Manuel said the center has been in contact with parents of children who attend the center, and closing the center today is "a precaution in the interest of the health" of the center's children and employees.

<http://www.thetowntalk.com/article/20090501/NEWS01/905010332/1002>

[\[BACK TO TOP\]](#)

Retailers: Face masks selling fast

The Advocate | 05.01.09

By BILL LODGE

Advocate staff writer

There is no documented proof face masks can prevent people from contracting the swine flu, physicians and government officials said Thursday.

But such statements did nothing to slow sales in Baton Rouge.

"I'm out," said Kevin Denoux, owner of The Medicine Shoppe at 5421 Highland Road. "I had 50 masks, and they're just gone.

"That's usually a year's supply," Denoux added. He said he hoped to receive a fresh shipment today.

Dr. Chad Braden, a family medicine practitioner at Ochsner Health Center Bluebonnet, noted that no local swine flu cases have surfaced so far.

"In Baton Rouge today, I don't think there is a reason to wear a face mask," Braden said.

Should that situation change, Braden added, "I would wear one in a crowded area. But don't think you're safe just because you're wearing a mask.

"I don't know if anyone knows their effectiveness," he said.

Dr. Marilyn M. Reynaud, medical director for Capitol Region 2 of the Louisiana Office of Public Health, agreed there is limited information on the effectiveness of such masks.

"We're not recommending the use of face masks, not in the community setting," Reynaud said.

Use of a mask by a person already suffering from the flu "may be better at preventing that person from spreading the virus," Reynaud said.

Dr. Fred Lopez, an infectious disease clinician and professor at LSU Health Sciences Center New Orleans, agreed with Reynaud and Braden.

"I think they (masks) are a little bit falsely reassuring," Lopez said.

He noted the federal Centers for Disease Control and Prevention recommend that people wash their hands frequently each day and cover their coughs and sneezes. Once the virus arrives in a city, Lopez added, people should avoid large crowds.

The CDC's Web site noted Thursday that face masks "may help reduce the risk of getting influenza."

But federal officials added on the same site: "Information on the effectiveness of facemasks ... is extremely limited."

"Who's most likely to get it?" mused Lopez. "We all are. None of us has immunity to this virus."

<http://www.2theadvocate.com/news/44106577.html>

[\[BACK TO TOP\]](#)

State testing for swine flu
The Advocate | 05.01.09

Watch Video: <http://www.2theadvocate.com/news/44127962.html>

State Police continue to deliver samples to test for swine flu. News 2's Kristy Davis tells you how Louisiana can respond to the flu faster.

[\[BACK TO TOP\]](#)

Jindal press conference on swine flu
The Advocate | 04.30.09

Part 1: <http://www.2theadvocate.com/news/44098792.html>

Part 2: <http://www.2theadvocate.com/news/44098767.html>

There are at least eight cases of suspected swine flu in Louisiana. Gov. Bobby Jindal called a Thursday evening press conference to bring the public up to speed on the latest developments.

[\[BACK TO TOP\]](#)

Ochsner gains foreign med school

The Times-Picayune | 05.01.09

By Bill Barrow

Staff writer

Ochsner Health System is partnering with an Australian medical school in a new training program for American medical students.

Announcing the deal Thursday, Ochsner officials cast the arrangement as a way to improve medical education and address worsening physician shortages in south Louisiana, where Hurricanes Katrina and Rita devastated hospital and teaching infrastructure.

"This is a completely unique opportunity in the United States," said Dr. William Pinsky, chief academic officer for Ochsner.

Under the agreement with the University of Queensland in Brisbane, medical students from the United States will complete two years of preclinical training on the Australia campus and spend their third and fourth years of medical school working in Ochsner facilities. The program creates the University of Queensland School of Medicine Clinical School at Ochsner.

Sixteen American citizens began their Queensland medical coursework in January, according to Ochsner officials. Ochsner said its current rotations of fourth-year medical students include students who have been studying at Queensland. The program's goal is for Queensland to admit 80 more American students in 2010 and 120 students each year after.

Gov. Bobby Jindal, a former state health secretary, and current health secretary Alan Levine lauded the affiliation. Levine said the arrangement "is exactly the kind of innovation we need to expand our reach" and attract more students, more physicians and better research opportunities to the region.

