

Happy New Fear: New Disease of the Year

By Karmen Lončarek

karmen.loncarek@markant.hr



These days, the world is witnessing the emergence of a new disease of the year – the swine flu. Media are inundated with reports on pandemic threat, while the World Health Organization (WHO) and the homepage of PubMed give full coverage of developments related to influenza A (H1N1).

Over the last few years, we have seen the outbreak of AIDS, Ebola virus, hantavirus, West Nile virus, SARS, prionic diseases, brucellosis, yellow fever, avian influenza, Lyme disease, foot and mouth disease, legionella, botulinum, anthrax, and bioterrorism in general. However, it is very hard to collect data on the prevalence of these diseases, as literature on this topic is very scarce. Table 1 shows the number of cases and fatality of some of these diseases, and the number of journal articles available from the PubMed bibliographical database.

PANDEMIC OF FEAR

According to the European Centre for Disease Prevention and Control data from 25 European Union Member States plus Iceland and Norway for the 1995-2004 period, the annual number of reported cases of anthrax remained more or less steady at around 25 cases per year (6). The number

of internet pages mentioning anthrax, available on May 16, 2009, was 7 470 000 and the number of journal articles on anthrax available on the PubMed was 4649. Regardless of the abundance of journal articles on “diseases of the year,” it is very hard to collect the data on the total number of cases, while the data on potential danger and fatality are unexpectedly abundant. For example, the following “fact” (7) can be found on Centers for Disease Control and Prevention Web site dedicated to emerging infectious diseases: “Anthrax, in the minds of most military and counterterrorism planners, represents the single greatest biological warfare threat. A WHO report estimated that 3 days after the release of 50 kg of anthrax spores along a 2-km line upwind of a city of 500 000 population, 125 000 infections would occur, producing 95 000 deaths.” (8). Dimensions of microbiological facilities, human resources, and time necessary to produce and pack such an enormous quantity of anthrax spores, as well as the fact that only the highly developed countries can satisfy these requirements, are not mentioned.

Apparently, public and scientific attention does not correlate with real danger from these diseases but with presumed danger. Probably, we witness the pandemic spread of some still undiscovered virus of gullibility, which makes

TABLE 1. Number of cases and fatality, scientific and lay media coverage of some “diseases of the year”*

Infectious agent	Cases from time of emergence until 2009	Deaths	Mortality rate	Number of journal articles available in PubMed database	Number of Internet pages located by Google browser	Year of emergence
Legionella	8275 (in Europe, 1987-2009) (1); 8000-18000 a year in USA (2)	–	28.0% (3)	5 859	1 640 000	1976
Coronavirus causing SARS	8 096	774	9.6%	5 396	11 800 000	2002
West Nile virus	3 630	124	3.4%	3 423	1 490 000	USA 2007 (4)
Bovine spongiform encephalopathy		214	–	2 790	2 430 000	1984
Avian influenza (H5N1)	424	261	62.0%	2 632	25 800 000	2003-2009
Influenza A (H1N1)	251	9	3.6%	2 567	12 500 000	2009
Hantavirus				2 603	472 000	
Ebola	1 643	1 124	68.0%	1 220	3 410 000	1976-2002 (5)

people believe in periodic emergences of scary microscopic killers and catastrophic announcements of pandemics.

BEWARE OF YOURSELF

Mortality of any “diseases of the year,” ranging from about a few dozen to a few hundred a year, is petty when compared with the total number of 58 million deaths in 2005 (9). On the other hand, there are many diseases that are prominent causes of mortality, but do not attract so much public attention. In the first place, there is “plain” influenza, which has the mortality of 3.6% and causes about 500 000 deaths globally per year. Similarly, hepatitis B causes the same annual number of deaths in the world. Injuries are probably the main publicly overlooked cause of death, as with more than 5 million deaths every year, violence and injuries account for 9% of global mortality – as many as the combined number of deaths from HIV, malaria, and tuberculosis (10). Similarly, public attention given to mortality from plane crashes is much greater than the attention given to danger from car injuries, despite the fact that the number of deaths in plane crashes in 2008 was 879, while approximately 1.2 million people died in car accidents in the same year (11). There are 6 050 000 web-pages on plane crashes, compared with 9 990 000 on car accidents (irrespective of the fatality of accidents). Similarly, estimated global number of homicides and suicides in 2000 was 520 000 and 815 000, respectively (12). Obviously, the risk of being killed by oneself is 1.6 times higher than risk of being killed by somebody else. Similar “disease of the year” fashion trend is also notable when considering non-communicable diseases (Table 2): in the 1970s the disease in the spotlight was arterial hypertension (“silent killer”), in the 1980s it was cholesterol, and in the 1990s it was stress. In the last few years, the most popular health problems were breast cancer, osteoporosis, smoking, and the pandemic spread of dietary supplements use, mostly by healthy people. For example, 43% of adult Germans (13)

TABLE 2. Some non-communicable diseases and information about them at PubMed and internet

Disease	Number of journal articles available in PubMed database	Number of Internet pages located by Google browser
Stress	379 515	188 000 000
Blood pressure	299 530	28 700 000
Breast cancer	200 272	36 400 000
Diet	278 316	153 000 000
Cholesterol	177 840	27 500 000
Smoking	144 374	132 000 000

reported the use of dietary supplements in the past 12 months; 52% of adult Americans reported the use of dietary supplements in the past month and 35% of them reported regular use of a multivitamin-multimineral product (14).

