

CNN Story on Swine Flu Presences Serious Shortage of Medical Appliances...

The cat out of the bag thanks to 9/1/09 CNN story on Swine Flu. The problem? There is an expected lack of hospital equipment that now that the story has broke that I can comment on further.

In a medical briefing two months ago this fact was presented me and others attending an in-service on Swine Flu. Essentially, the U.S. does not have enough respirators to care for the expected hospitalizations that will require them. Reaction to the virus along with an over reaction of the body to the flu referred as "storm" serious cases will require hospitalization and intensive care.

According to CNN we have about 60,000 respirators in the U.S. In a minimal worst case scenarios we could see hospitalizations reach 100,000. 100,000 hospital patients requiring respirators in a country that only has about 60,000 of them scattered nationwide. If on a good day the number of cases to actually require hospital care is 50,000 may only have 10,000 respirators to spare.

Another touchy question in the fear filled days of "Death Panel" advocates: who gets to get them?

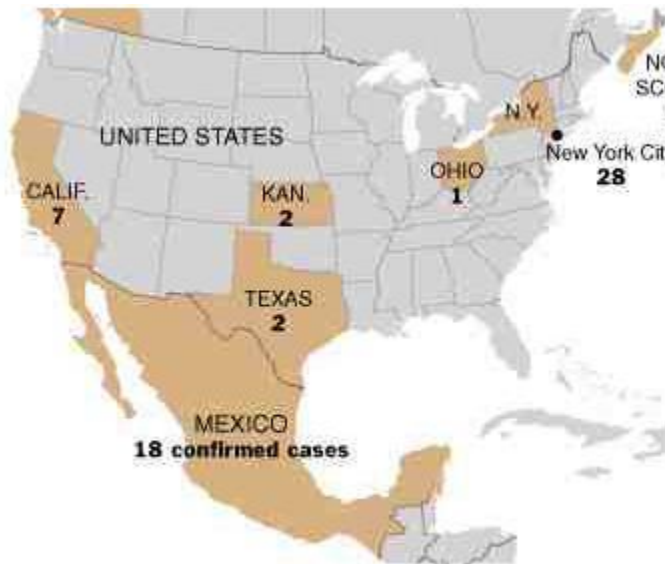
Another interesting item to note is the drug Tamiflu which is a first line defense in addition to immunization and of which the exclusive distribution rights in the U. S. are owned by Donald Rumsfeld.

Tamiflu is also not in sufficient supply for all Americans. I won't even go into the fact that if the virus mutates, the flu vaccine being developed may be useless.

On a lighter note, I personally do not feel the doomsday distribution scenario will come to pass. I truly do not feel the attack will be as severe as feared.

The statistics for the general population as far as fatalities so far are not overwhelming. Of concern is that pregnant women do have a remarkably higher mortality rate once contracting it. And, I am not sure if being pregnant and getting inoculated is wise. Remember, I worked in clinical research for two years. Pregnancy was reason to be excluded from the study and during study screening we did catch a female subject trying to get the subject in the next stall to provide urine so she could sneak pass study admission screening and get her pay check for being a test subject. If it's not tested on pregnant women, and followed through to years after the child is born, no one can be sure the effect the vaccine will have.

I remember when the initial swine flu broke out in Mexico and immediately thought "they need to close the borders." Later as the disease spread, even with fatalities, the borders remained open. Watching the diagram of spread I realized the government was using this to study distribution trends. It was enlightening to observe how the reports of cases followed a specific pattern. If we ever deal with bioterrorism on this level, we at least know how it will progress through the country.



The above map show that starting in Mexico, the spread had an initial stab into the American heartland. It follows a path similar to the projected path of the NAFTA Superhighway that most Americans are unaware of...



Which brings me to the final consideration in the actual spread of swine flu beyond a lack of handwashing. We currently are dealing with an outbreak of the flu among college students in Kansas. This may prove to be the first documented situation of how the use of pot can spread infection. Review the map of the flu distribution and consider that it flows up to the middle of the country: Kansas. Sharing a joint spreads more saliva than running a kissing booth at the county fare. This may prove to be more of a critical point in curtailing the spread of this disease than any considered so far.