

I am honored to have been asked to give the Malcom Adcock Lecture and I thank you for inviting me. From my earliest days in public health – dating from the first year of use of the new Salk vaccine—I have had a special regard, sympathy and respect for those who serve on the front lines of public health, as did Malcom Adcock. Whatever else we may do at the international or national or state level, the simple fact is that unless this is translated into action at the community level, remarkably little is accomplished. This came home to me again and again during my years at CDC in the Epidemic Intelligence Service and, even more forcefully, during my 11 years with WHO as we endeavored to implement an eradication program over more than 50 countries and 3 continents. Had there been Malcom Adcocks in each of the municipal areas where we struggled with epidemics, I might not have had a job at all or, at least, I wouldn't have had it for very long. His efforts with respect to strengthening public health preparedness in Cincinnati were notable but, no less, his efforts to bring public health education to this part of Ohio; his anti-smoking campaign; and his struggle to sustain the city's health clinics are, I know, only part of a formidable agenda that a capable health officer sustains. I am sorry he is not with us this afternoon but I am grateful to be here to pay honor to his memory.

# New Infectious Disease Challenges for the 21<sup>st</sup> Century

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**Malcolm Adcock Lecture**

**Cincinnati, Ohio**

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- *Man's only competitors for the dominion of the planet are the viruses – and the ultimate outcome is not foreordained.*

*Joshua Lederberg*

*Nobel Laureate, USA*

# These competitors are increasing

- New and emerging infections have been increasing in number
- The sources of the threat:
  - Natural mutation of microbes
  - Emergence of organisms from remote areas
  - Biological terrorism
- The threats are international

# “Conquest” of the infectious diseases

## 1950s-70s

- Dramatic changes post WW II
  - Vaccines
  - Antibiotics
  - Nutrition
  - Housing
  - Sanitation
- Decline or elimination of many diseases in the industrialized world
  - Smallpox, diphtheria, whooping cough, tetanus, polio, measles, *et alia*

- *"One can think of the middle of the 20<sup>th</sup> century as the end of one of the most important social revolutions in history, the virtual elimination of the infectious diseases as a significant factor in social life"*

*Sir Macfarland Burnet*

*Nobel Laureate, Australia, 1962*

# A cloud on the horizon

- June, 1981 – first cases of AIDS diagnosed
- April, 1984 – HIV is identified
  - “the triumph of science over a dread disease”
  - “a vaccine will be available in 2 years”
- 2005 -a world-wide pandemic in progress
  - 4<sup>th</sup> leading cause of death world-wide
  - No vaccine
  - No curative drug

# HIV is not the only surprise

- 1989 Conference on Emerging Infections
- An illustrative additional inventory
  - SARS – from Asia
  - Monkeypox – from Africa
  - TSE – “mad cow” disease – from UK
  - *H5N1 influenza* – from Asia
- More than 30 new agents in 25 years



# Why now?

- Growth in urban populations
  - Population of cities
    - 1975 – 5 with more than 10,000,000
    - 2004 – 20 with more than 10,000,000
      - 6 with more than 15,000,000
  - By 2015
    - 5 cities with more than 20,000,000 persons
    - 55% of world's population in urban areas

# Why now?

- Growth in urban populations
- International travel
  - Volume
    - 18 million commercial air flights yearly
    - 1.6 billion air passengers per year
  - Remote area destinations
  - All cities less than 36 hours from others

# Why now?

- Growth in urban populations
- Travel
- Growth of hospitals in endemic areas
  - Major sites for disease distribution
  - Problem of blood borne diseases
  - Development of antibiotic resistance

# Why now?

- Growth in urban populations
- Travel
- Growth of hospitals in endemic areas
- Food supply
  - Internationalized
  - Industrialized
    - Animal husbandry
    - Food processors

# Intentional release of biological agents

- A threat, largely ignored until 1995
  - Too difficult to grow organisms
  - Technologically difficult to disseminate
  - Not used because of a moral barrier

