Dear Editor,

Novel H1N1 Influenza Pandemic in Iran

I read the recent report on novel H1N1 influenza in Iran with great interest. The report stated that an: “initial exogenous wave which blended into a second wave of indigenous disease with a peak of cases after the start of the educational year”. This might be a classic description of the first stage of an outbreak of new influenza in any country. Also, the rapid progression of outbreak when the disease enters into schools is a classic observation. The question is if the next step of the outbreak in Iran will be similar to those described in other countries or an uncontrollable pandemic. The classic surveillance system might not be completely successful. However, with the available of a new swine flu vaccine, better control of the outbreak is expected.

Reference


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Reply,

We welcome the comment by Doctor Wiwanitkit on our article regarding the 2009 H1N1 pandemic flu in Iran. As we mentioned in the report, the disease had at least two waves in Iran; a pattern similar to other regions. The question is: “What is the role of vaccination in the current situation to control this pandemic?”.

At the initial stages of the current influenza pandemic there was a great social interest toward administration of an H1N1 vaccine. However, by introduction of this vaccine several months later, such a pronounced tendency has changed to hesitancy of the people to receive the vaccine since its efficacy and safety is under doubt.

Despite worldwide emphasis of health authorities and the World Health Organization (WHO) on the safety of the vaccine, there is still a major question as to who should receive the vaccination. Initial concern was about how to confine the vaccine to those who really needed it; however, now the main debate concerns the identification of those who really need the vaccine.

In the line of previous studies, we have shown that within the initial waves of the H1N1 pandemic flu a large portion of people, either without a clear history of flu-like symptoms or with no exposure to the vaccine, developed high titers of serum hemagglutinin against this virus. Although some of these serologic findings could be related to previous exposures to a similar virus, particularly among the elderly, the presence of high titers of serum hemagglutinin among those aged less than 15 years old may indicate a new infection. This finding in a community-based survey might reveal immunity and no need for vaccination of the general population.

This pandemic, which was the first in the new millennium, could reach all continents in less than six weeks whereas in previous pandemics this took more than a year. We are still in the middle of this pandemic and we still have to analyze the findings in a timely manner in order to clarify this situation. Efficient planning and action is required to restrict this pandemic and we believe that the role of vaccination still remains to be defined.

References


Dear Editor,

West Nile Virus in Blood Donors

I have read the recent report on “A Study of West Nile Virus Infection in Iranian Blood Donors” with great interest. Sharifi et al. concluded that: “In order to increase the safety of blood donation, it is essential to continue surveillance of this emerging infection in order to protect the blood supply in the future.” I have some concerns on this work. The conclusion is not related to the negative findings. There is no evidence pointing to the need of continuous surveillance of the infection. Indeed, there are many reports from several countries indicating the null prevalence of the West Nile virus infection among blood donors. It is no doubt that West Nile virus can be transmitted via blood transfusions. However, the cost effectiveness of performing such routine tests is questionable. A good suggestion might be a strict pre-donor screening which focuses on risk factors and travelling history to endemic areas. The implementation of routine screening might be useful only if a disease epidemic is confirmed.

References


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Reply,

Your letter to the editor at Archives of Iranian Medicine was forwarded to me. Thank you for your concern. The implementation of routine screening for West Nile virus infection among blood donors is not recommended. I agree with your suggestion that a strict pre-donor screening focusing on risk factors and travelling history to endemic areas is essential.

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