

## PART I

### 2. "Prolonged Influenza by Mutation" - The New Influenza Epidemic -

It is a new form of influenza which lasts longer than the common one and affects the respiratory system, other organs and systems. It lasts more than 7 days, even 1, 2, 3 or more months, even several years. It presents with lots of relapses and pulmonary complications, viral pneumonias and others. It is a New Epidemic, a Pandemic which is progressively becoming Endemic. It settled in 2013, went on in 2014, 2015, 2016, 2017 and is still growing in Argentina, America and the world. It is produced by the mutation of the common influenza virus with the Prolonged Influenza virus. The result is a new clinical form of Prolonged Influenza.

New viral prolonged disease of the respiratory system, other organs and systems. It is produced by the combination of the common influenza virus with the Prolonged Influenza virus.

### PROLONGED INFLUENZA BY MUTATION "Mutation of an influenza virus already settled in a community"

#### 1. DEFINITION

It is an acute infectious disease of viral and contagious etiology. It affects the respiratory system, the respiratory pathways. **It lasts more than 7 days, even 1, 2, 3 or more months, even several years.** It is prolonged and brings along exacerbations or subsequent relapses. It generally lasts like a prolonged influenza, or less, and may give rise to complications such as sinusitis, pneumonia, acute myocardial infarction, unstable angina pectoris, pericarditis and others. It also affects other organs or systems. To make it clear, it is a prolonged influenza by mutation, generally more long-lasting than the common flu and similar in duration to the prolonged influenza.

(It is the disease that affects people who have not received the influenza vaccine and present with clinical manifestations of flu which last longer than the common influenza).

#### 2. ETIOLOGY

It is confirmed that this disease is the product of a "mutated influenza virus". It is the result of the combination of the common influenza virus with the Prolonged Influenza virus. It presents a new clinical manifestation and it is known as "Prolonged Influenza by Mutation"

### **3. CLINICAL MANIFESTATIONS AND CLINICAL DIAGNOSIS**

The signs and symptoms are similar to those of the prolonged influenza but with less intensity and equal or less duration; however, it is still prolonged. The whole diagnosis is the same as the already explained "prolonged influenza". Either unilateral or bilateral parotiditis has been observed as a complication also submaxillary salivary glands inflammation. They were cured very fast with the antiviral Oseltamivir.

We insist that this disease produces great inflammation in the whole respiratory system as well as in other organs and systems of the body with the same features already described;

also, the consequences produced by other mechanisms already described, and others unknown up to now.

There are other clinical manifestations and diagnosis that have not been described so far.

### **4. APPEARANCE OF THE DISEASE**

**The clinical observation was first described in the year 2000, but in the year 2004 and 2005, a report was submitted to the Public Health Ministry of Misiones and Federal Courthouse of Posadas (Misiones). Later, it was presented to the Federal Prosecutor of Posadas, Provincial Prosecutor of Posadas and Federal Prosecutor of Buenos Aires -Federal District.**

**In the year 2000 it was presented to the World Health Organization. It has also been presented to the United Nations (UN), two universities of Medicine in Argentina: University of Buenos Aires (UBA) and National University of La Plata (UNLP), Argentinian Catholic Church (Archbishopric of Buenos Aires and Bishopric). The National Academy of Medicine, the Argentinian Association of Microbiology (AAM), the Argentinian Society of Virology (SAV) and other national and international institutions from different countries.**

This disease could have existed before the observations made in the year 2000 without being described.

### **5. INCREASE IN CASES**

In the year 2000, there were very few cases, mainly in autumn, winter and spring. In 2004 and 2005, they increased progressively a thousand percent (1,000%), they went on from 2006 to 2013, and continued with a greater epidemic, pandemic and endemic incidence since 2013 until now, 2017. This is a very serious epidemiologic fact. Every year and in a more progressive way, there are more cases of Prolonged Influenza by Mutation. According to

clinical and epidemiological observations, the number of cases already exceeds the common flu.

This flu would be a mutation of the common influenza virus that no longer lasts 7 days, but extends from 30 to 60 days with relapses. The fact that the number of cases matches or exceeds the number of the common flu cases shows that this new disease is already settled. It also proves that there has been a mutation that is more transmissible, which explains the increasingly greater number of common flu cases.

As a consequence of the merging of the influenza vaccine virus (prolonged influenza) and the common flu virus, a mutated virus evolved. It is more infectious, more long-lasting and more intense than the common flu virus. This disease is called "Prolonged Influenza by Mutation" (see red line in Fig 1). Due to its mutation, it has acquired three main features: 1- it is more infectious. 2- it is more long-lasting with relapses. 3- it has more intensity.