# What has changed?

- Advances in biotechnology
  - Numbers and sophistication of laboratories
  - Information access – internet
  - Trained microbiologists
  - Aerosolization devices
- Growth of independent terrorist groups

# Watershed events

## Aum Shinrikyo -- Japan

- Religious cult released Sarin gas in Tokyo subway (1995)
  - Cult - previously unknown to intelligence
  - Thousands of members, well-funded
  - Tried to aerosolize anthrax and botulinum toxin throughout Tokyo at least 8 times
- *Concern – unknown, non-state sponsored organization, acting without concern for moral deterrents*

# Watershed events

## USSR Bioweapons Program

- A secret program – unknown until 1989
- 1992 – Ken Alibek, Deputy Director of bioweapons program, defects
- 1995 – Full scope of program apparent
  - 60,000+ persons in 50 different labs
- *Concern – Expertise and possibly specimens now dispersed world-wide. Still a secret program*



“On May 8, 1980, WHO announced that smallpox had been eradicated..Soon after, **smallpox was included in a list of biological weapons targeted for improvement in the 1981-85 Five -Year Plan...**

Where other governments saw a medical victory, the Kremlin perceived a military opportunity...the military command issued an order to maintain an annual stockpile of 20 tons (of smallpox virus).”

*Alibek, 1998*

# A recurrent menace – influenza today – the greatest threat of all

- Influenza – 1918 – H1N1
  - Case-fatality rate - about 2 %
  - Deaths -- U.S.           675,000  
                                  World >50,000,000
- Influenza – 2004/2006 – H5N1
  - ~180 cases/ 100 deaths
  - *More lethal than any epidemic pathogen*

