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Preparing for Avian Flu

In a matter of months, bird flu will probably show up somewhere the United States. A few wild geese will test positive for the H5N1 strain, along with a farm cat or two. Grave precautions will be issued, followed by a flurry of safety assurances from the White House and Tyson farms. CNN and Leno will make a great day of it. Poultry sales will fall off for a few months. It won't mean much.

The real disaster, if it happens, will unfold more quietly at first. A sick farmer in China's Guangdong province will sneeze at dinner. He'll turn out to have been simultaneously infected with the new strain and the more conventional flu bug. Out of his nose a nasty new viral hybrid will hurtle through the air and get unluckily sucked into the lungs of his niece, who will breed it for a day or two and hand it off to the postman, who will hand it off to a truck driver, who will deliver it to a big city saloon. From there, a small army of sneezable new H5N1 bugs will hitch on a few plane passengers to Europe and the United States, and the nightmare will begin.

This is the great fear of world health officials, stoked by the fact that H5N1 is an entirely new strain of flu; no one has any immunity against it, and no traditional vaccine can be prepared in advance. Further, this flu is already eerily reminiscent of the devastating "Spanish Flu" pandemic of 1918 in that most of its human fatalities are, surprisingly, adolescents and young adults. Both viruses seem to trick the healthiest immune systems into a response so strong that it kills the patient. A disease that kills the strongest among us. An estimated 20 million to 50 million people died in the 1918 pandemic (compared with the 9 million soldiers who died around the same time in World War I), and there is every expectation that an H5N1 pandemic could be just as devastating—if it mutates to a more transmissible form. (Read here about how many of us could die.)

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If that key mutation takes place, public-health officials will have a one-in-a-million shot of spotting and containing the initial human cluster at its source. If they can't pull off that minor miracle, there'll be no way to prevent its worldwide spread. Once it's out, it's out, and we will just have to brace ourselves for it. Big cities won't have to wait long—chances are that the bug will already be in New York, London, and elsewhere before it is even noticed. Within weeks, it would be virtually everywhere. (Click here for a computer

model on how the virus would spread from a source village in Thailand).

Of course, it may not happen at all. (Just ask Gerald Ford.) No one can predict whether or when a pandemic flu will actually occur. We can't even put reliable odds on it. All health officials can say with certainty is that, historically, pandemics do happen, and that conditions are now in place for another one to unfold. The gun is loaded and cocked. It might not fire this year or next, or even in the next 25 years, but everything we know says it is bound to happen sooner or later. "The general consensus among scientists who are studying this is that it is not a matter of if a pandemic will happen, but when," Stanford immunology professor Lucy Tompkins has said, echoing many other similar comments. Considering the horrific potential—tens, or even hundreds, of millions dead before effective vaccines can be manufactured and distributed—we'd have to be nuts not to get ready now.

According to Michael Osterholm, director of the Center of Infectious Disease Research and Policy:

We can predict now 12 to 18 months of stress, of watching loved ones die, of potentially not going to work, of wondering if you're going to have food on the table the next day. Those are all things that are going to mean that we're going to have to plan unlike any other kind of crisis that we've had literally in the last 80-some years in this country.

Avian flu is not, of course, the only looming biological threat. There is also the very real possibility of terrorist attack with agents that cause smallpox, plague, tularemia, or viral hemorrhagic fever. Once introduced, any of these agents could spread widely and cause mass casualties and social disruption. What can we as individuals do to prepare? First, take a minute to imagine the potentially drastic change in the human landscape: Hospitals everywhere are filled beyond capacity. Streets, subways, schools, theaters, and cafes are more or less deserted. The only way to protect yourself and your family is to avoid contact with people, so that's just what you do. You work from home if you can, and you and your family do not socialize at all—no play dates, no dinner parties, no movies or restaurants. You eat at home, play at home, teach your kids at home, even administer medical care at home. (A hospital visit is a surefire way to pick up an infectious agent.) If you don't have an expansive yard, maybe you occasionally take your kids to a big park—but they stick close as a rule and do not bound off with other kids. When you go food shopping, you wear a mask and don't stop to talk to anyone. Every day, you wipe the newspaper and the mail down with bleach. Or better yet, you cancel both. For a large segment of the population, all contact becomes electronic, all interaction virtual. In the case of avian flu, this would go on week after week, month after month, until the vaccine comes. (Due to drugs already available, smallpox and other agents might be

contained sooner.)

