

H1N1 Overview

Dr. Richard Schabas
Medical Officer of Health
Hastings and Prince Edward Counties

H1N1 Epidemiology

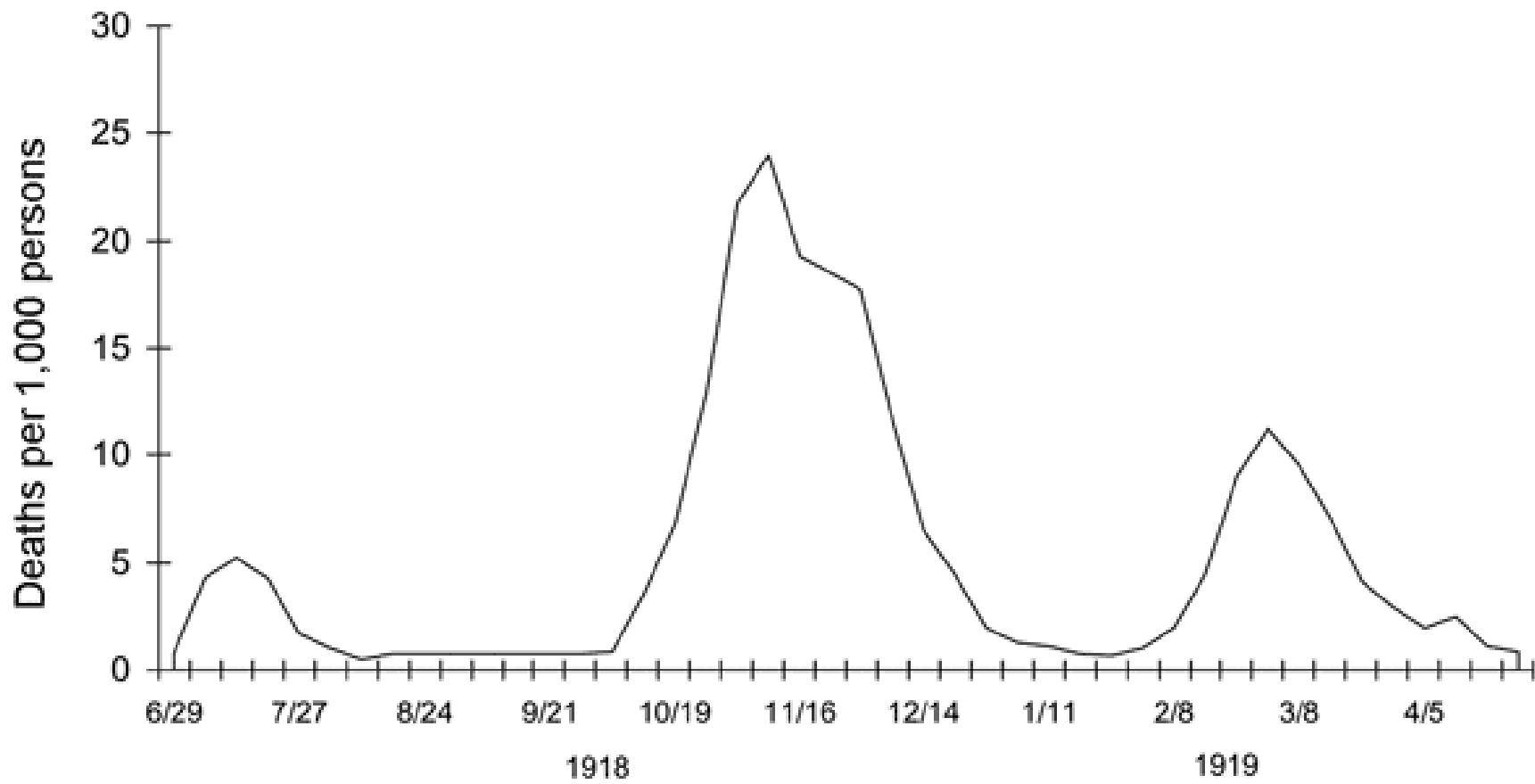
- Influenza-like illness
- Overwhelmingly mild disease
- Rare severe disease
- Relative sparing of older people
- Overall mortality low
- Risk groups – comorbidities, indigenous people, pregnant women
- Capable of “out of season” spread
- Worse when spreads “in season”

H1N1 Epidemiology

Not materially worse than a typical influenza season

Will H1N1 get worse?