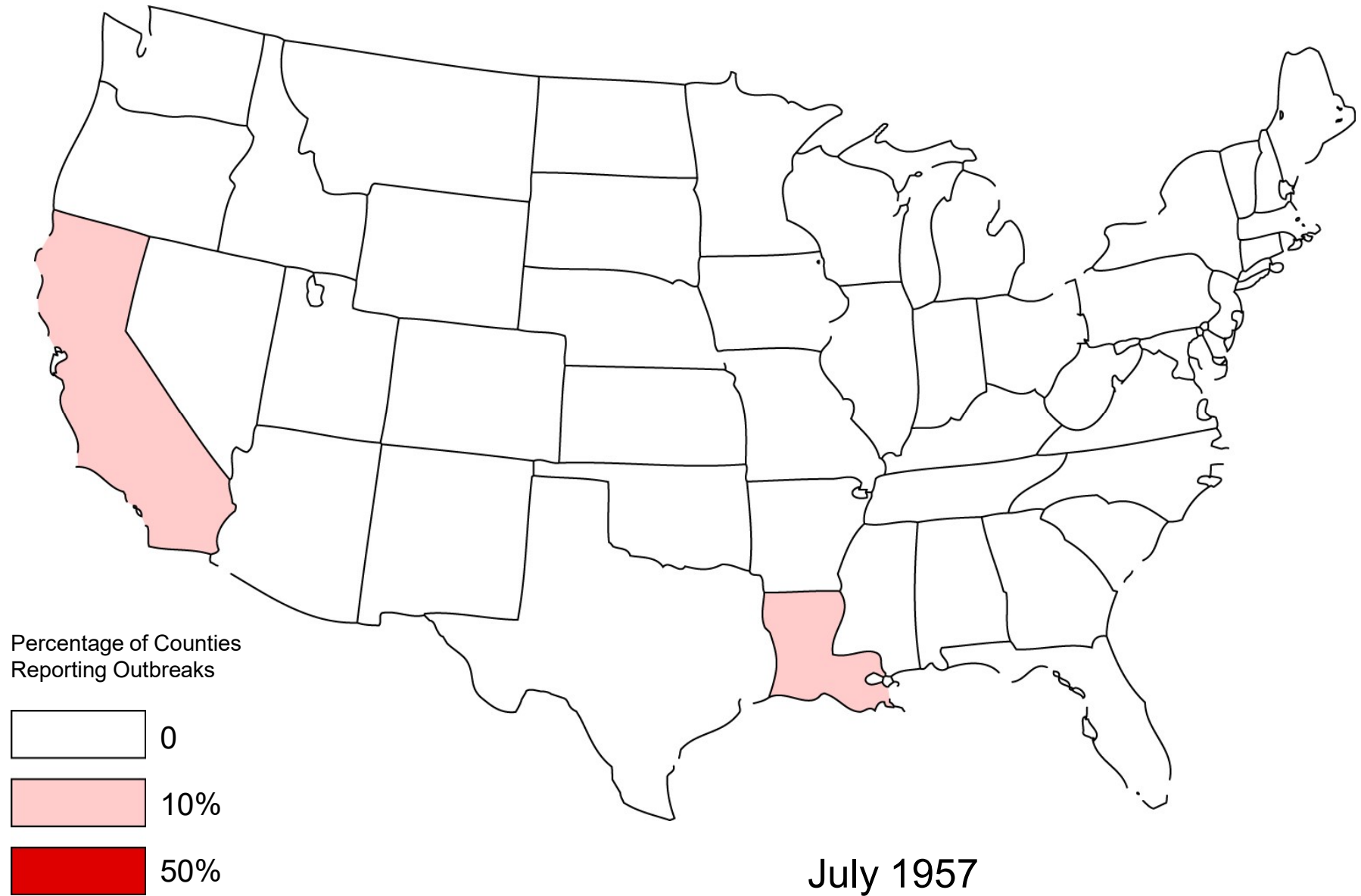
# Status – March 2006

- Infected wild fowl, chickens, ducks, turkeys
  - Asia
  - Most of Europe
  - Africa
- Human cases – contacts of birds and patients Asia
