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Pandemics and International Norms: China's handling of the H1N1 flu

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In the country's first case of imported H1N1 flu, China quarantined all individuals who shared the same flight from Mexico City to Shanghai. Mexico's complaint about unfair treatment of its nationals underscores the need for shared norms in a global public health scare.

CROSS-BORDER migration of communicable diseases has a long history. The search for a coordinated global response has been ongoing for nearly a century. There is no standard tool-book to follow, other than that a government must take timely but appropriate measures. In short, a government needs to be viewed as acting on the basis of science and solidarity.

When it comes to the issue of solidarity, China features large -- on both domestic and international fronts. In 2003, China's initial response to the Severe Acute Respiratory Syndrome (SARS) was a disappointment to both its domestic population and the world at large. The country paid a heavy price for an awkward change of basic policy positions from denial, to cover-up, and then to panic. Unofficial estimates put the economic costs of SARS to be 1% of GDP for mainland China and 2.5% for Hong Kong in 2003. Internationally, Beijing's sluggish response to SARS in its initial phase invited demands from the rest of the world for China to be considerate to others, in addition to being more responsible for its own people.

Responding to the Spread of H1N1

In April 2009, the outbreak of the H1N1 flu in Mexico and the United States came as a test for China's public health capacity. In February, just when human infections with the H5N1 virus (avian influenza in birds) were winding down globally, China had the first human case in its territory. The country's health officials were watching for a possible resurgence of that disease.

Unlike SARS, the outbreak of H1N1 took place in central and north America -- thousands of kilometre away from China. But the challenge for the country's public health apparatus to deliver an effective response is not in any way less monumental. Politically, after SARS, avian flu, the Sichuan earthquake of 2008, a sluggish response would be politically costly for the government. Coincidentally, the

outbreak of H1N1 coincides with the end of the school year for most north American universities, where thousands of Chinese students study. These students' return for their summer holidays brings the virus much closer to the ground in China.

The Chinese government acted swiftly. On 28 April, the same day the WHO raised its pandemic alert phase from 3 to 4, China's prime minister convened a cabinet meeting for the specific purpose of organising a set of response measures. The timing of the meeting was significant in that there had been no reported case of the illness in China, nor had a similar virus been found in pigs in China. In other words, the government was obviously displaying a determination to be swift and decisive in its response this time around.

On April 29, a Mexican passenger flew from Mexico City to Shanghai and continued to Hong Kong. A day later he was tested positive to the H1N1 virus. In Hong Kong, public health officials took prompt action to quarantine (for seven days since the evening of May 1) the guests and staff of the hotel where the patient had stayed. While on transit through Shanghai, the said passenger's health situation received no particular alert. This prompted concern and criticism in Hong Kong about the mainland's health authorities paying lip service to an emergent pandemic, or worse still, a *'déjà vu'* situation reminiscent of the early days of SARS.

Trying to address such concerns in Hong Kong and the mainland itself, China's government television aired footage of surveillance videos taken by quarantine officials of the said passenger's passage through the airport checkpoints in Shanghai airport. Understandably, a person's body temperature changes at different times of the day.

On May 2, Chinese health authorities scrambled to locate the one hundred plus passengers – already scattered around eighteen different provinces across China but with the majority in Shanghai, Beijing, and Guangzhou -- who had shared the same flight with the affected passenger and put them under a seven-day quarantine programme.

Dealing with Bilateral Tensions

Among those quarantined were dozens of Mexican nationals who were NOT diagnosed with the flu. Major international newspapers like the *Wall Street Journal* and *Financial Times* reported on the Mexican foreign minister's unhappiness with China's quarantining of those Mexican nationals. China's foreign ministry officials, in response, emphasised that passengers of all nationalities, Chinese included, on that particular flight were undergoing the same quarantine programme.

By 4 May, China and Mexico reached an agreement to repatriate their respective nationals stranded due to the suspension of the only direct flight between the two countries. Each government flew back its nationals by chartering its own aircraft.

Against the backdrop of media reports about mutual unhappiness of Chinese and Mexican officials, there was little mention of China sending two cargo plane loads (worth four million US dollars) of medical supplies as a donation to Mexico. A window of opportunity for fostering a sense of shared community between the Chinese and Mexican peoples was, effectively, lost.

Lesson on international norms

The occurrence of each pandemic is a uniquely new challenge, in science and policy, for putting together an appropriate response. This recounting of one episode of China's reaction to the H1N1 flu - - and its unintended impact on Sino-Mexican ties, however limited and temporary -- serves as a useful reference in our search for accepted international norms in responding to a public health scare.

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