1. historical



- Taubenberger JK, Morens DM. 1918 influenza: the mother of all pandemics. Emerg Infect Dis [serial on the Internet]. 2006 Jan [*date cited*]. Available from <http://www.cdc.gov/ncidod/EID/vol12no01/05-0979.htm>
- David M. Morens; Jeffery K. **Taubenberger**
Understanding Influenza Backward
JAMA, August 12, 2009; 302: 679 - 680.

Will H1N1 get worse?

1. historical

2. mutational

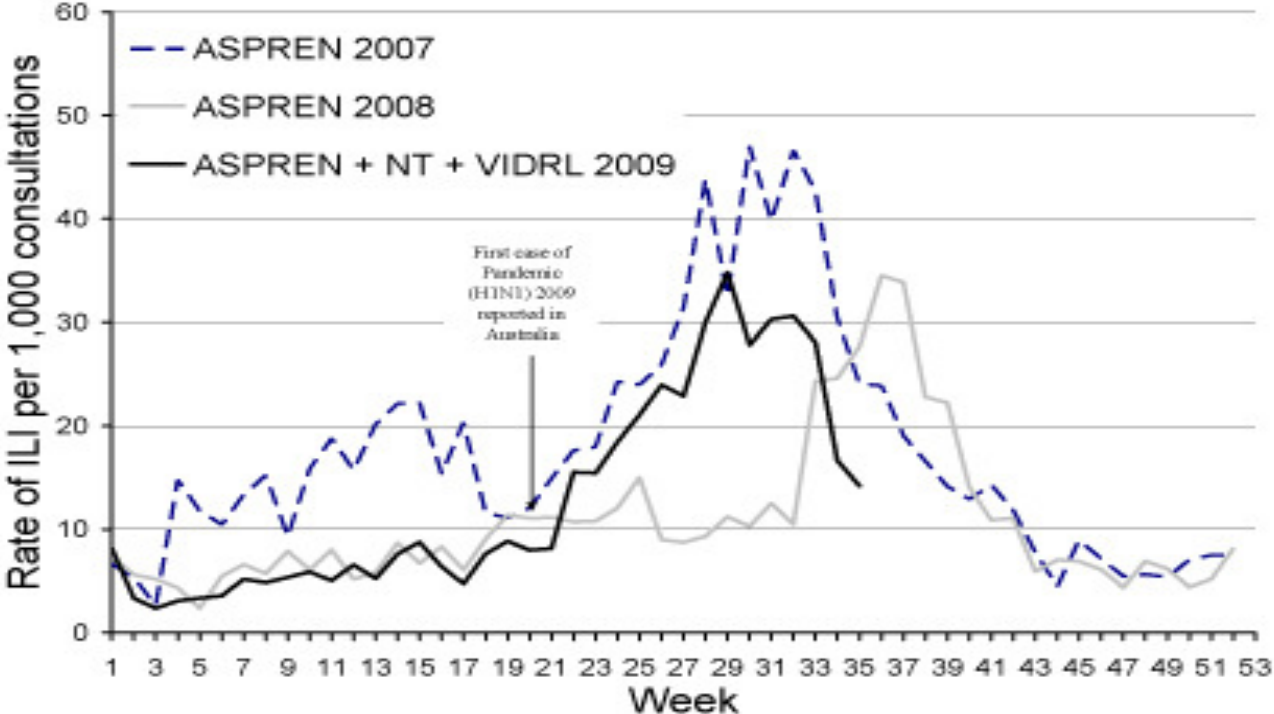
Will H1N1 get worse?

