

**WEEKLY SYNTHESIS OF SURVEILLANCE INFORMATION, LITERATURE &  
GOVERNMENT UPDATES**
**(WEEK 30- ENDING IN AUGUST 7, 2009)**
**HOSPITALIZATION & DEATH COUNTS:**

The WHO will no longer issue the global tables showing the numbers of confirmed cases for all countries. Thus, the reported cases presented in this table will severely underestimate the true incidence in the country and will not be comparable to countries still recommending laboratory tests of all suspected influenza cases. The following table provides global updates on H1N1-associated deaths. Please see hyperlinks in table for most up to date counts.

COUNTRIES/PROVINCES	DEATHS	HOSPITALIZATIONS*
<b>CANADA (<a href="#">PHAC</a>)</b>	<b>64</b>	<b>1315</b>
- BC	3	27
- AB	6	116
- SK	4	22
- MB	7	201
<b>- ON**</b>	<b>21</b>	<b>332</b>
- QC	21	579
- NB	0	1
- NS	1	10
- PEI	0	1
- NL	0	2
- Yukon	0	0
- NWT	0	0
- Nunavut	1	42
<b>U.S. (<a href="#">CDC</a>)</b>	<b>436</b>	<b>6506</b>
<b>E.U. and EFTA (<a href="#">ECDC</a>)</b>	<b>42</b>	<b>1076†</b>
<b>Mexico</b>	149	
<b>Chile</b>	97	
<b>Argentina</b>	337	
<b>Australia</b>	85	3009
<b>New Zealand</b>	14	
<b>TOTAL</b>	<b>1,569</b>	

Note: PHAC numbers updated last at 4:00pm (EST) on August 6; CDC numbers updated last at 11:00 am on August 6; ECDC numbers updated last at 5:00 pm (CEST) on August 7 2009.

\* Source: PHAC Flu Watch, Week 30 ending August 1 2009.

\*\* Source: Ontario Flu Bulletin as of August 1, 2009.

† Source: [ECDC](#) as of August 7, 2009.

## **DEATHS AMONG NOVEL H1N1 INFLUENZA A VIRUS, APRIL 13-AUGUST 5, 2009**

- 21 deaths have been reported, representing a population-based mortality rate of 0.16 deaths per 100,000 population.
- Almost all of these fatalities were hospitalized prior to death (86%).
- Age of fatal cases ranged from 6 to 81 years of age; median is 58 years and the average age is 56 years.
- Among confirmed cases that have died, 15 or 71% had underlying chronic medical conditions compared to 57% of hospitalized cases.

## **HOSPITALIZATIONS AMONG NOVEL H1N1 INFLUENZA A VIRUS CASES**

As of August 5, 2009 in Ontario:

- 332 confirmed cases have been hospitalized to date, also representing a population-based hospitalization rate of 2.5 hospital admissions per 100,000 population in Ontario.
- Of these, 283 cases have been discharged.
- The average length of stay was less than 24 hours to 80 days.
- Among cases that are currently or have previously been hospitalized, a number of complex medical conditions have been reported (for example, COPD, kidney disease, heart disease diabetes, etc).
- 89% of cases that were discharged had a length of stay of at least 2 days
- Of the 48 cases are currently hospitalized, a total of 26 were placed on a ventilator and/or were admitted to ICU.

<b>HOSPITALIZATION STATUS</b>	<b>VENTILATOR AND/OR ICU</b>	<b>NOT IN ICU AND NOT ON VENTILATOR</b>	<b>TOTAL</b>
Number of Currently Hospitalized	26	22	48
Number of Hospitalized and Discharged	36	247	283
Total hospitalized to date	62	269	331*

Source: MOHLTC Ontario Influenza Bulletin, iPHIS data as of 8:30 am, August 5, 2009.

\* Excludes case with a length of stay of less than 24 hours

<b>HOSPITALIZATION STATUS</b>	<b>HOSPITALIZED CASES*</b>	<b>NON-HOSPITALIZED CASES</b>	<b>TOTAL CASES</b>
Less than 20 years	156	2208	2367
Greater than or equal to 20 years	173	1432	1605
Total	332	3640	3927

Source: MOHLTC, iPHIS data as of 8:30 am, August 5, 2009. Age was unknown for 11 cases

## GOVERNMENT UPDATES

### CENTRE FOR DISEASE CONTROL (CDC)

**August 7, 2009: CDC H1N1 Flu Surveillance Update.**

<http://www.cdc.gov/h1n1flu/update.htm>

**Weekly Flu View Map and Surveillance Report for Week Ending August 1, 2009.**

Map includes both seasonal flu and H1N1 flu activity. During week 29, (July 26—August 1 2009), influenza activity decreased in the US, however there are still higher levels of ILI than is normal for this time of year. Approximately 98% of all influenza A subtyped viruses being reported to CDC this week are influenza A H1N1 virus. The proportion of deaths attributed to pneumonia and influenza (P&I) was below the epidemic threshold. One influenza-associated pediatric deaths were reported and both were associated with novel influenza A (H1N1) virus infection. The proportion of outpatient visits for influenza-like illness (ILI) was below national and region-specific baseline levels.

