



Dr. Amy Rell

Community College of Aurora

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Curriculum Project

PUBLIC HEALTH IN THE PEOPLE'S REPUBLIC OF CHINA: THE EXPERIENCE OF H1N1 QUARANTINE

ESTABLISHED GOALS AND UNDERSTANDINGS

- This curriculum project, designed as a lecture that will be integrated in the classroom setting as well as community presentations, presents a personal account of China's public health policies as they relate to the current global pandemic of AH1N1 (Swine Flu).
- The **goals** are to help students as well as the community at large understand the political implications and the public health implications of China's national policy towards AH1N1.
- The **enduring understandings** that students and the community at large will gain from this lecture include a rare insight into an authoritarian government's policy and reaction to a unique global crisis. Students and the community will understand that China's reaction to AH1N1 is distinct from the rest of the international community's posture towards the current pandemic and directly relates to China's previous handling of the Severe Acute Respiratory Syndrome (SARS) pandemic of 2003.

ESSENTIAL QUESTIONS

- What is AH1N1?
- Why is it unique?
- How are different world communities reacting to the pandemic?
- What makes China unique in their reaction? What is China's public health policy towards AH1N1?

- Is quarantine an effective means of thwarting the spread of illness?
- How does China's public health policy differ between SARS and AH1N1?
- What political implications can be drawn from China's reaction to AH1N1?
- What social implications can be drawn from China's reaction to AH1N1?

LEARNING ACTIVITY (LECTURE)

Introduction: what is AH1N1 and why is it unique?

AH1N1 is a new form of influenza that has not previously circulated among humans. According to the World Health Organization (WHO), "the virus is spread from person-to-person. It is transmitted as easily as the normal seasonal flu and can be passed to other people by exposure to infected droplets expelled by coughing or sneezing that can be inhaled, or that can contaminate hands or surfaces"

(http://www.who.int/csr/disease/swineflu/frequently_asked_questions/about_disease/en/index.html).

While the place of origin is officially unknown, most experts believe it can be traced to Mexico, where the first official case was documented. The symptoms are similar to the seasonal flu and include fever, coughing, muscle and joint pain, sore throat, and runny nose. The cases run from mild to severe, the vast majority being mild in nature with those experiencing severe cases mainly having a previous underlying condition. AH1N1 has achieved global pandemic status not due to its severity, but rather due to its rapid world-wide spread. Also, as it is a new strain of flu, human immunity has not been established.

How are different world communities reacting to the pandemic?

Without any question, China's reaction to AH1N1 has been the most severe. Public health policy in other countries include imposing quarantines for individuals who have been diagnosed with AH1N1, suggesting voluntary home quarantines for individuals with flu-like symptoms, and encouraging those with flu-like symptoms to stay away from public gatherings. For a more complete list of policies and reactions, see the International SOS Pandemic Preparedness website :

<http://www.internationalsos.com/PandemicPreparedness/SubCatLevel.aspx?li=6&languageID=ENG&subCatID=86>.

What makes China unique in their reaction? What is China's public health policy towards AH1N1?

The vast majority of countries who have some form of quarantine policies restrict quarantine to individuals who display symptoms of AH1N1. In contrast, China (and Singapore) quarantines individuals with no symptoms who are in proximity to individuals with symptoms. This can be translated to China's quarantine of individuals seated within 3 rows of someone on an international flight entering China who has an elevated temperature. However, this policy is in-flux and continues to shift and be interpreted differently by various local Chinese authorities. For instance, when the author of this lecture was quarantined, the policy was the three-row policy stated above. Now, a new policy states that close contact on an aircraft is defined as being one of 8 passengers around "the patient", thereby subject to quarantine

(<http://www.internationalsos.com/PandemicPreparedness/SubCatLevel.aspx?li=6&languageID=ENG&subCatID=86>). In essence, the Chinese ministry of health continues to define and redefine the meaning of close contact.

China almost automatically quarantines individuals with a Mexican passport, another unique reaction by China to AH1N1 (International SOS). The repercussions of this policy will be discussed in the section on social and political implications later in this lecture.

In conclusion, China has the most restrictive, stringent, and extensive policies in place of any country in the world to try to stop the spread of AH1N1.

Is quarantine an effective means of thwarting the spread of illness?