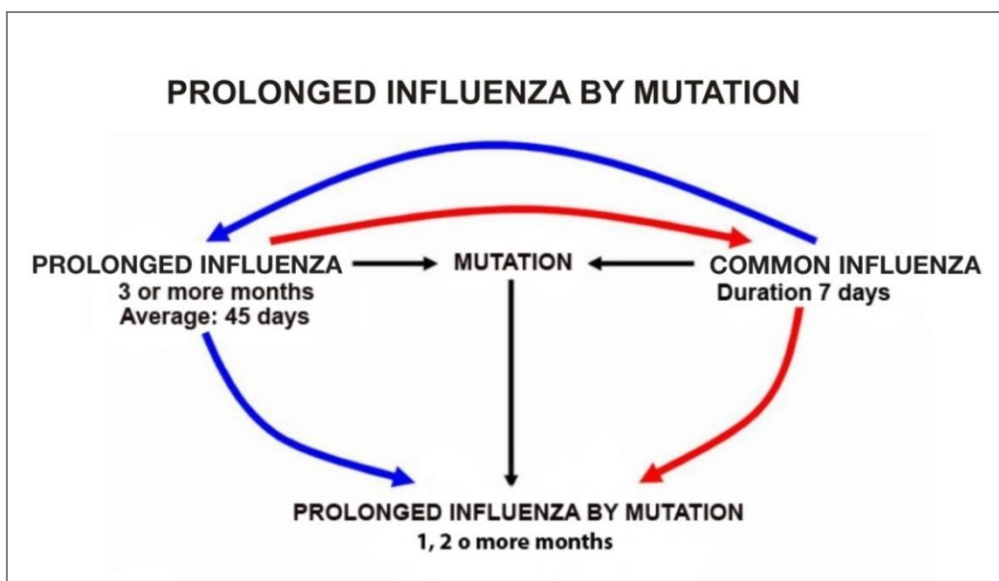


Figure 1

## 6. MUTATION AND NEW VIRUS

According to what has just been described, the appearance of a new mutated influenza virus can be confirmed. It is more contagious, more long-lasting and more intense, and it also has a greater impact and progression year after year.

If the situation kept growing, the common flu would be replaced by the "Prolonged Influenza by Mutation". So then, this clinical disease would change radically and would be epidemiologically settled. Sick patients who have got the influenza vaccine and have the prolonged influenza, produce the mutation. They infect healthy people who have not been vaccinated and the disease (prolonged influenza) gets reproduced with equal or less intensity. At the same time, this new sick person infects other non-vaccinated people and so on. When a person sick with this prolonged influenza infects another person sick with the common flu, the latter acts as a test tube and the mutation takes place leading to a new disease: Prolonged Influenza by mutation.

(See contagion and mutation diagram, and Fig 2 Mutation)