<http://www.cdc.gov/flu/weekly/>

**August 5, 2009: CDC Recommendations for the amount of time persons with ILI should be away from others.**

<http://www.cdc.gov/h1n1flu/guidance/exclusion.htm>

**August 5, 2009: Home care guidance: physician directions to patient/parent**

[http://www.cdc.gov/h1n1flu/guidance\\_homecare\\_directions.htm](http://www.cdc.gov/h1n1flu/guidance_homecare_directions.htm)

**August 5, 2009: Interim guidance for novel H1N1 flu (Swine Flu): Taking care of a sick person in your home.**

[http://www.cdc.gov/h1n1flu/guidance\\_homecare.htm](http://www.cdc.gov/h1n1flu/guidance_homecare.htm)

**August 5, 2009: Interim CDC guidance for institutions of higher education and post-secondary educational institutions in response to human infections with novel influenza A (H1N1) virus.**

[http://www.cdc.gov/h1n1flu/guidance/guidelines\\_colleges.htm](http://www.cdc.gov/h1n1flu/guidance/guidelines_colleges.htm)

**August 5, 2009: Interim recommendations for facemask and respirator use to reduce novel Influenza A (H1N1) virus transmission.**

<http://www.cdc.gov/h1n1flu/masks.htm>

**August 5, 2009: Interim novel Influenza A (H1N1) guidance for cruise ships.**

<http://www.cdc.gov/h1n1flu/guidance/cruiseships.htm>

**August 5, 2009: Interim guidance for airlines regarding flight crews arriving from domestic and international areas affected by swine influenza.**

<http://www.cdc.gov/h1n1flu/guidance/air-crew-dom-intl.htm>

### PUBLIC HEALTH AGENCY OF CANADA (PHAC)

**FluWatch Week 30 (July 26 – 1, 2009)**

The overall influenza activity decreased this week; the national ILI consultation rate (15 consultations per 1,000) is lower compared to the last week. However, the proportion of influenza positive tests increased slightly this week. In addition, the proportion of

influenza positive tests increased slightly this week.

[http://www.phac-aspc.gc.ca/fluwatch/08-09/w30\\_09/index-eng.php](http://www.phac-aspc.gc.ca/fluwatch/08-09/w30_09/index-eng.php)

**August 6, 2009: Deaths Associated with H1N1 Flu Virus in Canada**

The Public Health Agency of Canada (PHAC) is committed to sharing information about the impact of the H1N1 flu virus in Canada. Every Tuesday and Thursday at 4 p.m., the Agency will issue national updates on H1N1-associated deaths. In addition, PHAC will issue special reports on any unusual cases or clusters.

<http://www.phac-aspc.gc.ca/alert-alerte/swine-porcine/surveillance-eng.php>

**August 6, 2009: Government of Canada announces intention to order 50.4 million doses of H1N1 vaccine.**

[http://www.phac-aspc.gc.ca/media/nr-rp/2009/2009\\_0806-eng.php](http://www.phac-aspc.gc.ca/media/nr-rp/2009/2009_0806-eng.php)

**WORLD HEALTH ORGANIZATION (WHO)**

**August 4, 2009:** WHO offices issue pandemic flu surveillance updates. The World Health Organization (WHO) recently posted surveillance and status updates for regions where the pandemic H1N1 is just gaining a foothold, including the Mideast, Africa, and parts of Asia and the Pacific, which showed Southeast Asia as the hardest hit of those areas.