MICKEY MOUSE AND HIJAB

Skyrocketing profits of pharmaceutical industry boosted by fears of “diseases of the year” and involvement of highly positioned politicians, such as ex-US secretary of defense Donald Rumsfeld, will not be discussed here. Also, we will not discuss other consequences of mass fear provoked by announced epidemic outbreaks – in the USA in 1976, 200 people acquired swine flu and 1 of them died, in response to which 40 million people were vaccinated, 530 of whom acquired Guillain-Barre syndrome and 30 died as a direct consequence of vaccination.

What is more interesting for this discussion is the sociological phenomenon of the uniting and homogenizing effect of fear on the global level. Thanks to modern transportation technology, invisible and intangible mass killers can emerge in every nook and cranny of our planet – at a polar research station and on Manhattan alike.

Uniformed protective masks and rubber gloves further contribute to the homogenizing effect. Interestingly, these rubber gloves are usually blue and green, and almost never white. (I speculate that white gloves would make airport officers look like Disney characters, thus making them look ridiculous.) Wearing protective masks not only uniforms the people, but also depersonalizes them by covering and reducing their faces. Paradoxically, modern culture that ardently agitates against injustice of Islamic hijab veils over women’s faces enforces the similar facial cover both to men and women, thus equalizing them in injustice.

INFORMATION + BIG PHARMA

Set aside the financial costs of pandemic outbreak of fears, maybe the most serious consequence of “diseases of the year” is the following: as any human being can communicate this disease to another human being, the fear known in psychoanalysis as the Fear of the Other – usually Blacks, women, Asians, homosexuals, or any other minority representatives – is replaced by the fear of the Other represented by any other man in general. Thus, the Other can be anybody, ie, everybody. Consequently, swine flu and other “announced catastrophes” alienate people on

a human level in order to reunite them on the level of fear for life.

As shown by the number of web pages dedicated to causes of this fear, special credit for the alienation process must be paid to mass media. We witness the deliberate and planned distribution of disturbing news that nourish the fears that are collective in their nature but less and less rooted in individual experiences. Similarly, respective diseases are transposed to the realm of invisible and manifested not through the symptoms, but merely through the experience of continuous threat. This form of mass media reporting, in strong embrace with the interests of pharmaceutical industry, can be named "INPHARMATION" (15).

References

- 1 European Working Group for Legionella Infections. Data/Information on Legionella. Available from: <http://www.ewgli.org/data.htm>. Accessed: May 17, 2009.
- 2 Tablan OC, Anderson LJ, Besser R, Bridges C, Hajjeh R. CDC; Healthcare Infection Control Practices Advisory Committee. Guidelines for preventing health-care-associated pneumonia, 2003: recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee. *MMWR Recomm Rep*. 2004 Mar 26;53(RR-3):1-36. Available from: http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/Enviro_guide_03.pdf. Accessed: May 17, 2009.
- 3 Stout JE, Muder RR, Mietzner S, Wagener MM, Perri MB, DeRoos K, et al. Role of environmental surveillance in determining the risk of hospital-acquired legionellosis: a national surveillance study with clinical correlations. *Infect Control Hosp Epidemiol*. 2007;28:818-24. *Medline:17564984 doi:10.1086/518754*
- 4 Centers for Disease Control and Prevention (CDC). West Nile virus activity – United States, 2007. *MMWR Morb Mortal Wkly Rep*. 2008;57:720-3. *Medline:18600197*
- 5 Center for Disease Control. Ebola Hemorrhagic Fever Information Packet. Available from: <http://www.cdc.gov/ncidod/dvrd/spb/mnpages/ebola.pdf>. Accessed: May 17, 2009.
- 6 European Centre for Disease Prevention and Control. Anthrax – epidemiological situation. Available from: http://ecdc.europa.eu/en/Health_Topics/anthrax/aer_07.aspx. Accessed: May 17, 2009.
- 7 Cieslak TJ, Eitzen EM Jr. Clinical and epidemiologic principles of anthrax. *Emerg Infect Dis*. 1999;5:552-5. *Medline:10458964*
- 8 Report of a WHO group of consultants. Health aspects of chemical and biological weapons. Geneva (Switzerland): World Health Organization; 1970.
- 9 World Health Organization. Data and statistics – mortality and health status – causes of death. Available from: <http://www.who.int/entity/healthinfo/statistics/bodgbdeathdalyestimates.xls>. Accessed: May 17, 2009.
- 10 World Health Organization. 10 facts on injuries and violence. Available from: <http://www.who.int/features/factfiles/injuries/en/index.html>. Accessed: May 17, 2009.
- 11 Aircraft Crashes Record Office. Death rate per year. Available from: <http://www.baaa-acro.com/Liste%20des%20deces%20par%20annee.htm>. Accessed: May 17, 2009.
- 12 World Health Organization. World report on violence and health. Available from: http://www.who.int/violence_injury_prevention/violence/world_report/en/. Accessed: May 17, 2009.
- 13 Beitz R, Mensink GB, Rams S, Doring A. Use of vitamin and mineral supplements in Germany [in German]. *Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz*. 2004;47:1057-65. *Medline:15549199 doi:10.1007/s00103-004-0924-2*
- 14 Rock CL. Multivitamin-multimineral supplements: who uses them? *Am J Clin Nutr*. 2007;85:2775-9S. *Medline:17209209*
- 15 Ivančić V. Pošasna straža. *BH Dani*. 2009 May 8.