Being that China is using quarantine as one of the fundamental public health policies to stop the spread of AH1N1, this begs the question of whether quarantine is an effective means to thwart the spread of illness. John Barry, distinguished scholar from Tulane University's Center for Bio-Environmental Research, states "historical data clearly demonstrates that quarantine does not work unless it is absolutely rigid and complete" (9). Undeniably, China's quarantine is not complete. From the author's perspective, here are two fundamental examples:

1. The quarantine of passengers either 3 rows in front or behind the passenger with a fever is not complete. To be complete, every passenger and crew member on the plane would need to be quarantined. Indeed, the individual seated 4 rows behind the passenger in question was closer to him than I was, being that I was on the absolute other side of the plane. Additionally, the flight attendants likely had touch contact with him while serving food, passing out drinks, etc. And one must consider the passengers in close proximity to the individual in question while boarding the plane or those passing the individual while going to the restroom on the plane.
2. I was taken for quarantine after leaving the airport and interacting with a myriad of individuals in China for nearly 30 hours. Another individual on our flight was taken to quarantine after being out and about in China at a variety of tourist attractions for 3 days.

As Barry comments, “The problem is that almost any leakage completely destroys the entire edifice. And, for example, models predicting that airport screening could delay the arrival of a pandemic by several weeks focus only on passengers. Even in the extraordinarily unlikely event that screening caught all infected passengers, keeping influenza out also requires keeping freight, mail, express packages, and so on out, as well as quarantining baggage handlers, workers who clean planes, and others” (16).

Despite this clear incomplete quarantine, Chinese health minister Chen Zhu claims “We are confident and capable of preventing and containing an H1N1 influenza epidemic” (Brown). Finally, “the World Health Organization urged countries not to quarantine visitors or impose trade restrictions without scientific reasons. But China defiantly justified its quarantines as protection for its densely populated cities” (Associated Press).

How does China’s public health policy differ between SARS and AH1N1?

The primary and fundamental difference between China’s handling of SARS and AH1N1 is *communication*. China was extremely secretive about SARS and reported it to the World Health Organization months after the original outbreak. The Chinese government initially denied the outbreak and was criticized by the world for its handling of the cover-up (Malone). In contrast, China’s aggressive

posture towards AH1N1 has been cited as a direct result of their secrecy in regards to the SARS outbreak. The desire to show the Chinese people and the international community at large that they are not making the same mistake with AH1N1 as they did with SARS is quite apparent. Many feel China's reaction (or overreaction) to AH1N1 is a direct result of the under reaction and cover-up with SARS. The LA Times states "Chastened by their 2003 epidemic of Severe Acute Respiratory Syndrome, known more commonly as SARS, the Chinese are taking no chances. Authorities in both China and Hong Kong have enacted strict, some say draconian, measures to isolate people who might have been exposed to the H1N1 flu since the first cases were reported in Mexico".

What political and social implications can be drawn from China's reaction to AH1N1?

The political implications of China's handling of AH1N1 range from mild irritation to condemnation. Some countries, such as the United States, are mildly irritated at China's handling of American citizens viz a vie quarantine. The author's personal contact with the state department while in quarantine attests to the fact that the American government is irritated when its citizens are quarantined but recognizes that it has little leverage. In contrast, Mexico has called China's tactics "unacceptable and racist" (Stevenson). What has resulted is a severe breakdown in diplomatic relations between the two countries that has yet to be resolved.

The social implications are vast. This author will focus on the implications of quarantine on herself and numerous other individuals who shared this experience and were quarantined by the Chinese despite not having the flu in question or even symptoms of AH1N1. It is clear that many individuals are not traveling to China now because of the risk of quarantine. This author would affirm that decision and counsel travelers not to visit China at this point. Additionally, the quarantine colored the remainder of

the author's time in China. Despite recognition of the importance of public health policies in a country so large with such an urban/rural disparity, when one is told after two days of quarantine that they have tested negative for the virus and one continues to be a-symptomatic, being forced to remain in quarantine in unsanitary conditions for five additional days does not bode well for public relations in China.

Conclusion

To recapitulate, China's public health policy towards AH1N1 is extremely strong and continues to evolve on a daily basis. Although H1N1 is new, global pandemics are not and reaction to these pandemics in the past shows that quarantine is not an effective means of thwarting the spread of illness. China's desire to protect its citizenry by means of an established public health policy may stem from the lack of immediate reaction to the SARS outbreak. The China plan to stop the AH1N1 outbreak is doomed to fail despite its rigid nature.

Learning Activities/Performance Tasks

Students and the community at large can use the following *discussion questions* to guide a conversation after the lecture. For a more academic task, instructors may design these questions to serve as tools for journaling and/or testing.

1. Describe the differences between The United States and China's public health approach to AH1N1.
2. What are the cultural, political and historical differences that account for China's reaction to AH1N1 in contrast to US reaction to AH1N1?

3. Do you believe the world-wide reaction to AH1N1 is appropriate, an under reaction, or an overreaction?
4. How do you account for differing countries having unique reactions and policies to the same issue?
5. What considerations go into making a national public health policy?

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