[http://www.who.int/csr/don/2009\\_08\\_04/en/index.html](http://www.who.int/csr/don/2009_08_04/en/index.html)

**August 6, 2009: Safety of pandemic vaccines**

[http://www.who.int/csr/disease/swineflu/notes/h1n1\\_safety\\_vaccines\\_20090805/en/index.html](http://www.who.int/csr/disease/swineflu/notes/h1n1_safety_vaccines_20090805/en/index.html)

**August 6, 2009: Pandemic influenza vaccine manufacturing process and timeline**

[http://www.who.int/csr/disease/swineflu/notes/h1n1\\_vaccine\\_20090806/en/index.html](http://www.who.int/csr/disease/swineflu/notes/h1n1_vaccine_20090806/en/index.html)

**EUROPEAN CENTRE FOR DISEASE PREVENTION & CONTROL (ECDC)**

**August 7, 2009: ECDC situation report (daily surveillance report).**

[http://ecdc.europa.eu/en/files/pdf/Health\\_topics/Situation\\_Report\\_090807\\_1700hrs.pdf](http://ecdc.europa.eu/en/files/pdf/Health_topics/Situation_Report_090807_1700hrs.pdf)

**August 5, 2009: Pandemic Influenza A (H1N1) in pregnancy places women at higher risk of adverse outcome- published analytic study from the US.**

[http://ecdc.europa.eu/en/health\\_content/sciadv/090805\\_sciadv.aspx](http://ecdc.europa.eu/en/health_content/sciadv/090805_sciadv.aspx)

**HEALTH/SURVEILLANCE BULLETINS:**

Countries reporting first case(s) of pandemic H1N1

**August 10, 2009: Pakistan-** Pakistan's health ministry today reported the country's first novel H1N1 case, according to Xinhua, China's state news agency. The patient is 1 of 25 people with suspected cases undergoing treatment. No other details were available. The health minister revealed the case in a speech to Pakistan's parliament

[http://news.xinhuanet.com/english/2009-08/10/content\\_11858801.htm](http://news.xinhuanet.com/english/2009-08/10/content_11858801.htm)

**August 7, 2009:** *Ghana*- The country had recorded its first two cases of novel H1N1 flu. One case is in a 19-year-old woman from Accra, the capital, who may have been infected by a relative who had visited Britain. The other case involves a woman from the Western Region. Kumbour said Ghana, in collaboration with the World Health Organization, has procured drugs for H1N1 treatment.

[http://www.int.iol.co.za/index.php?set\\_id=1&click\\_id=117&art\\_id=nw20090806200913682C452901](http://www.int.iol.co.za/index.php?set_id=1&click_id=117&art_id=nw20090806200913682C452901)

## Southern Hemisphere

### **Australia**

**August 7, 2009:** Total confirmed cases as of 1200 AEST are 24,949; Total deaths associated with pandemic H1N1 influenza is 85. Currently, there are 426 hospitalized cases of pandemic H1N1 and 114 of these are in ICUs. The total number of hospitalizations in Australia since H1N1 Influenza was identified is 3009.

### **Australia, New South Wales: Weekly Summary (as of August 5, 2009)**

[http://www.emergency.health.nsw.gov.au/swineflu/resources/pdf/case\\_statistics\\_050809.pdf](http://www.emergency.health.nsw.gov.au/swineflu/resources/pdf/case_statistics_050809.pdf)

### **New Zealand**

**August 7, 2009:** New Zealand now has 2916 laboratory-confirmed cases. The level of illness would be much higher than the number of laboratory-confirmed cases reported daily. Testing is now done only in the management of severe cases.

<http://www.moh.govt.nz/moh.nsf/indexmh/influenza-a-h1n1-update-127-070809>

### **New Zealand: Weekly Summary (July 27-August 2, 2009)**

There has been a continuing decline in consultations for influenza-like illness through sentinel surveillance in week 31 (July 27- August 2 2009). However, the weekly ILI consultation rate is still higher than previous years for the same week. The highest weekly ILI rates were reported from Southland, Hutt and Otago health districts. So far, the highest ILI consultation rates have been reported among children and teenagers aged 0 to 19 years.

[http://www.surv.esr.cri.nz/PDF\\_surveillance/Virology/FluWeekRpt/2009/FluWeekRpt200931.pdf](http://www.surv.esr.cri.nz/PDF_surveillance/Virology/FluWeekRpt/2009/FluWeekRpt200931.pdf)

### **South America & the Americas**

**August 6, 2009:** Argentina flu deaths double in latest count. The number of novel H1N1 flu deaths in Argentina has risen to 337, according to the health ministry's latest report, suggesting that Argentina could soon pass United States as the country with the most fatalities. The number was more than double the deaths reported in the ministry's last report 2 weeks ago. Though Argentina has more fatalities than any South American country, officials believe novel flu cases have peaked.