- Massive slaughter of fowl in infected areas
- Embargo on fowl from infected areas
- Autumn – the beginning of the flu season

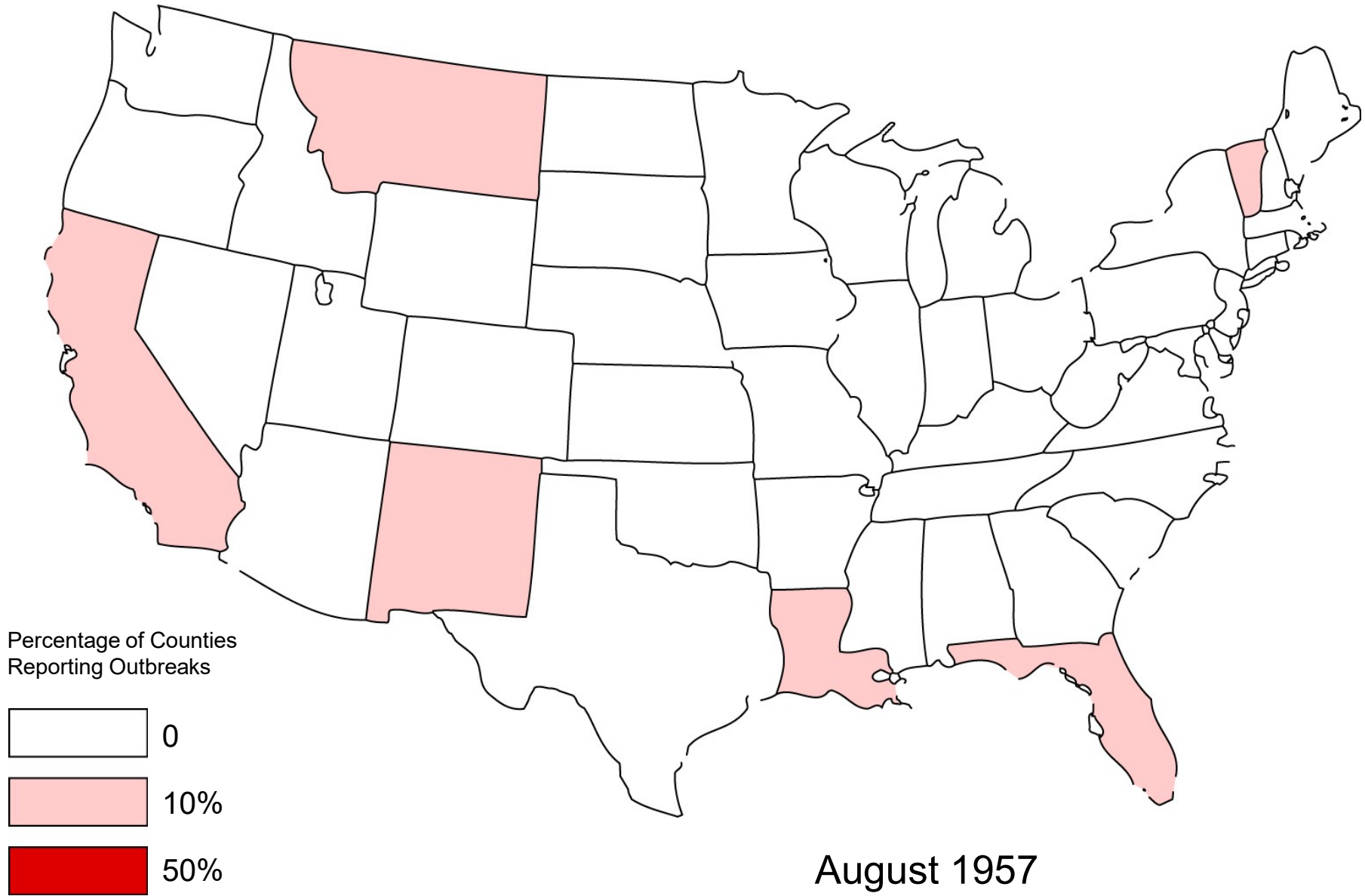
# Prospects for the U.S.

