Rural and Remote Health



EDITORIAL

Pandemic

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Dear RRH Readers

The speed of transmission of the novel Influenza A(H1N1), which WHO has officially declared a pandemic, has been extraordinary. Even more remarkable has been the speed with which this virus has been identified and an international public health response activated.

In the last few days a public health team for rural Scotland has shared their experiences in responding to the rapidly changing challenges of the pandemic with *Rural and Remote Health* readers¹. Since then RRH has published a commentary assessing Australia's response so far².

No country wants a rapidly spreading virus that targets young people and there is no doubt that the public health response has been justified. As the pandemic and its response evolves there will be more experiences from the rural and remote corners of the world which need to be documented and discussed, to inform current and future actions.

MEDLINE listed

FRAME

In times of public health crisis small communities can feel vulnerable, invincible, manipulated, stigmatized or ignored. Health professionals serving these groups can be well-supported or left to battle alone; they may be inspired to apply ingenuity and innovation. A letter to the editor published in this journal on 24 March 2009 suggested that planning for flu pandemics ignored the issues faced by the disadvantaged or marginalized, and warned that such groups' participation cannot be depended on if prior consultation had not occurred³.

In order to keep the rural and remote community informed, the RRH editors invite readers to submit letters, case studies and brief papers describing issues emerging from the Influenza A(H1N1) and related virus. These submissions will be assessed and, if accepted, published rapidly to

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maximize the mutual learning that characterizes the rural health community.

Ann Larson Co-Australasian Regional Editor *Rural and Remote Health*

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