1. historical

2. mutational

3. seasonal

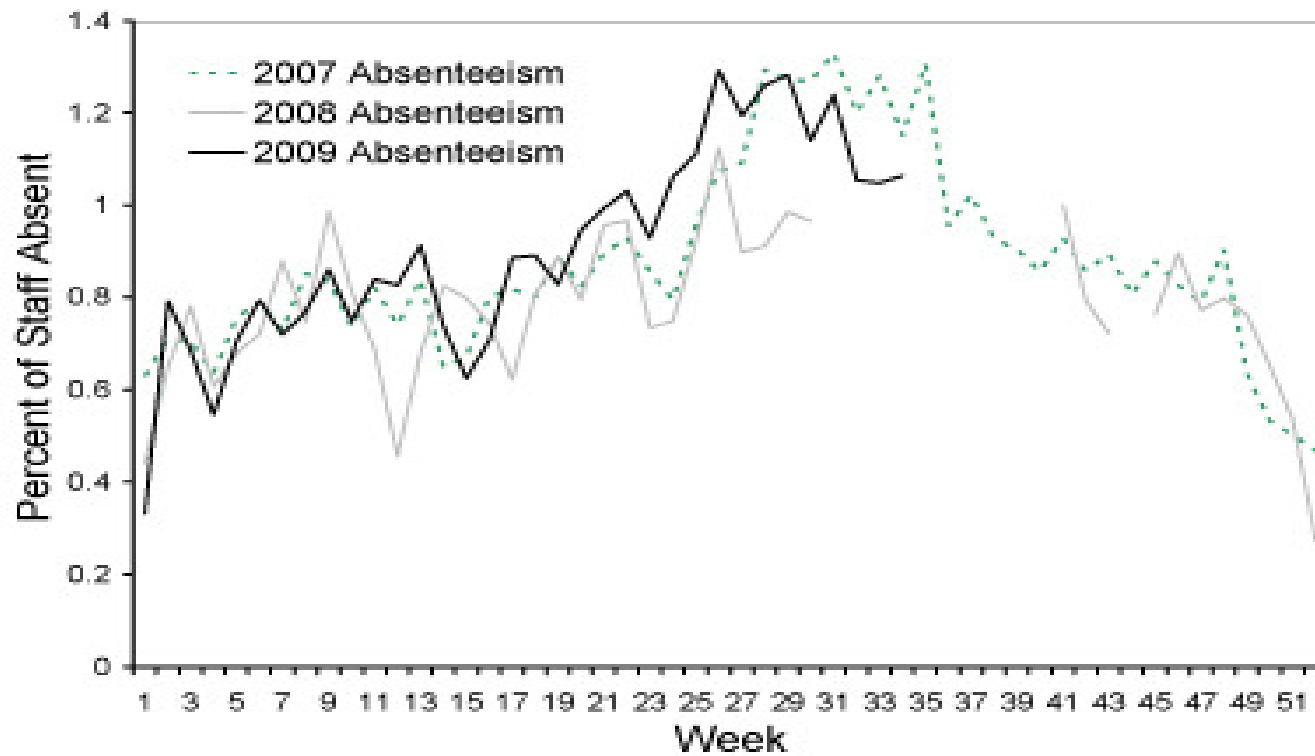
Figure 3. Rate of ILI reported from GP ILI surveillance systems from 2007 to 30 August 2009 by week*