- Avian – a virtual certainty
  - Migratory birds
  - Bird smugglers
- Pet animals – probable but limited
  - Cats
- Humans – the question
  - Can it be slowed or stopped?

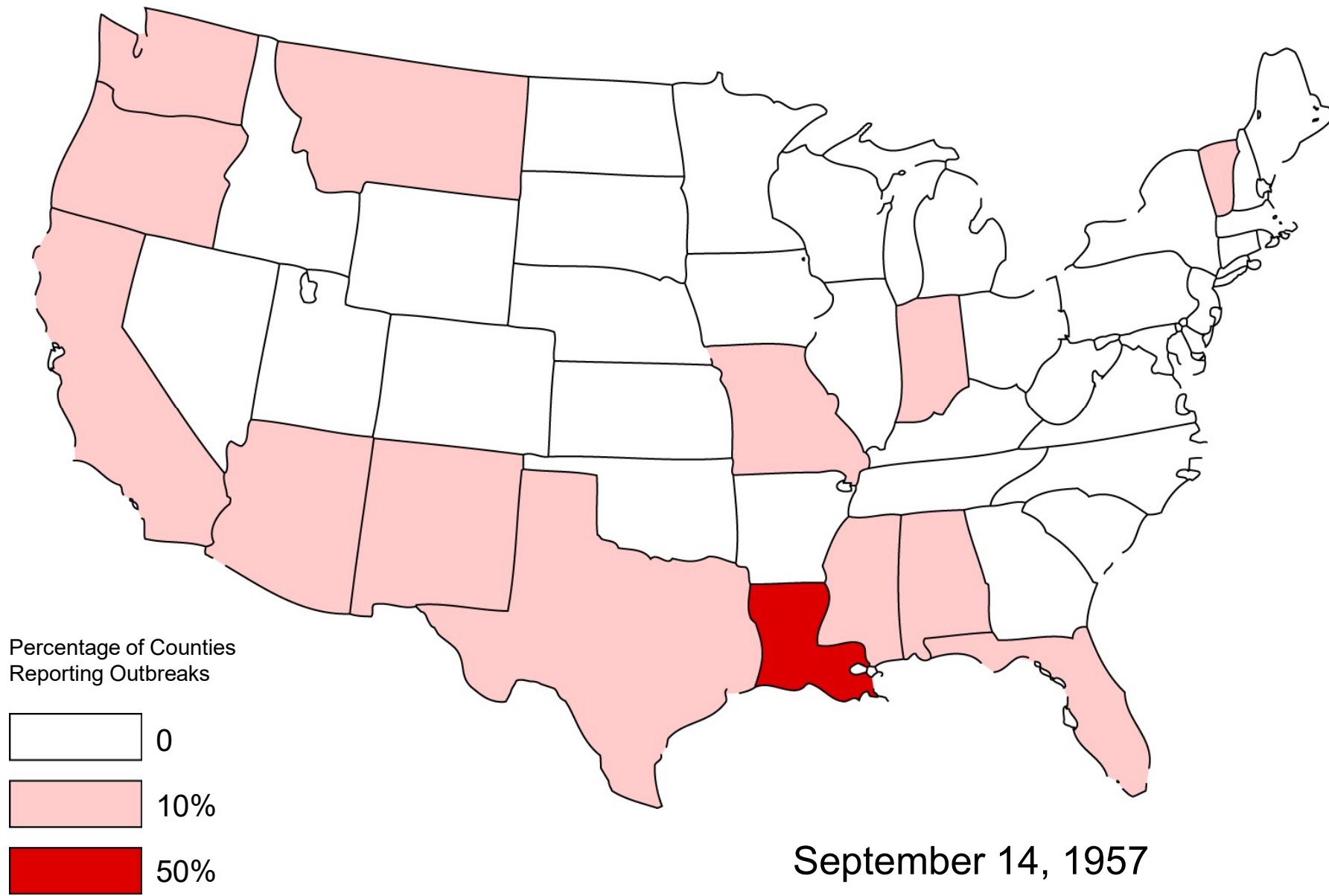
# Influenza Outbreaks



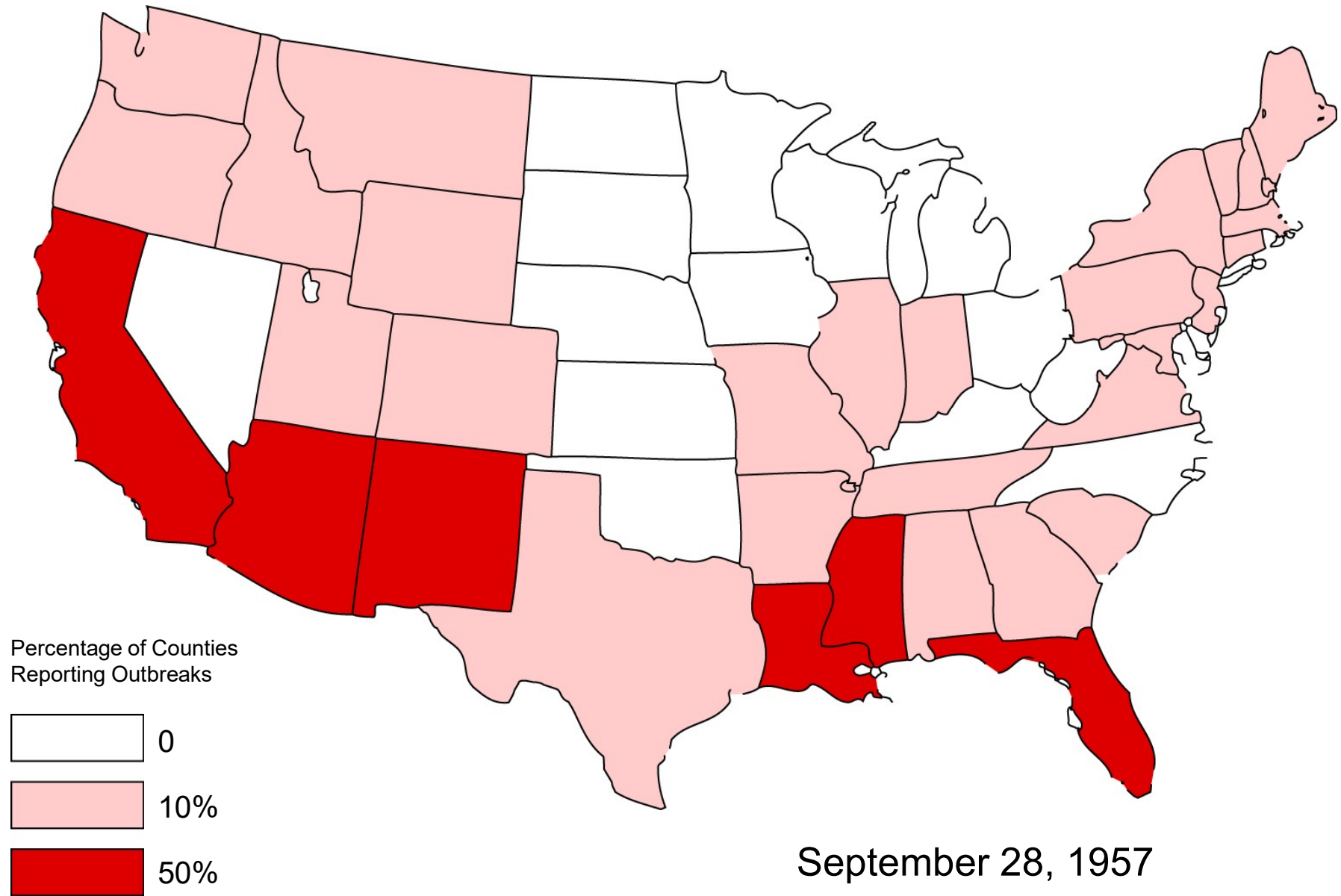
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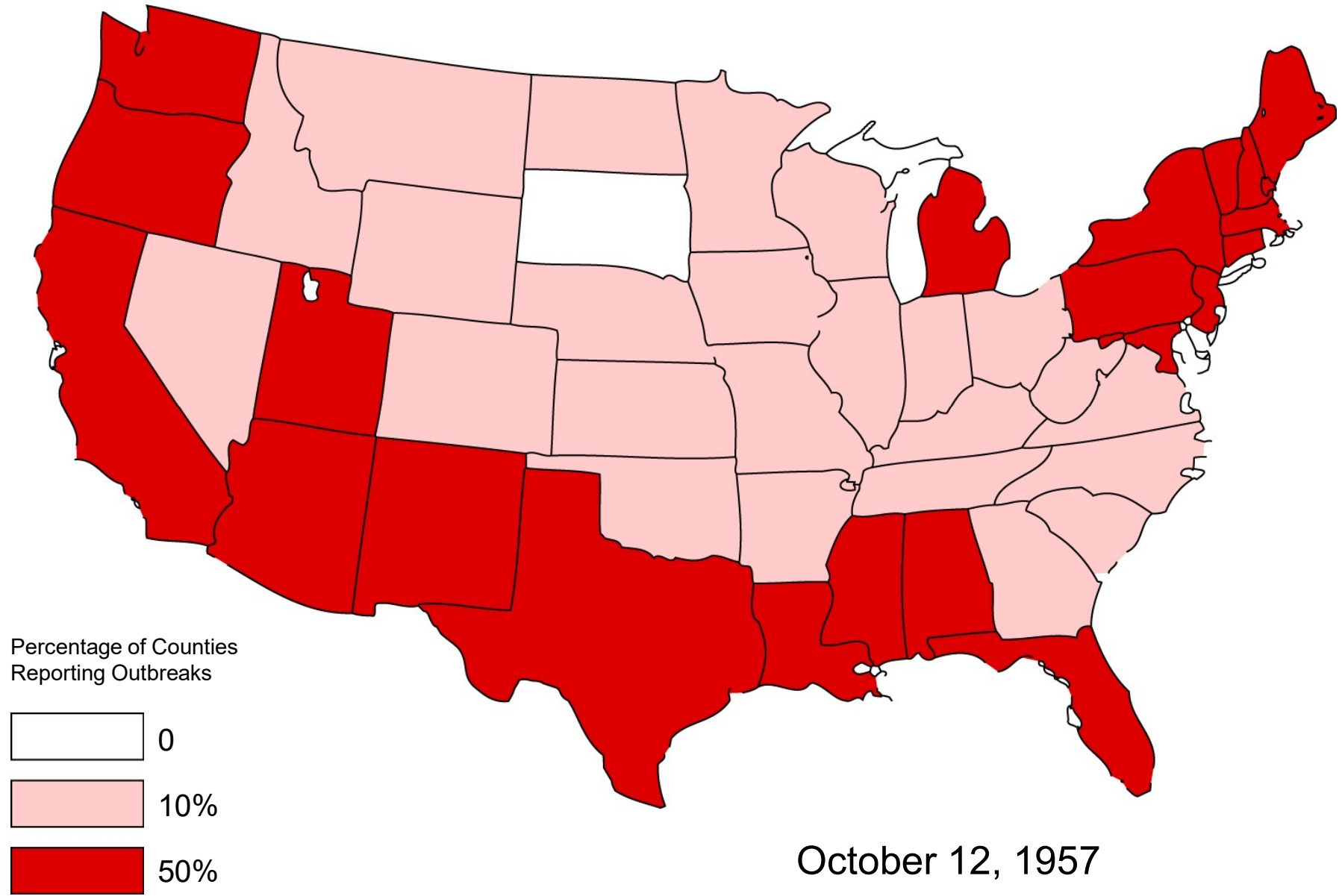


