

Influenza in Louisiana

Grading the performers

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Other than Mayor Ray Nagin being quarantined, without consequence, for a few days in China, the fizzle surrounding the virus formerly known as swine flu has become as flat as day-old Dr. Nut. Is the influenza merely a local opening night or will the virus take a road show to the southern hemisphere to intensify and return with a vengeance this fall and winter?

The cast of characters is an array of shifting viruses circulating the globe. Influenza hits with the impact of a freight train – sudden fever, chills, aches and pains in addition to respiratory symptoms. The worst part is over in three days, but complications abound, including pneumonia, sinus infections and terrible depressions.

Our 2009 Louisiana influenza fest kicked off with a Sunday matinee press conference starring Governor Bobby Jindal late last April in Baton Rouge. Jindal proclaimed “no confirmed cases” for the state but omitted a key detail – testing in Louisiana hadn’t even started. In fact, New Orleans area emergency rooms didn’t even learn how to submit specimens for testing until a couple of days after the governor’s first flu press conference.

Once our underfunded state central health lab in Metairie began processing specimens, it was obvious that the virus already had a not-so-stealth presence in the state. Four days after his first press conference, Jindal announced that the state lab was processing 148 samples and so far eight were suspicious enough to whisk off to Atlanta for confirmatory testing.

At first the state highway patrol couriered specimens from all over the state to the central lab in Metairie, but they tired as soon as the television camera vanished. Health officials then asked employees with personal vehicles to volunteer as temporary couriers including welfare workers at 1010 Common St. in New Orleans.

Would history repeat itself? Local and national press flocked to New Orleans historian John Barry for answers. In his classic book, *The Great Influenza, The Epic Story of the Deadliest Plague in History* (Penguin, 2005), Barry described how the deadly 1918-’19 pandemic began with a tease in the spring of ’18, returned for a full performance in the fall, and had its final encore in the spring of ’19. Worldwide, twice as many people died in this pandemic than were killed in World War I.

In those waning days of World War I, New Orleans was a bustling port city with a population of 378,000 that lost over 5,000 lives to influenza and its complications in 1918. A physician of the day wrote that “evil bearing microorganisms” invaded New Orleans with “whirlwind onset, cyclonic progress, and hurricanic [sic] destruction.” Mortuary records documented 2,386 deaths in October ’18 compared to about 600 deaths for a normal month.

Actually Louisiana had better surveillance for respiratory viruses half a century ago than we do today. Dr. William Mogabgab established the state’s first virology lab at Tulane University. It became a World Health Organization reference lab, the epicenter for respiratory virus research in our area. In those days viruses were sent to New Orleans for identification from across the South. Mogabgab and his colleagues published 33 scientific publications related to influenza between 1952 and ’70. He was the first to describe the behavior, properties and characteristics of the influenza virus in tissue culture.

Only time will tell where A/H1N1 will rest in the annals of influenza experiences, but it isn’t too early for some first semester grades on how we in Louisiana – from government officials to the general public – handled this public health scare. Barry the historian gets the first “A.” Another “A” goes to our underfunded state central lab, the only state health lab in the country operating out of a former strip mall shopping center.

Drugstores get a “B.” Most helped prevent Tamiflu hoarding by the worried as they limited each prescription to the number of capsules needed to treat a single infection, but some gave “extra favors” to physician offices wanting personal caches. Those folks who called their physicians requesting prescriptions “just in case” get a “C” while doctors who tried to get bottles of 100 for their own families get a “D.”

The schools that closed for a few days to scrub their walls and floors get a “D” for implying that such activities would decrease flu spread. Dirty schools always need cleaning but to imply that such activity decreases the spread of influenza was foolish.

Just a few days after the press furor began, our city's director of health proclaimed on WWL Radio that facemasks could prevent a local outbreak. His logic – find a case, everyone wears a mask and form a hermetic seal that would divert an outbreak. Granted, Mexico was awash in facemasks that helped them about as much as firing cannons in the 1800s stopped yellow fever. The Armed Forces Commission on Influenza decreed that simple surgery masks were worthless in preventing influenza way back in 1941.

Fast-talking Jindal gets an "F." To begin with, Jindal inspired budget cuts during the Foster administration, downsized the state health department and gutted basic services across the board including an underfunded and understaffed state lab. He proclaimed the state free of swine flu before the state lab was even receiving specimens for testing. His office froze access to information flow from more knowledgeable health department staffers. He cadged federal stockpiles of Tamiflu but prohibited release of the drug to persons with symptoms until there were laboratory confirmations. Most needing the drug in a real epidemic setting would have gone without.

Public health workers in some states dispensed a "blanket of Tamiflu" to family members and close contacts of suspected cases long before their cases were confirmed. Early preventive treatment can potentially contain a local outbreak.

Fortunately, as Barry coolly and calmly reminded us, science has advanced and we have some potent tools to prevent a replay of 1918 disaster – time to make an effective vaccine, antiviral drugs like Tamiflu and antibiotics hopefully effective against complicating bacterial pneumonias. The deadly potential of influenza epidemics can be tempered if our leaders plan and act in meaningful ways.

But to reap these advances we need to clothe Louisiana with a more effective public health infrastructure. Hurricane Katrina was preceded by an eerily similar planning exercise called Hurricane Pam. The influenza A/H1N1 outbreak this past spring may well have been a harbinger of things to come – a viral Hurricane Pam.

During past epidemics from yellow fever to AIDS, Charity Hospital was there for us. If influenza pandemic brings this country to its knees this fall, New Orleans will need a quickly expandable source of hospital beds, antibiotics, and ventilators to treat serious complications. Woe be the feckless Louisiana State University medical school leadership who shuttered Charity in 2005 in hopes of garnering a FEMA powerball payout that never came.