

Details of the S-OIV cases are summarised in the table. Most cases have occurred in children with known comorbidities including chronic lung disorders and immunodeficiency. The median age is higher than that for seasonal influenza (9 vs 2.7 years), but this could reflect transmission patterns in the early phases of a pandemic.

Eight of the cohort presented with shock: one was fluid-responsive, three responded to catecholamines, and four had catecholamine-resistant and steroid-resistant shock, one of which was associated with bacterial coinfection. Five children died. This fulminant course was not seen in the seasonal cohort.

There is a risk of selection and attribution bias in comparison of these contrasting cohorts with the current high level of interest and monitoring of S-OIV. However, the occurrence of fatal catecholamine-resistant shock in four of the 13 patients suggests an organ-failure pattern that might be different to that of seasonal influenza.

We declare that we have no conflicts of interest.

*Paula Lister, Fiona Reynolds, Roger Parslow, Alex Chan, Mehrengise Cooper, Adrian Plunkett, Shelly Riphagen, \*Mark Peters*  
m.peters@ich.ucl.ac.uk

Paediatric Intensive Care Unit, Great Ormond Street Hospital, London, UK (PL, AC); Birmingham Children's Hospital, Birmingham, UK (FR); Paediatric Epidemiology Group, University of Leeds, Leeds, UK (RP); Paediatric Intensive Care Unit, St Mary's Hospital, London, UK (AP, MC); Paediatric Intensive Care Unit, Evelina Children's Hospital, London, UK (SR); and \*Institute of Child Health, UCL Critical Care Group—Portex Unit, London WC1N 1EH, UK (MP)

- Centers for Disease Control and Prevention (CDC). Intensive-care patients with severe novel influenza A (H1N1) virus infection - Michigan, June 2009. *MMWR Morb Mortal Wkly Rep* 2009; **58**: 749–52.
- Perez-Padilla R, de la Rosa-Zamboni D, Ponce de Leon S, et al. Pneumonia and respiratory failure from swine-origin influenza A (H1N1) in Mexico. *N Engl J Med* 2009; published online June 29. DOI: 10.1056/NEJMoa0904252.
- Department of Health. Pandemic flu: managing demand and capacity in health care organisations (surge). [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_098769](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098769) (accessed Aug 6, 2009).

- Department of Health. Pandemic flu: a national framework for responding to an influenza pandemic. [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_080734](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080734) (accessed Aug 6, 2009).

## Global responsibilities for global health rights

In his Comment on G8 responsibilities for global health and health systems strengthening, Julio Frenk (June 27, p 2181)<sup>1</sup> argues that the concept of “health security” (ie, the health components of human security) should include a “truly universal package of guaranteed benefits or entitlements, comprising [a] set of essential services applied to all in the world.”

This notion is consistent with a human rights approach to health: there are core obligations arising from the right to health, and if some countries are too poor to fulfil them, the obligation shifts to the global level. Countries in a position to assist must help countries in need of assistance.<sup>2</sup> It is also compatible with the idea of a global social protection floor<sup>3</sup> and of global health governance to meet the survival needs of the world's least healthy people.<sup>4</sup>

At the risk of being immodest, we also think it is in line with our proposal of a World Social Health Insurance or Global Health Fund.<sup>5</sup> We therefore believe the time has come to further explore these concepts and to move from concepts to reality. What is this universal package of entitlements, these core obligations arising from the right to health, this global social protection floor, and this response to survival needs? What do these concepts include exactly? What are the responsibilities of low-income countries and when can they claim assistance? What are the responsibilities of the G8 and the countries able to assist? Which countries are we talking about and how should they share the burden?

Unless these questions are answered convincingly, the “health social contract” as a “key component of human citizenship” will remain a distant dream. To start the move from concepts to practice, we will be holding an international workshop on global responsibilities for global health in Brussels, Belgium, on Oct 19–21, 2009.

We declare that we have no conflicts of interest.

\**Gorik Ooms, Wim Van Damme*  
gooms@itg.be

Institute of Tropical Medicine, Antwerp 2000, Belgium

- Frenk J. Strengthening health systems to promote security. *Lancet* 2009; **373**: 2181–82.
- Committee on Economic, Social and Cultural Rights. General comment no. 14: the right to the highest attainable standard of health. [http://www.unhcr.ch/tbs/doc.nsf/\(symbol\)/E.C.12.2000.4.En?OpenDocument](http://www.unhcr.ch/tbs/doc.nsf/(symbol)/E.C.12.2000.4.En?OpenDocument) (accessed Aug 5, 2009).
- International Labour Office. Towards a global social floor? [http://www.ilo.org/wcmsp5/groups/public/---dgreports/---integration/documents/meetingdocument/wcms\\_084240.pdf](http://www.ilo.org/wcmsp5/groups/public/---dgreports/---integration/documents/meetingdocument/wcms_084240.pdf) (accessed Aug 5, 2009).
- Gostin L. Meeting the survival needs of the world's least healthy people. *JAMA* 2007; **298**: 225–28.
- Ooms G, Derderian K, Melody D. Do we need a world health insurance to realise the right to health? *PLoS Med* 2006; **3**: e530.

## The science and ethics of primate research

Your Editorial about transgenic marmosets (June 6, p 1920)<sup>1</sup> is thoughtful and recognises that causing suffering to animals, particularly primates, when it is not for their benefit raises serious ethical issues. We applaud your call for greater transparency.

We have to be clear, however, that research even on primates, our closest evolutionary relatives, is highly problematic from a scientific point of view. History tells us that it is wrong to assume that it leads inexorably to cures for human diseases, or guarantees safety. For example: not one of the 85 or more candidate AIDS vaccines tested successfully on primates has worked in patients; more

For the Global Responsibilities for Global Health Rights Conference see <http://www.hdbf.org>