According to the state Department of Health and Hospitals, every parish in Louisiana reports a shortage of primary-care physicians, either parishwide or within a population subset or specific facility within the parish. Evidence of shortages within many specialties is more anecdotal, but hospital executives in the New Orleans region say that the average age of their physician base is increasing more rapidly than before Katrina.

Pinsky said recruiting efforts for the new program will be focused regionally, with the belief that those students would be most likely to remain in the area to practice. "We'll also have a significant emphasis on primary care in the curriculum as we are in desperate need of primary care physicians in Louisiana," he said.

Ochsner's existing educational operations already include spots for 200 interns, residents and fellows in 18 programs, many jointly sponsored with Louisiana State University and Tulane University. More than 400 third-year and four-year medical students spend time on rotations at Ochsner. The hospital system also helps train more than 400 students in other health-care professions.

Ochsner is a seven-hospital system that also includes 35 clinics across southeast Louisiana. The system employs more than 750 physicians.

<http://www.nola.com/news/t-p/capital/index.ssf?/base/news-7/1241155991128200.xml&coll=1>

[\[BACK TO TOP\]](#)

Letter: State pay raises not automatic

The Advocate | 05.01.09

Susan S. Thompson

This is in response to the article regarding state Civil Service Director Anne Soileau's legislative testimony relative to merit increases for state employees.

I'd like to expand on that and address a few other misconceptions about the classified state service.

Just because classified state employees have property rights in their jobs doesn't mean they can't be fired. All it means is that they have to do something wrong to be fired.

If a classified employee is goofing off, cheating on his payroll, is rude to the public or insubordinate, that employee can be disciplined or fired.

It's up to the appointing authorities, who incidentally are appointed by the governor, to make sure that agencies are taking appropriate disciplinary action for underperforming employees and those who engage in misconduct.

The 4 percent merit increases are not automatic, they must be earned and approved.

State employees don't get cost-of-living increases. Once state employees reach the top of their pay scales they get no more merit increases. They don't get raises of any kind unless the Legislature approves a pay increase, which is a rare phenomenon. This is referred to as "maxing out." Many work for years and years at the same salary without getting a pay increase.

State employees are not responsible for the recession. If budget cuts are needed, the appropriate mechanism to address them is through layoffs and service reductions.

The average classified state employee earns less than \$40,000 per year. Classified state employees pay for half of their health insurance premiums, which means many of them are uninsured, and some earn so little they qualify for government assistance. They get no bonuses, not even a Christmas turkey.

They don't have office parties unless they pay for them themselves, and they have no petty cash fund for coffee. If they take their secretaries out for Secretary's Day, or their bosses out for Boss's Day, it comes out of their own pockets.

State employees who are exempt under the Fair Labor Standards Act (lawyers, administrators, managers, architects, engineers) are required to work overtime without pay — unlike their private-sector counterparts, exempt state employees are required to take leave for any time away from the job.

State employees are not permitted to lobby the Legislature or participate in political activities. This extends to running for office, displaying bumper stickers, yard signs, attending political fundraisers, campaign contributions etc.

It's no wonder our legislators feel free to take "potshots" at them and blame them for all of the state's woes; state employees can't do anything for them, nor can they fight back the way other special-interest groups do.

All they can do is quietly exercise their right to vote when the time comes.

Susan S. Thompson
lawyer
Baton Rouge

<http://www.2theadvocate.com/opinion/44100742.html>

[\[BACK TO TOP\]](#)

Swine flu cases pass 100 in US, vaccine promised

The Times-Picayune | 05.01.09

by Lauran Neergaard, The Associated Press

WASHINGTON (AP) -- U.S. authorities are pledging to eventually produce enough swine flu vaccine for everyone who needs it but the shots couldn't begin until fall at the earliest.

Worries about the spread of the virus mounted as the U.S. swine flu caseload passed 100, and nearly 300 schools closed in communities across the country. Federal officials had to spend much of the day reassuring the public it's still safe to fly and ride public transportation after Vice President Joe Biden said he wouldn't recommend it to his family.

"There's not an increased risk there," Dr. Richard Besser, acting director of the Centers for Disease Control and Prevention, said Friday. "If you have the flu or flu-like symptoms, you shouldn't be getting on an airplane or you shouldn't be getting in the subway, but for the general population that's quite fine to do," he said.

