

On the verge of the 21st century there tends to be a panic in the struggle against communicable diseases

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Presently, chronic non-communicable diseases are the main cause of the global burden of diseases and mortality. In AAEM, many researchers undertake these problems [1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16]. However, at the age of mass migration of the world population, associated primarily with the easiness of translocation over long distances, and the character of work in certain segments of the economy, communicable diseases still constitute a threat. No wonder that many reports in this journal are concerned with the problems related with communicable diseases [17, 18, 19, 20, 21, 22, 23]. In my opinion, the problem is how to control these diseases in the global sense. At present, the majority of institutions dealing with the control of diseases which are of a national, international or global character, do not cope with the control of communicable diseases from this aspect. An example is the last pandemic of the AH1N1 influenza virus. I would call it a 'panic' rather than a pandemic: a global panic triggered disproportionate to the actual threat in many countries, which resulted in actions that were exaggerated according to the standards followed in public health in the face of global public hazards. An example was the closing of frontiers in some countries during the pandemic of influenza, without a cool assessment of the actual risk. Another example was the purchase of vaccines, which had to be disposed of. Why had the possibilities of performing vaccinations against this flu not been assessed? Why had the education of the societies concerning the benefits brought about by performing prophylactic vaccinations not been carried out? These actions, if undertaken regularly, would increase the willingness of citizens worldwide to be vaccinated. Prophylactic vaccinations are the most effective method for controlling communicable diseases. Their use has enabled the elimination of many diseases within recent decades. This message, however, is not known to the majority of the population worldwide. In the majority of countries worldwide the percentage of those vaccinated against the AH1N1 influenza virus is very low, including among medical circles. While observing the activities of international organizations dealing with health after the flu pandemic, I have come to the conclusion that probably the reaction towards the recent pandemic has not taught anything to the decision makers involved. Why did no one evaluate the actions undertaken at the time? Why were initiatives not undertaken aimed at increasing the awareness of the citizens of the world concerning the benefits of prophylactic vaccinations? Are the recommendations associated with the

control of communicable diseases appropriate, and should they not be changed? After the experiences from the last pandemic no one has undertaken such a discussion. Does no one perceive the strength of anti-vaccination movements in many countries? Have possible behaviours of the citizens of individual countries of the world and public health authorities been considered in the face of the occurrence of future potential health hazards? After the experiences during the period of pandemic of the AH1N1 influenza virus there is a danger of ignoring these hazards. I have the impression that such crucial measures have not been taken, nor has the strength of these movements increased. The best example is the incident described in our journal concerning E coli in vegetables [24]. The actions undertaken by public services at that time led to tremendous economic losses in Europe, associated with the fear of consumption of fruit and vegetables by the entire population of continental Europe. This was suffered by the producers in Europe due to a decreased demand for fruit and vegetables, and also by all European tax payers because of their liability arising from the payment from the EU budget of compensations to the producers. Have the European public services analyzed this situation? Have they drawn any conclusions? For example, why do the producers of fruit and vegetables from other countries and the tax payer have to bear the consequences of erroneous decisions by public services of other countries? No one responsible in Europe has attempted to provide any answers to these questions. In my opinion, this situation will have long-term health consequences for European societies. A low demand for fruit and vegetables is still being observed in European countries, resulting in their low consumption. Low consumption of these products is among the causes of morbidity due to chronic diseases, including cardiovascular diseases and cancer. Also, for many years, the message has been publicized encouraging the societies of all countries worldwide to increase the consumption of fruit and vegetables. The UE is even engaged in an all-European programme in this area. These actions brought slow, but positive effects. I expect that after the above-mentioned incident, public services in the European countries will have to start educational actions and learn from the beginning. I write these words as the former Chief Sanitary Inspector in Poland – a position I held also during the pandemic of the AH1N1 influenza virus – in order to instigate discussions on a global scale concerning the standards of actions in the field of public health.

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