Officials report first Cambodian case of avian flu

Jane Parry Hong Kong

As Vietnam's H5N1 avian flu outbreak continues to spread, the first suspected human case originating in Cambodia has been reported and a new family cluster has once again raised the possibility of human to human transmission.

By 1 February, the official Vietnamese death toll was 13. On 30 January, a 10 year old girl died in southern Vietnam, having been admitted to hospital earlier that month. On 28 January a 25 year old Cambodian woman who had crossed the border into Vietnam died on the same day that she was admitted to hospital with a high fever and a cough.

"The test results showed that she was positive for the H5N1 virus," Dr Phan Anh Tu from Ho Chi Minh City's Pasteur Institute told Agence France Presse.

This is the first reported case originating in Cambodia, which has so far not reported any outbreaks of the virus among poultry. The woman's brother also reportedly died from acute respiratory problems, but this could not be confirmed by the World Health Organization.

"We wouldn't be surprised if there was an outbreak there because we don't know what's going on in Cambodia, Laos, or Myanmar. The UN Food and Agriculture Organization has had no reported poultry outbreaks since last October, but these three countries don't have the capacity or the infrastructure to do surveillance in the countryside," said Peter Cordingley, WHO's spokesman in Manila. Outbreaks in poultry have been reported across Vietnam and in Thailand.

The death from H5N1 avian flu of a 13 year old Vietnamese girl from southern Vietnam on 28 January, a week after her 35 year old mother died of the disease, has raised concerns of poshuman to human transmission. Research recently published in the New England Journal of Medicine (2005;352: 333-40) confirmed that there had been limited human to human transmission in a family cluster in Thailand in 2004. In Vietnam this is the second time a family cluster has been suspected during the current outbreak.

"We are worried about the custom of families nursing sick relatives," said Mr Cordingley. "In Vietnam, families are expected to step in and take care of sick relatives, but although we think the healthcare workers there are



A young Vietnamese girl with avian flu is treated in Ho Chi Minh City paediatric hospital

taking all the right precautions, families' members are giving close-up care with no infection control measures," he said.

WHO has warned that the H5N1 virus may be evolving in

ways that are favourable to mutation into a pandemic strain of human flu.

By 1 February, official Vietnamese sources had reported at least 16 cases of H5N1 flu. \square

Clash over public access rights and patient confidentiality sparks trial

Caroline White London

A world expert and two of his university colleagues have been charged with court obstruction by the Swedish parliamentary ombudsman and now face a public criminal trial as a result of a clash over rights to access public data and the need to maintain patient confidentiality.

Christopher Gillberg, professor of child and adolescent psychiatry at the University of Gothenburg, Sweden, and St George's Hospital, London; Gunnar Svedberg, vice chancellor of the University of Gothenburg; and Arne Wittlöv, chairman of the university's board of directors, could face

fines if found guilty. The trial is scheduled for late spring.

The move follows attempts by community paediatrician Dr Leif Elinder of Uppsala and Eva Kärfve, associate professor of sociology at the University of Lund to acquire the legal right to gain access to years of confidential data about patients with the disorder. Professor Kärfve claimed that the data gathered in Professor Gillberg's research had various numerical "inconsistencies."

A court order granted Professor Kärfve access to the data last year. Three of Professor Gillberg's university colleagues destroyed the data in May, however, to

protect patient confidentiality (BMJ 2004;329:72).

Dr Elinder first approached the parliamentary ombudsman in August 2003, prompting an investigation by the deputy state prosecutor, which began in January 2004, he said.

Dr Elinder said that he had wanted the Swedish Research Council to look at Professor Gillberg's data; "But the council can't force the university to [comply] if they refuse." He said that was why he had taken the matter to the ombudsman.

In an email to the *BMJ*, Professor Svedberg confirmed that the charge had been brought. The relationship between the principle of public access to official records and the law governing patient confidentiality needed to be clarified, he wrote.

Asked by the *BMJ* if he had any comments to make on the

charge, Professor Gillberg replied, "I have done nothing wrong. I have upheld the ethics that apply to all medical professionals all over the world. For this I [and the two others] have been prosecuted."

A colleague, Professor Elias Eriksson, of the department of pharmacology, told the *BMJ* that Professor Gillberg had had "massive support" from clinicians and researchers in Sweden for his stance. "Regardless of the outcome of the forthcoming trial, Gillberg and his coworkers have acted just as they should," he said.

In a separate legal case, the university has also been forced to bring charges against the perpetrators of the data destruction, in accordance with Swedish law, which forbids destruction of archived material collected with public money.