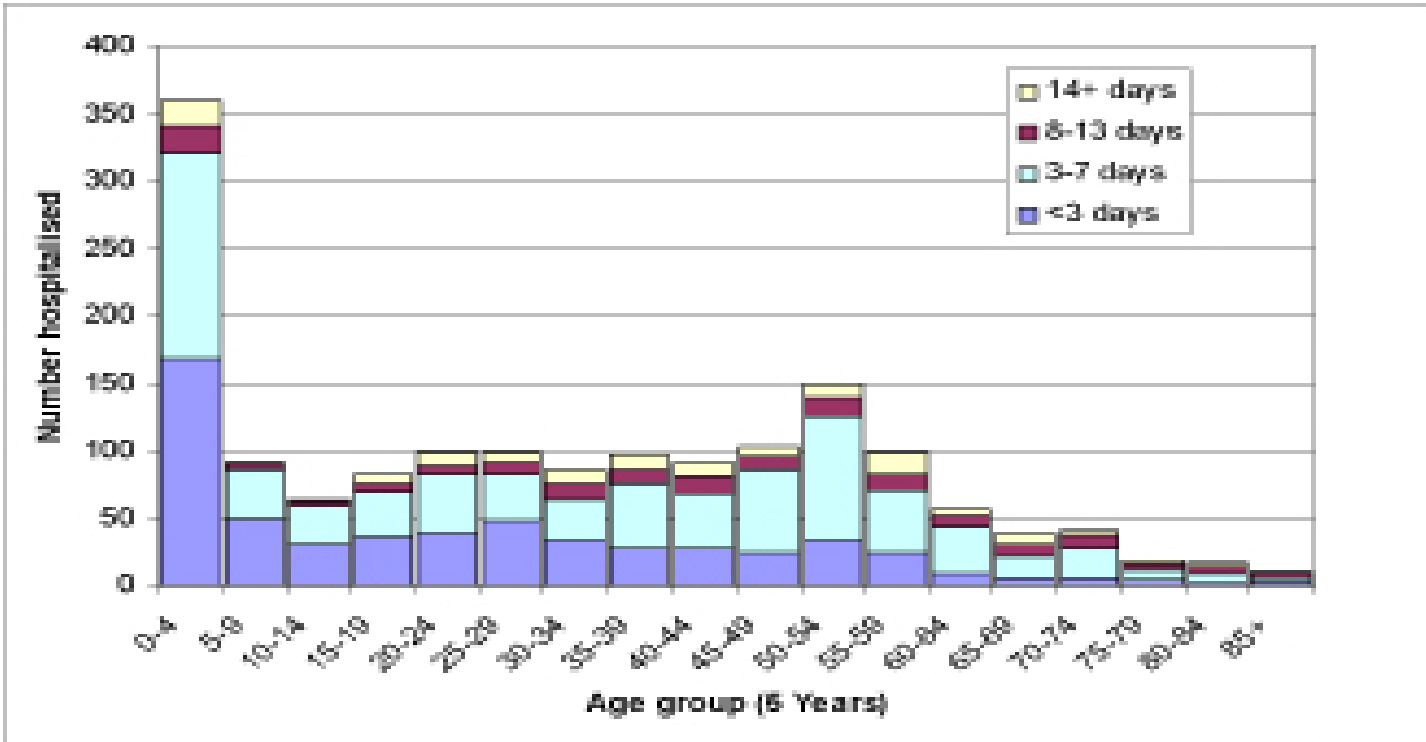
* Delays in the reporting of data may cause data to change retrospectively. As data from the NT and the VIDRL surveillance systems are combined with ASPREN data, rates may not be directly comparable across 2007, 2008 and 2009.

SOURCE: ASPREN, NT, VIDRL

Figure 7. Rates of absenteeism of greater than 3 days absent, National employer, 1 January 2007 to 26 August 2009, by week.



SOURCE: Absenteeism data



Source: NETEPI database

Figure 15: Percentage of all deaths classified as influenza and pneumonia, WA Registry of Births, Deaths and Marriages, 1 January 2008 to 16 August 2009