Clinics and hospital emergency rooms in New York, California and some other states are seeing a surge in patients with coughs and sneezes that might have been ignored before the outbreak.

Scientists were racing to prepare the key ingredient to make a vaccine against the never-before-seen flu strain -- if it's ultimately needed. But it will take several months before the first pilot lots begin required human testing to ensure the vaccine is safe and effective. If all goes well, broader production could start in the fall.

"We think 600 million doses is achievable in a six-month time frame" from that fall start, Health and Human Services Assistant Secretary Craig Vanderwagen told lawmakers Thursday.

"I don't want anybody to have false expectations. The science is challenging here," Vanderwagen told reporters. "Production can be done, robust production capacity is there. It's a question of can we get the science worked on the specifics of this vaccine."

Until a vaccine is ready, the government has stockpiled anti-viral medications that can ease flu symptoms or help prevent infection. The medicines are proving effective.

Reassurances from top health officials didn't stop the questions from coming.

An estimated 12,000 people logged onto a Webcast where the government's top emergency officials sought to cut confusion by answering questions straight from the public: Can a factory worker handling parts from Mexico catch the virus? No. Can pets get it? No.

And is washing hands or using those alcohol-based hand gels best? Washing well enough is the real issue, Besser said. He keeps hand gel in his pocket for between-washings but also suggested that people sing "Happy Birthday" as they wash their hands to make sure they've washed long enough to get rid of germs.

Although it is safe to fly, anyone with flu-like symptoms shouldn't be traveling anywhere, unless they need to seek medical care.

The swine flu outbreak penetrated over a dozen states and even touched the White House, which disclosed that an aide to Energy Secretary Steven Chu apparently got sick helping arrange President Barack Obama's recent trip to Mexico but that the aide did not fly on Air Force One and never posed a risk to the president.

The Washington Post identified the aide as Marc Griswold, a former Secret Service agent who was doing advance work for Chu. It said that Griswold has complained about the infection placing his family in an awkward position with family and neighbors.

"We're not the Typhoid Mary family, for goodness sake," he said. "We've been told that we're not contagious. We're already past the seven-day mark for that."

So far U.S. cases are mostly fairly mild with one death, a Mexican toddler who visited Texas with his family -- unlike in Mexico where more than 160 suspected deaths have been reported. Most of the U.S. cases so far haven't needed a doctor's care, officials said.

Still, the U.S. is taking extraordinary precautions -- including shipping millions of doses of anti-flu drugs to states in case they're needed. The World Health Organization is warning of an imminent pandemic because scientists cannot predict what a brand-new virus might do. A key concern is whether this spring outbreak will surge again in the fall.

The CDC confirmed 109 cases Thursday, and state officials confirm 22 more. Cases now are confirmed in New York, Texas, California, South Carolina, Kansas, Massachusetts, Indiana, Ohio, Arizona, Michigan, Nevada, New Jersey, Delaware, Maine, Colorado, Georgia and Minnesota.

http://www.nola.com/news/index.ssf/2009/05/swine_flu_cases_pass_100_in_us.html

[\[BACK TO TOP\]](#)

First Flu Death Provides Clues to Mexico Toll

The New York Times | 04.30.09

By MARC LACEY and ELISABETH MALKIN

OAXACA, Mexico — Adela María Gutiérrez fell ill in the beginning of April with what she thought was a bad cold. She tried aspirin and antibiotics, bed rest and moist towels, but nothing brought down her soaring fever, reduced her aches and pains, or boosted her energy level.

It would be more than a week before Mrs. Gutiérrez went to Oaxaca's General Hospital, where she arrived listless and barely able to breathe, her extremities blue from a lack of oxygen.

That delay in getting expert help may explain why Mrs. Gutiérrez, 39, a mother of daughters ages 10, 17 and 20, became Mexico's first death from a new, virulent strain of influenza A(H1N1). It may also suggest why this country's death toll from the virus is higher than any other's.

Epidemiologists are still puzzled by the virus, its origins and its modes of transmission. But they agree that prompt medical attention is crucial to treating it.

That has been where Mexico, which the Health Ministry said Thursday had 312 confirmed cases and 12 deaths, lags far behind.

