

**From: Scared to Death**  
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In 2005 the world's media became increasingly transfixed by a mysterious new disease — 'Asian bird flu'.

It was a long-familiar fact that certain strains of influenza could be deadly to human beings. The 'Spanish flu' epidemic of 1918—19, for instance, had killed between 20 and 40 million people; more than the death toll of World War One.

Already in Asia, people were dying from what the media had come to call the 'deadly H5N1 strain' of the bird flu virus. In Asian domestic poultry flocks, it was estimated, more than a billion birds might already be infected. And now, it seemed, spread by migrating wild birds, the lethal virus was fanning out across the globe.

This was hailed by the World Health Organization (WHO) as 'the greatest single health challenge' to mankind, greater than HIV/AIDS or malaria. A severe pandemic, it was estimated, could wipe out two percent of the global economy. In Britain, the government's chief medical officer, Sir Liam Donaldson, claimed that such a pandemic was now 'a biological inevitability' — 'no longer a matter of "if" but "when"'.<sup>1</sup>

By the end of the summer of that year, with the approach of the autumn migration season for geese, ducks and swans, media interest rose to fever pitch, particularly when the first cases of H5N1 were found on the edge of Europe. Night after night, television journalists were filmed stumbling in white suits through obscure villages in Turkey and Romania where bird corpses had been found with H5N1 confirmed as the cause of death.

On 30 September David Nabarro, the senior official in charge of co-ordinating the WHO's worldwide response to bird flu, hit the headlines by warning that a pandemic could now occur at any time, and that the number of resulting deaths could be anything up to '150 million people'. 'It's like a combination of global warming and HIV/Aids,' he told the BBC. Although a WHO 'media spokesman' quickly pointed out that this was not an official WHO view, Mr Nabarro insisted that he stood by his claim.

Informed observers noted that there appeared to be a good deal of scientific confusion behind all these excitable reports. For a start, H5N1 was not so much a single flu virus as a whole family of viruses, or sub-types, only three of which had been associated with human deaths. The total number of fatalities so far associated with H5N1 over a ten-year period had been only 67, all in eastern Asia, and all these victims had been in physical contact with domestic poultry.

Furthermore, for the disease to reach epidemic, let alone pandemic, levels in the human population, it would have to go through a very significant transformation. The bird flu virus on its own might occasionally manage to infect a human contact. But for this then to be passed on from human to human was a wholly different matter. This would require a switch of components between one of the viral sub-types which were pathogenic in poultry and a sub-type of some quite different human flu strain, in such a way as to combine the pathogenicity of the one with the human infectivity of the other.

Even to identify which sub-types of H5N1 might be pathogenic to humans required a further refinement of DNA analysis, to show which 'clade' (or genetic grouping) they belonged to. And the chances of all this happening so as to produce a new strain of bird flu capable of setting off a human epidemic were so infinitesimally remote that they could scarcely be estimated, even at many billions to one.

Then, on 22 October 2005, it was announced in London by the Department for the Environment, Food and Rural Affairs (Defra) that the first case of H5N1 bird flu had been reported in Britain. A South American parrot, part of a consignment imported from Surinam, had been found dead in a quarantine unit in Essex (as chance had it, right next to the abattoir where the Pan-Asian strain of foot-and-mouth disease had first been spotted in Britain in 2001).

Three days later, on 25 October, the MPs on the House of Commons Agriculture Committee were summoned to Defra