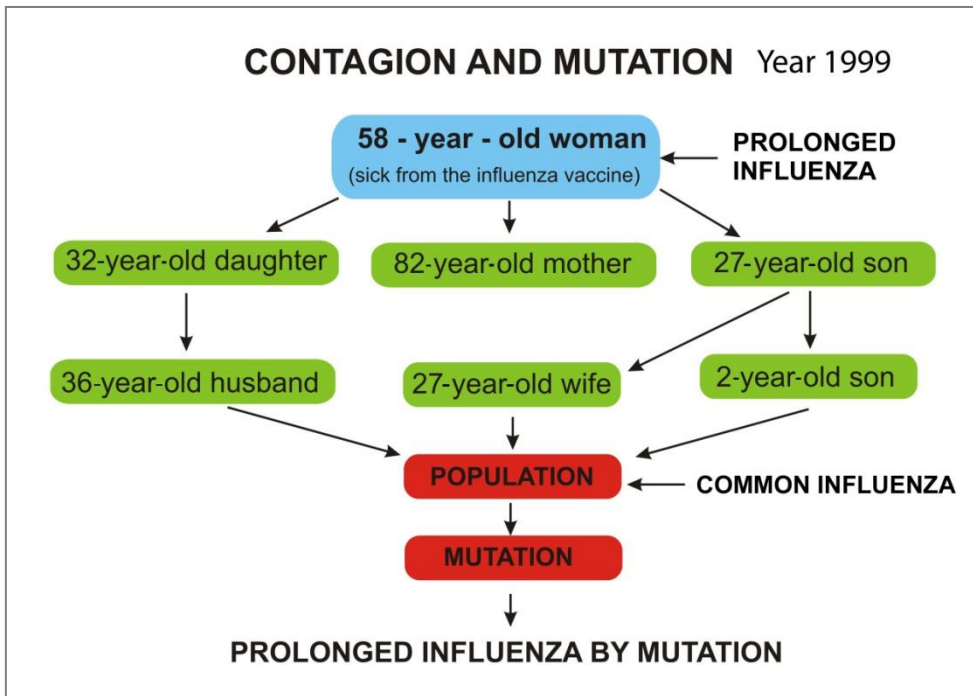


Diagram of contagion and mutation. Year 1999

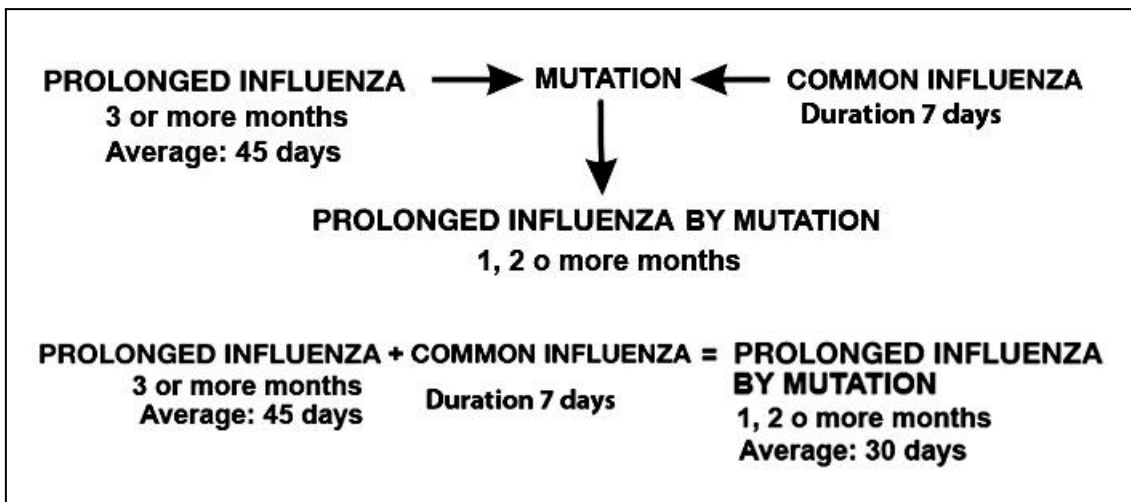


Figure 2 Mutation

All the diagrams of contagion and mutation correspond to real cases of people and families that got sick and transmitted the disease. They were all reported to national and international public health authorities and to other institutions.

In order to see the difference between the diseases that the flu virus brings on, it is advisable to see the following chart.

<b>Comparative Chart</b>			
	<b>PROLONGED INFLUENZA</b>	<b>COMMON INFLUENZA</b>	<b>PROLONGED INFLUENZA BY MUTATION</b>
<b>CONTAGION</b>	A little contagious ↓	Normally contagious →	Since 2004, very contagious ↑
<b>DURATION</b>	Prolonged duration (average: 3 months)	Normal duration (no more than 7 or 9 days)	Prolonged duration (Average: 2 months)
<b>RELAPSES</b>	With several relapses	With almost none	With several relapses
<b>CLINICAL INTENSITY</b>	Generally, very intense	Slight, moderate or intense	Moderate, intense or very intense

## 7. TREATMENT

Oseltamivir is the main antiviral drug in this treatment.

Quick recoveries were observed when Oseltamivir was used. After having taken this medicine, the conditions of 50% to 70% of patients improved in 24 hours; from 70% to 80%, in 48 hours; and from 80% to 90% in 72 hours. Many patients have been treated with Oseltamivir and excellent results have been obtained in a few days (7 days). (see the case—"Primary viral unilateral pneumonia")

Other treatments like the ones above (Prolonged Influenza) are valid. The level of inflammation and corticosteroids (Dexamethasone) or other anti-inflammatory treatment should be evaluated, taking into consideration the clinician's judgment to make any changes or modify the treatment if it were necessary.

Once the patient is given a diagnosis, it is important to start the treatment without delay since other complications could come up and put in risk the patient's life.

### **Commentary:**

### **Other medical decisions to prescribe or start the treatment**

Bear in mind that after receiving the first doses of Oseltamivir patients report very good clinical effects and improvement. These effects have sometimes been noticed 2 hours after taking the medicine. For this reason, it is a clinical and medical decision to treat the patient or test the treatment.