"People wait too long to go to doctors," said Dr. Marcelo Noguera, undersecretary of health for the state of Oaxaca.

"That's a problem here in Mexico," he continued. "If we can treat a disease like this early, we can stay ahead."

There may well be other factors to explain why patients like Mrs. Gutiérrez, whose medical records show a desperate, belated scramble by doctors to keep her alive, are dying in Mexico at a higher rate than flu patients elsewhere. Mexicans may have been hit by a different, deadlier strain, or the flu may have infected more people who had other health problems, researchers speculate.

But one important factor may be the eclectic approach to health care in Mexico, where large numbers of people self-prescribe antibiotics, take only homeopathic medicine, or seek out mysterious vitamin injections. For many, only when all else fails do they go to a doctor, who may or may not be well prepared.

"I think it has to do with the culture, the idiosyncrasies of Mexicans," said Dr. Nicolas Padilla, an epidemiologist at the University of Guanajuato. "The idea is that I don't go to the doctor until I feel very bad."

There also are logistical reasons that compel Mexicans to steer clear of hospitals. At overcrowded public facilities, they complain, they are often turned away, treated by indifferent doctors or made to wait endlessly.

Mrs. Gutiérrez's husband, Luis, said Thursday in an interview in his home that when she arrived at the hospital, no bed was available, and no respirator. They give preference to people who are bleeding, who are near death, he said.

Making matters worse, because it was Holy Week, the hospital had lower staffing levels than normal, and she had to wait several hours before being seen.

The government is pushing to expand its public health network through a new insurance program that attempts to reach poorer people and those in remote areas.

But experts say the country has had a harder time improving quality.

Mexico's public health budget is about 3 percent of gross domestic product — within the range of spending by other major Latin American economies, but well below the rate in developed countries, according to the World Bank; and Mexico has only about half as many hospital beds per capita than the United States.

To help Mexico meet the extra costs of the flu epidemic, the World Bank issued a loan of \$205 million.

"The two key things that they need to work on now," said Keith Hansen, a World Bank health official for Latin America and the Caribbean, "is surveillance, to pick up patterns of infection, and to make sure that everybody who needs care has access to it."

In an acknowledgment that Mexicans frequently act as their own doctors, the government's announcements, played repeatedly on the radio, advise people not to self-medicate and instead to seek out medical attention.

Mrs. Gutiérrez, in contrast, continued working as a field worker for the national tax agency after first showing symptoms. It took her three days to go to a doctor at a small clinic a few blocks from her home. She was told she had a throat infection and should take antibiotics. As her condition worsened, she sought other opinions but still avoided the hospital. On her third consultation, a doctor told her she had pneumonia and sent her to the hospital.

Once she was admitted, health officials appear to have acted relatively quickly. A laboratory test found an unusual virus. State and federal health authorities were notified. "She wasn't responding," said Dr. Yuri Roldán Aragón, one of her doctors. Her condition worsened by the day, and she died on the afternoon of April 13.

Her medical file, nearly an inch thick, sits on the desk of Dr. Jesús M. Salcedo, the hospital administrator, with the word "Defunción," meaning she died, scrawled across the cover sheet in red marker. Her various diagnoses over the course of her treatment — pneumonia, coronavirus, SARS, among others — indicate the initial uncertainty about her condition.

Three days after she died, Mexican officials declared an epidemiological alert based on her case and others. That set in motion surveillance at 520 hospitals nationwide, and notification of an expanded flu season to the United States Centers for Disease Control in Atlanta.

The next chapter occurred on April 20, when the C.D.C. notified Mexican officials that two cases had been found in Southern California that showed components of human and swine flu, said Dr. Miguel Ángel Lezana, Mexico's chief government epidemiologist.

On April 22, Mexican authorities sent samples, including ones from Mrs. Gutiérrez and a young boy in La Gloria, a small town in Veracruz, to the National Microbiology Laboratory in Winnipeg, Canada. The results came back the next day. Both Mrs. Gutiérrez and the boy, Édgar Hernandez, who survived, tested positive for the mysterious flu.

Epidemiologists in Oaxaca swung into action. They isolated Mrs. Gutiérrez's family, disinfected her home and began more than 500 interviews with neighbors, co-workers and hospital workers.