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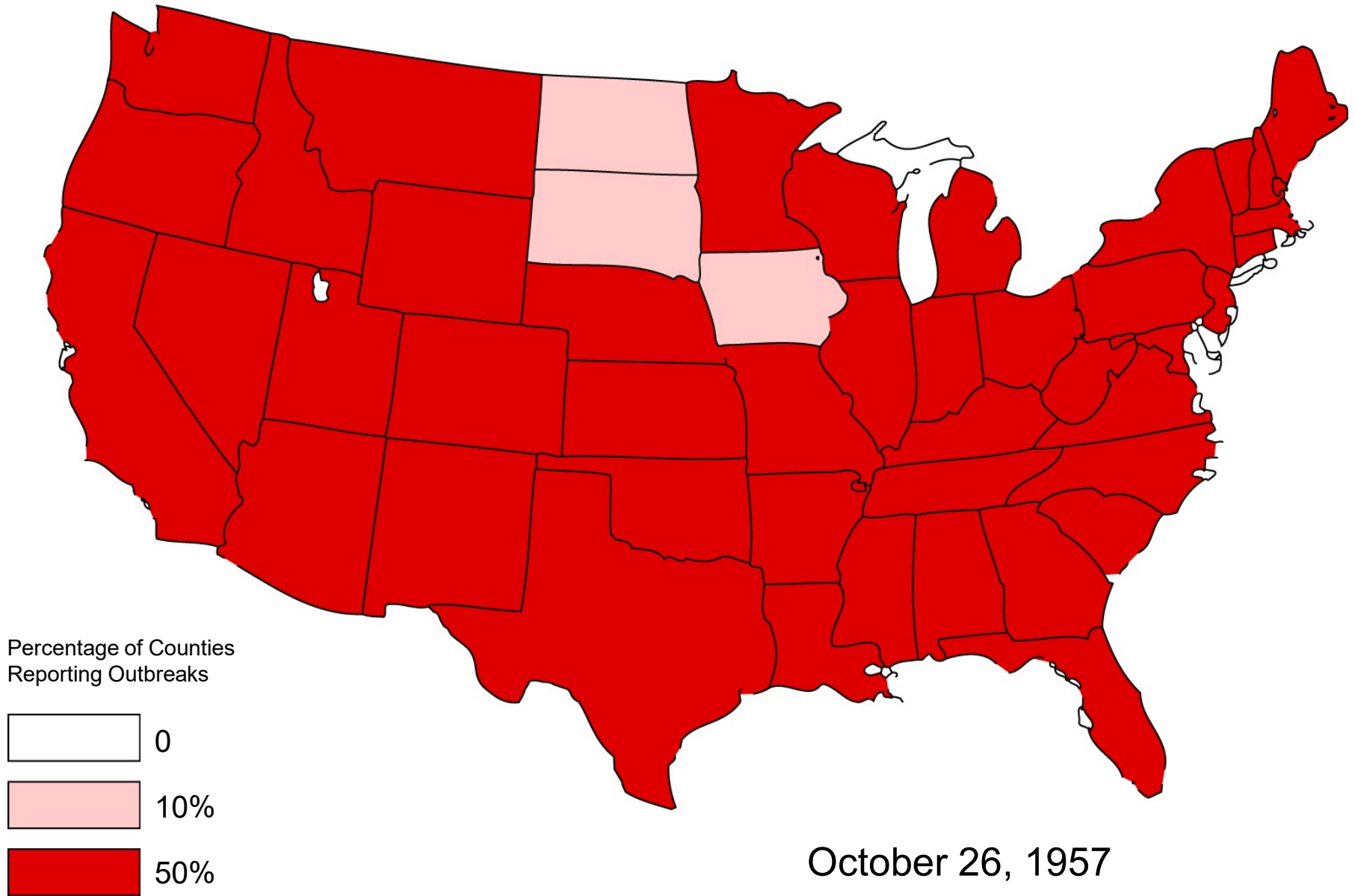