In this way, and since a new disease is being observed, the physician will be able to see how the patient improves with this treatment, or else, he will be able to distinguish it from other pathologies. It can also be considered as a diagnostic and therapeutic test and carry on with the treatment. It is advisable to continue with the treatment after the first dose, even though no results are obtained in a span of 48 hours (or more). Only then, decide whether or not to continue the treatment since there could be other pathologies that hide the patient's clinical improvement, particularly if the

patient is unconscious or in bed. (Asking the patient about improvements in his or her condition during the clinical progression is very important)

If there is some improvement (at least a minimum), it is advisable to carry on with the antiviral treatment. A good therapeutic result could be noticed in a few days. Due to the great benefits and little risk of adverse effects, it is also suggested to finish the treatment thoroughly.

Remember that if months, one, two, three, four or more years have gone by, the disease can persist and present mild relapses or a few symptoms like asthenia, cough or others. In these cases, a treatment with Oseltamivir should also be prescribed. Extraordinary improvements have been observed: 70% in 48 hours and 90% within 5 to 10 days and then the patients were completely cured.

All that has been explained in this commentary is also valid for the "Prolonged Influenza" or other pathologies or diseases suspected to come from any kind of flu virus. For instance: viral pneumonia, viral pericarditis, angina pectoris, acute myocardial infarction\*, cardiac conduction disruption, viral myocarditis\*\*, viral encephalitis, viral meningitis, viral meningoencephalitis, viral polyneuritis and mononeuritis, and other diseases that have not been described yet, but can be clinically diagnosed and treated in the correct way.

\* In the case of an acute myocardial infarction, Oseltamivir can be used but the use of corticoids should be under surveillance. It is said that the use of corticoids is associated with the free wall left ventricular rupture.

\*\* In the case of viral myocarditis it is definitely advisable to use Oseltamivir. However, if any steroidal or non-steroidal anti inflammatories are added to the treatment, the myocarditis can worsen.

In this case, it is convenient to start the treatment with Oseltamivir and check the clinical response within 48 or 72 hours. Only then apply an anti inflammatory, but all depends on the seriousness of the clinical case, its clinical presentation and other clinical variables that should be evaluated. Once this has been done, any medical decision can be made.

**Commentary:** In most cases, all of the above described about the "Prolonged Influenza" is also valid for the "Prolonged Influenza by mutation" since the latter is originated in the first one.

## **CASE OF PRIMARY VIRAL UNILATERAL PNEUMONIA**

### **Prolonged Influenza by mutation complicated with primary viral pneumonia.**

A male patient, 68 years old, diagnosed with Prolonged Influenza by mutation, one month evolution in September, 2006.

His condition complicated with viral pneumonia in his left lung. He was treated with Oseltamivir. Extraordinarily, he recovered clinically 70% in 24 hours and 90 % in 7 days, and completed his treatment in 15 days.

Fig 1, shows the first chest x-ray –front– at the beginning of the disease.