Any who had flulike symptoms were tested, but none have been found to have the same virus that killed Mrs. Gutiérrez, said Dr. Rubén Coronado, a state epidemiologist.

Oaxaca, one of Mexico's poorest states, has reported about 60 suspected cases. Mrs. Gutiérrez is the only confirmed death.

"We're in a quandary," Dr. Noguera said of how Mrs. Gutiérrez might have contracted the virus while others around her apparently did not. "I don't have a theory. I just don't know."

Marc Lacey reported from Oaxaca, Mexico, and Elisabeth Malkin from Mexico City.

<http://www.nytimes.com/2009/05/01/health/01oaxaca.html?ref=health>

[\[BACK TO TOP\]](#)

Tests for New H.I.V. Infection Not Widely Adopted

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By DAVID TULLER

In December 2008, after a weekend of sex fueled by methamphetamine, Chris, a San Francisco man in his early 30s, sought out testing for sexually transmitted diseases at Magnet, a clinic serving homosexual men in the city's Castro neighborhood.

Staff members tested him for H.I.V. twice: first with a standard rapid test, which detects H.I.V. antibodies in saliva or a drop of blood, then with a blood test for genetic traces of the virus itself.

Although the antibody test can deliver immediate results, it is not likely to identify an infection that has occurred in the past month. The genetic test, which looks for bits of the virus's ribonucleic acid, or RNA, can identify infections in a week to 10 days. Chris, who asked that his full name not be used, was told that his antibody test was negative. But his RNA test was positive, making him one of the few whose diagnosis came in the acute, or primary, phase of infection, when the virus is replicating aggressively but the body has not yet mounted an effective immune response.

Many public health officials and AIDS experts increasingly see identification of the newly infected as an important next step in controlling the spread of H.I.V., the virus that causes AIDS. Yet the RNA test, the only one capable of detecting the newest infections, has not been widely adopted for this purpose.

"People with acute infection have more virus in the blood, and if they're unaware they're infected, they're more likely to engage in risky behavior," said Dr. Kenneth Mayer, a professor of medicine at Brown University and a leading AIDS researcher.

Finding those with new infections sooner and providing counseling will help prevent them from infecting others, Dr. Mayer said. As it stands, studies suggest that the recently infected could be the source of 10 percent to 50 percent of all new H.I.V. transmissions.

"We have a serious ongoing problem of H.I.V. transmission that hasn't been adequately addressed," said Dr. Jeffrey Klausner, director of S.T.D. prevention at the San Francisco Department of Public Health.

The Centers for Disease Control and Prevention has conducted pilot studies of RNA testing in some cities, but current national guidelines focus on more widespread antibody testing to identify some of the estimated 250,000 Americans who are infected but do not know it. Routine RNA testing has been tried rarely, in part because it is expensive, involves drawing blood and complicated laboratory work, and does not provide immediate results.

But health departments in North Carolina and San Francisco have used the tests in some settings for several years, reducing costs by pooling many blood samples and testing them together. Officials there have reported finding dozens of cases of acute infection that were not detected by the standard test, and they have advocated for much wider use of the RNA test.

The Magnet clinic began its RNA testing program last year to serve gay men who engage in unprotected sex and are in social and sexual networks at the highest risk of acquiring H.I.V. "Early detection is a prevention strategy," said Judy Auerbach, public policy director of the San Francisco AIDS Foundation, which runs the clinic.

Chris, the San Francisco man whose infection was diagnosed with an RNA test, said the early diagnosis had allowed him "to be more proactive, to get right on it at the start and feel a little bit more in control."

Reduction of H.I.V. transmission rates has taken on renewed urgency. Last year, the disease control agency raised its estimate for annual new H.I.V. infections to 56,000, from 40,000. In 2008, the agency reported that from 2001 to 2006, H.I.V. diagnoses increased annually by 15 percent among young African-American men who have sex with men.

A less expensive alternative to the RNA test may not be far away. The centers recently began a study to compare RNA testing with an advanced version of the standard test, which is easy to administer and can detect a substance produced by the virus in its early stages.

The newest test, called an antibody-antigen test, appears able to identify 85 percent of the acute H.I.V. infections picked up by the RNA test and could be commercially available next year, agency officials said.

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[\[BACK TO TOP\]](#)