It sounds absurd, and it is, but this kind of surreal shift is what happens when something comes along that fundamentally changes the social paradigm. Avian flu and bioweapons could be that powerful.

Now that you've swallowed that idea, consider the next, even weirder, level. In the most severe pandemic, social isolation could be the least of our problems. If the infection and death rate get high enough, services and supplies could become dangerously interrupted. With key people absent from filtration plants, city water systems might go in and out of reliability. Same with fire, police, and of course emergency rooms. Electrical grids could fail without sufficient expertise at key moments. Food shortages are a serious possibility if production or transportation stop. The stock market, needless to say, won't enjoy the supply shortages and dearth of shopping. It's not hard to imagine a grave pandemic sparking a worldwide depression, and even an environment of desperation and lawlessness.

Or maybe not. It's also possible that H5N1 will mutate into a much milder human-to-human virus, and that the subsequent pandemic will feel like a nasty but conventional flu season. It's possible that bioweapons will never emerge as anything more than a public-health exercise. The point is, no one knows, and so it pays to prepare for the worst.

Here's how to survive a severe pandemic: Prepare to become self-sufficient for several months; stockpile nonperishable food, water, disinfectants, prescription medication, office supplies, batteries and generators, air-filter masks, cash (small bills), portable gas cookware, entertainment for the kids, and so on. If you happen to be shopping for an air purifier anyway, make sure it has a UV component like these—that's the only type that will actually kill a virus. Consider having to take care of a sick family member if a hospital is out of the question; this would require the antivirals Tamiflu or Relenza (Relenza is likely to be more effective, since Tamiflu more quickly provokes resistance), as well as drugs for nausea, fever, pain, and muscle aches; basic medical supplies like gloves, masks, and a blood pressure monitor would also be prudent. There are a number of extremely thorough preparedness guides here. More generally, you can learn everything you need to know about the causes and consequences of a pandemic here.

If you have a rural retreat, consider using it. Also, consider that in a worst-case scenario, you might have to defend the security of your well-supplied home from desperate outsiders. Finally, consider that everyone has to die sometime, and unless you have no survivors at all, it is reckless not to have your affairs in order.

Aside from whatever personal planning you're comfortable with, be

sure to follow this issue closely. There's a reasonable chance that attentive readers will have a few weeks' warning before people start emptying grocery-store shelves. Look for phrases like:

" ... a quarantine has been placed around the village of ____ "

" ... emergency doses of Tamiflu have been rushed to the scene .
.. "

" ...'this could be what we've been fearing,' said one WHO official."

A little citizen activism wouldn't hurt either. Make sure your state is stockpiling antivirals to the greatest extent possible. USA Today recently reported that many states are not taking advantage of a federal program to acquire large reserves. In addition, contact your local health department and inquire about the particular plans of your city and state. A coherent government plan in advance of any pandemic is vital. If it ever does hit, there will be no time to create one, and laissez-faire health commissioners will have a lot of blood on their hands. Read more about what the government should be doing here.

In the course of many months of research for this series, my hands-down favorite article headline was "The Odds of Dying." It's from a short piece about all the different ways to die and which exits are more statistically likely. But I love the phrase for its absurdity. We all face exactly the same odds of dying, and mortality is something we must all come to grips with.

Of course, we do want to delay it as long as possible, and the amazing thing is, it's pretty easy to do just that. Perhaps the prime advantage of living in this century is our ability to access information and make relatively easy choices that can dramatically raise our chances of living many decades longer than our ancestors.

Even in the current climate of heightened risk and potential acts of mass barbarism, the odds of any particular individual (you) dying in a terrorist attack or pandemic are obviously much, much smaller than the odds of dying from heart disease or a car accident. And although I have made the argument in this series of columns that I think catastrophic dangers are worth paying attention to and in some cases planning for, it's worth taking a moment to remember that the more conventional dangers are, too. (I was reminded the hard way, hospitalized with a very conventional life-threatening ailment in the midst of writing these columns.) With that in mind, here are some survival tips probably more important than any I have yet listed:

* See a doctor regularly. Have regular blood tests and other exams recommended for your age. Chances are very good that one day, the minor nuisance of a medical visit will save your life.

* Stay fit. Eat moderately and well. Exercise regularly. Sleep as much as your body demands.

* Enjoy life. Stress is as big a killer as anything else out there.

* Buckle your seat belt, you idiot.

* Worry well. Identify risks and act on them rather than obsessing over them. Today's planner is often tomorrow's survivor.

Source: Slate

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