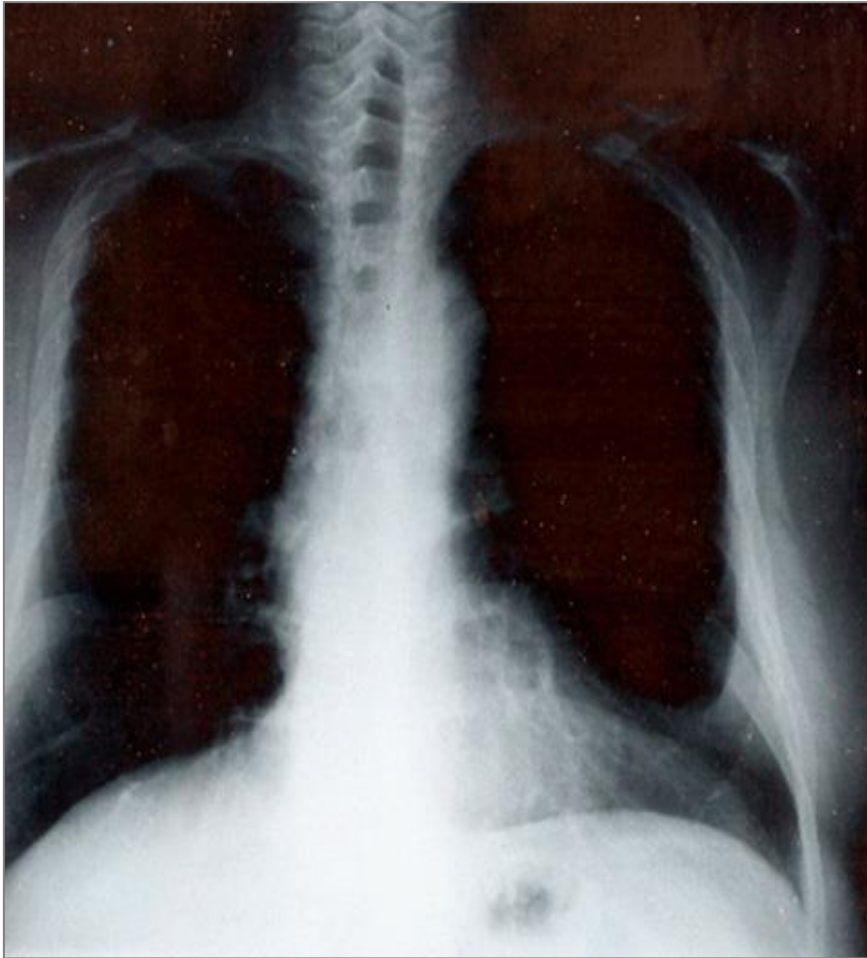


Fig 1 **VIRAL UNILATERAL PNEUMONIA**

Note interstitial and alveolar infiltrates in the left lower lung field and laminar atelectasis in the right lower lung field. (September 2006)

## **8. ANOTHER VARIANT OF MUTATION ACHIEVING THE SAME RESULT**

The mutation that has just been explained above could happen in a different way.

The mutation was produced when the common flu virus and the prolonged influenza virus combined. A new variant of the virus was generated, as well as a new clinical manifestation. That is what is called: "Prolonged Influenza by mutation", that is, the same result was achieved. (See fig. 1, blue line)

It has settled in the population and displaced the common flu. It has caused an epidemic and it may also cause a pandemic eventually.

This variant of mutation will not be further developed.

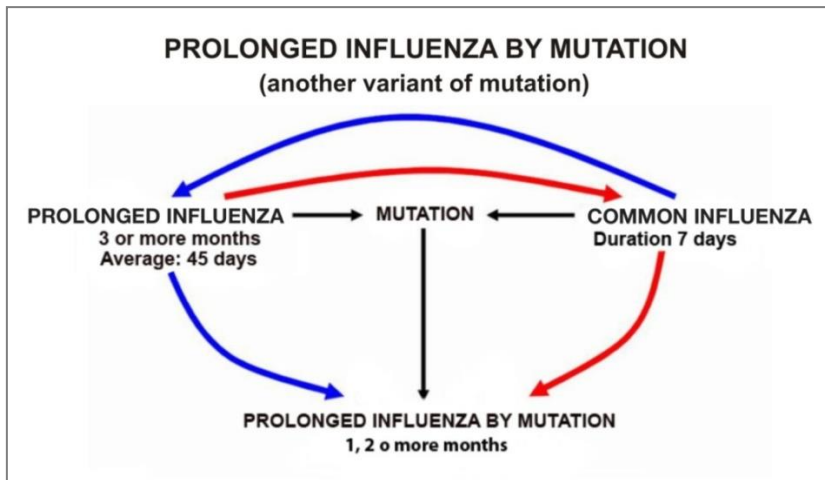


Figure 1 – PROLONGED INFLUENZA BY MUTATION (another variant of mutation)

## 9. POSSIBLE PROGRESSION

If successive mutations continue occurring with any other type of virus (avian or another of high pathogenicity), a flu virus, even more lethal, could be generated.

For example, the avian flu virus could mutate or merge with the prolonged influenza virus, or the prolonged influenza by mutation virus. This could lead to a new avian flu virus more long lasting and more prolonged in its clinical presentation. The disease could persist more time and it could be highly pathogenic. The fact is that then the mortality will increase seriously. It could easily be estimated that from 50% mortality rate it could rise to 80% or more.

A mutation could happen from the virus of the prolonged influenza by mutation to the avian flu one. It could have a greater infectious effect on the world population. So, it could affect a greater number of people and therefore the mortality rate would rise.

It is common knowledge that the virus of the avian flu is the one that carries more pathogenicity due to its "great clinical intensity". It has a 50% death rate.

If we add the following facts: 1) more long-lasting or prolonged, with exacerbations or relapses, and 2) more infectious, its pathogenicity would increase even more and therefore, mortality would increase as well, from 50% to 80% or more.

As a result we would have an avian influenza never seen before. This could permanently settle in the world, in a lower or greater extent.

## 10. EPIDEMICS AND PANDEMICS

This is a serious matter since epidemics and pandemics could have greater pathogenicity never seen before. They could bring about unpredictable consequences for the human race, and millions of sick and dead people.