# Influenza Outbreaks



# Influenza Outbreaks



# U.S. Measures to cope

- Vaccine the most important
  - H3N2 vaccine – 90 million+ doses available
  - H5N1 vaccine - 0 doses for 05/06 season
    - Studies to produce larger quantities for 06/07
    - Need vaccine strain after human spread begins
- Tamiflu, other antivirals
  - Limited supplies available
  - No certainty they will work in treatment

# Active steps this year

- Plans for medical care involving tens of thousands
  - Who is responsible?
  - Monitoring of bed availability
  - Policies re: elective surgery
  - How to staff hospital
  - Who is to pay
- Role of federal government
- Role of isolation and quarantine

# Civilian initiatives in national security

## 1995-99

- Presidential Decision Directive #39 –1995
- 1997 Defense Against Weapons of Mass Destruction Act
  - DoD responsible for organizing domestic preparedness
  - To train teams of first responders in 120 major cities
  - National Guard Rapid Assessment teams (RAID) for States
  - Marine Corps Incident Response Force
  - Army Technical Escort Unit
- Dept. of Justice and FBI given special funds

# Initial Assumptions

not yet fully corrected

- For terrorist threats, the solution is emergency response measures
  - Police, fire, emergency staff for rescue and to deal with chemical leaks, spills, etc -“lights and sirens”
  - DoD to do the training
  - FBI to find the bad guys
  - FEMA to deal with recovery
  - Public health and medical problems – all but ignored
- Chemical and biologic weapons require the same response— hence, a new word “CHEMBIO”

# A reassessment of strategies – 1998-2001

- Center for Civilian Biodefense Strategies
  - Working group on priority (Class A) agents
  - First national symposia for medicine and public health
  - Meaningful funding of HHS – FY 2000
  - The Dark Winter exercise (June 2001)
  - The anthrax attacks (October 2001)

# 2001—Public Health Emergency Preparedness

- A new office
  - A new budget
  - Funds to states and cities
  - 24/7 communication and response
  - Laboratory response network
  - Strategic National Stockpile
  - Smallpox vaccine; antibiotics
  - A research agenda



# The agenda for the future

- Greatly strengthened network of international cooperation and communication
  - Cooperative international centers for epidemiology and laboratory diagnosis in all countries
  - A far more generously supported WHO effort to orchestrate the many national initiatives
- A focused research and development program

- “Today’s world is truly a global village, characterized by growing concentrations of people in huge cities, increasing global commerce and travel...One can safely predict that infectious diseases will continue to emerge...Depending on present policies and actions, this situation could lead to a catastrophic storm of microbial threats.”

*Institute of Medicine/ National Academy of Sciences  
Microbial Threats to Health, 2003*