Chinese man died three years ago of avian flu, not SARS

Jane Parry *Hong Kong*

Chinese scientists have said that a man who died of suspected severe acute respiratory syndrome (SARS) in November 2003 in fact died of the H5N1 strain of avian flu. The information came to light in a letter published on 22 June in the *New England Journal of Medicine* (2006;354:2731-2).

The letter is the first documented evidence that H5N1 bird flu was circulating in China long before the authorities there confirmed the first human case in the country in 2005. Furthermore, the case it describes precedes the fatal cases of H5N1 bird flu in humans in Vietnam and Thailand. The information in the letter is important because it raises concerns about the degree of openness of the authorities in China in disseminating information about H5N1 bird flu infections and also has implications for the development of a vaccine.

"There have been rumours circulating since 1996 about cases detected and not revealed, but we really don't know what's happening in China," said one

microbiologist working in the field of H5N1. "Transparency has improved since SARS, but [because of] the way the government is run, with national, provincial, and local levels, we don't know who has been hiding information such as this."

China's Ministry of Health also seems to have been kept in the dark about the case and has so far refused to confirm that this was a case of H5N1 bird flu. It says that the results were from a single laboratory and that, in keeping with China's diagnostic standards, there is a need to conduct parallel tests, which the ministry says are currently under way.

After the letter was published the World Health Organization immediately sent a formal letter to the ministry asking for clarification of what happened and when the tests were carried out. "Through informal contacts we've been told that this was the first time the Ministry of Health has heard of it too," said Roy Wadia, WHO's spokesman in Beijing.

"We want to know all the particulars: what prompted them to

A Chinese child passes a chicken market in Nan Jiang this month

test for H5N1 [and] the background and context to the case. It's a significant case, because it would change the chronology of H5N1 on the mainland. It would put this case at the top of the list, ahead of the cases reported in Vietnam and Thailand not long afterwards. It raises all kinds of practical, academic, and ethical questions," said Mr Wadia.

WHO has had an initial response from the health

ministry, giving the name of the man and a few details, Mr Wadia said. "He was described as a People's Liberation Army (PLA) man. He fell ill on 25 November 2003. Medicine prescribed by the local doctor at the army clinic did not help. He was hospitalised on 29 November 2003 at the PLA 309th Hospital. His situation deteriorated rapidly, and he died on 3 December 2003. SARS tests came back negative. Tests were carried out retrospectively over a period of two years.

"The virus which was isolated and the gene sequencing strongly suggested H5N1, which was further supported when samples were compared with other samples of H5N1 from Vietnam and other countries."

The new information contained in the letter has a bearing on the development of a vaccine, its authors say. The virus bore a genetic resemblance to other bird flu samples from poultry outbreaks in China as well as Japan in 2004. "These findings suggest that influenza A/Beijing/01/2003 may be a mixed virus," the authors wrote.

Doctors explain why they resigned from the NHS's IT programme

Michael Cross *London*

Senior doctors told MPs this week that they resigned from the programme to computerise the NHS in England after coming under pressure to exaggerate the extent of clinicians' involvement in the design of the system.

Peter Hutton, the former chief clinical adviser to the £12bn (€17bn; \$22bn) programme, told MPs at a session of the House of Commons Public Accounts Committee that he had warned the NHS chief execu-

utive that "key decisions were taken early without clinical input" and that contracts being rushed through might not be viable. "Within 10 days of that I was asked to resign."

Anthony Nowlan, until December 2003 head of stakeholder relations at the NHS's national programme for information technology (IT), said that he had been asked to draw up a list of "hundreds of names" of doctors who had contributed to

the system's design. He felt "increasingly compromised" by this request. "The problem was that the urgency to procure rather trumped other aspects of implementation."

Sitting a few feet away, Richard Granger, chief executive of Connecting for Health—the section of the NHS that is overseeing the implementation of the programme to connect more than 30 000 GPs in England to almost 300 hospitals by computer—said his recollection of events was different.

He described Dr Nowlan's comments as a "slur" on those doctors who had taken part in the programme and scorned the competence of the NHS's for-

mer IT agency, "the organisation Dr Nowlan was a director of."

The select committee was taking evidence on the National Audit Office's report *The National Programme for IT in the NHS*.

The report broadly supported the programme (2006; 332:1408, 17 Jun), especially its measures to prevent the sort of cost over-runs associated with previous government IT projects. However, it observed that the online care records service was running two years behind schedule. It also raised concerns that the Department of Health had decided to procure systems "before focusing on communicating with and engaging NHS staff."