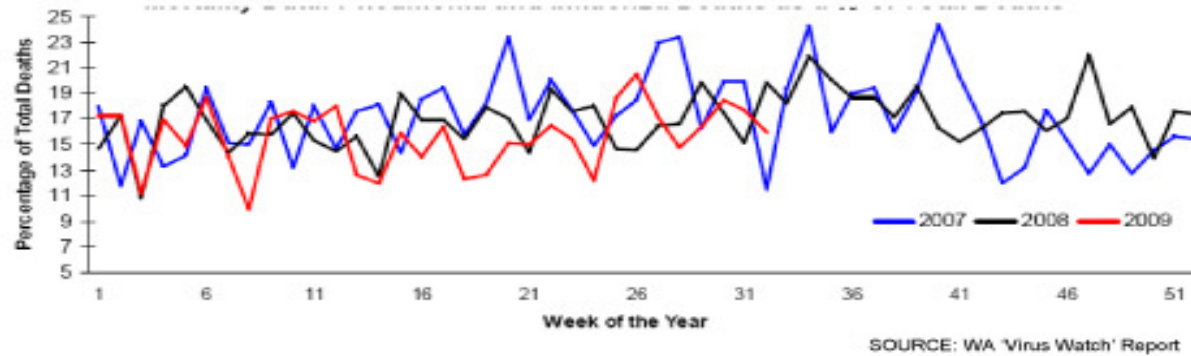
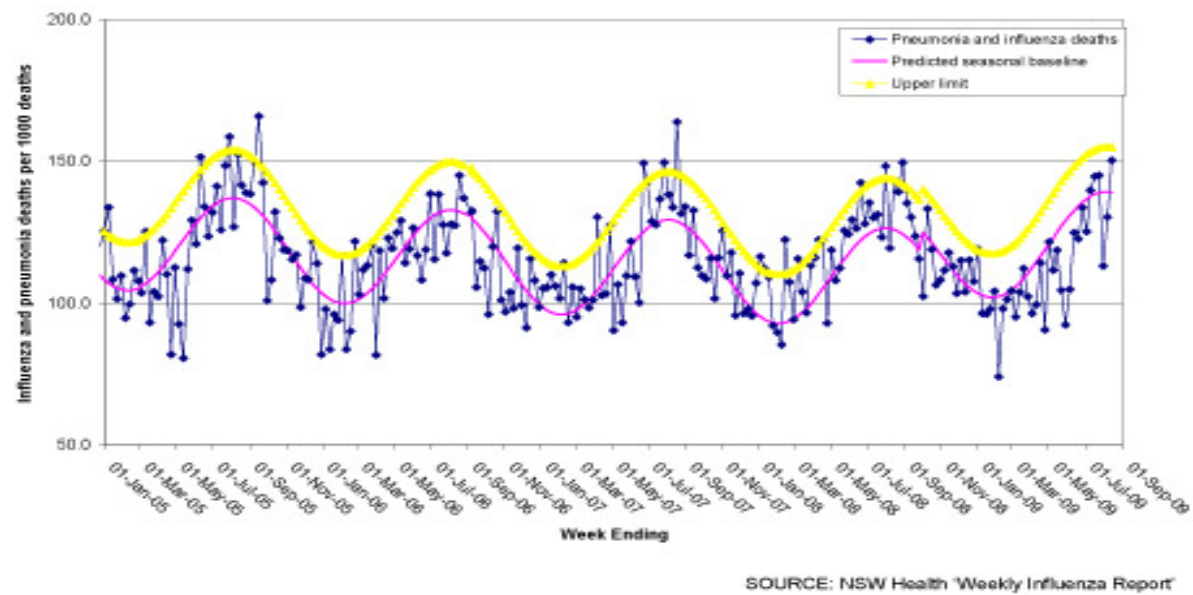


Figure 16: Rates of deaths classified as influenza and pneumonia, NSW Registry of Births, Deaths and Marriages, 1 January 2004 to 21 August 2009



H1N1 Severity in southern hemisphere

1. ILI rates: “slightly worse than a normal flu season” (WHO)
2. Health system impact: no “undue burden” (US government)
3. Mortality less than usual

“No plan survives the first five minutes of any battle.”

Napoleon

Pandemic planning expectations

- Bad (1968)
- Very bad (1957)
- Very very bad (1918)
- Catastrophic (H5N1)

- No big deal (1977)

Issues

1. Extraordinary measures – school closures, social distancing, flu clinics
2. Immunization policy – relative instead of absolute risk approach

Mortality Risk in Pregnant Women

North America: ~ 1/200,000

Australia: ~ 1/50,000

Risk in healthy pregnant women probably one-half to one-third

Therefore: expected mortality risk from H1N1 in healthy pregnant women
no greater than 1/100,000

Comparison: 4 month risk of pregnant women dying in MVA is ~ 1/30,000

Next Steps

1. Facts not fears
2. Shelve the pandemic plans
3. Re-evaluate immunization policy – “seasonal” and H1N1
4. Stop talking about pandemics!