### **CENTER FOR INFECTIOUS DISEASE RESEARCH AND POLICY (CIDRAP)**

**August 7, 2009:** Hanoi closes all schools in bid to stop pandemic. Hanoi today closed all of its schools until further notice in an effort to contain the novel H1N1 outbreak. The

city's education department said three schools have had cases among their students. Schools just began opening this week, though the new school year doesn't begin until Aug 17. Vietnam has had 1,043 H1N1 cases since May, but only one death, which occurred Aug 3 and involved a 29-year-old woman in Khanh Hoa province.

<http://www.asiaone.com/News/Latest%2BNews/Asia/Story/A1Story20090807-159739.html>

**August 6, 2009:** Iran bars pilgrims from attending the Hajj. To slow the spread of the pandemic H1N1 virus, Iran's health ministry has banned the country's citizens from attending the annual Hajj pilgrimage in December in Saudi Arabia. The health minister said through state media that the event draws 3 million pilgrims from all over the world, presenting a heightened risk of flu transmission. Iran has confirmed 145 cases so far, but no fatalities.

**August 6, 2009:** California nurses protest inadequate safety equipment. California nurses protested outside the University of California-San Francisco (UCSF) medical center yesterday to demand better equipment to protect them against the pandemic virus. Nurses also protested the alleged firing of a UCSF nurse for complaining about inadequate safety gear. The California Hospital Association has denied the claims.

**August 5, 2009:** Review finds parallels between 1957 and 2009 pandemics  
<http://www.cidrap.umn.edu/cidrap/content/influenza/swineflu/news/aug0509panflu57.html>

**August 4, 2009:** Federal officials weigh narrowing school closure advice. Federal officials are considering plans to recommend fewer school closures. Early in the novel H1N1 flu outbreak, officials recommended closures when student illnesses were confirmed, but later recommended closing only when large numbers were ill. The new guidance might recommend closure only under "extenuating circumstances," such as schools that have large numbers of children with chronic medical conditions

<http://www.heraldtribune.com/article/20090804/ARTICLE/908041065?Title=U-S-guidelines-on-swine-flu-under-revision>

**August 4, 2009:** China cancels camps in flu-stricken areas. China's health ministry is canceling summer camps in areas where novel H1N1 outbreaks are occurring. The action follows reports of more than 120 illnesses in students and adults at summer camps in Beijing and in Guangzhou in southern China. The ministry statement said camps elsewhere in the country should be held "only when necessary."

#### **OTHER:**

1) Public Health and Medical Responses to the 1957-58 Influenza Pandemic (*D. A. Henderson et al., August 5, 2009*)

<http://www.liebertonline.com/doi/pdfplus/10.1089/bsp.2009.0729>

As the U.S. prepares to respond this fall and winter to pandemic (H1N1) 2009, a review of the 1957-58 pandemic of Asian influenza (H2N2) could be useful for planning purposes because of the many similarities between the 2 pandemics. Using historical surveillance reports, published literature, and media coverage, this article provides an overview of the epidemiology of and response to the 1957-58 influenza pandemic in the U.S., during which an estimated 25% of the population became infected with the new pandemic virus strain. While it cannot be predicted with absolute certainty how the H1N1

pandemic might play out in the U.S. this fall, lessons from the 1957-58 influenza pandemic provide useful and practical insights for current planning and response efforts.

## 2) U.K Flu Survey

[http://www.flusurvey.org.uk/index.php?option=com\\_content&task=view&id=307&Itemid=274](http://www.flusurvey.org.uk/index.php?option=com_content&task=view&id=307&Itemid=274)

Registration for the UK Flu Survey began in the middle of July. Almost 5000 users have now registered, from all over the UK. Important results are starting to come in, including treatment-seeking behaviour etc.

### **JOURNALS SCANNED:**

- American Journal of Public Health
- British Medical Journal
- Clinical Infectious Diseases
- Emerging Infectious Diseases
- Eurosurveillance
- Journal of Infectious Diseases
- Lancet
- MMWR
- Nature
- New England Journal of Medicine
- PLoS One
- Science

### **AMERICAN JOURNAL OF PUBLIC HEALTH**

- Nothing new on H1N1 since last week

### **BRITISH MEDICAL JOURNAL**

1) Swine flu incidence in England is slowing down (*Nayanah Siva, August 3, 2009*)  
[http://www.bmj.com/cgi/content/full/339/aug03\\_2/b3134](http://www.bmj.com/cgi/content/full/339/aug03_2/b3134)

It is estimated that there were 110,000 new cases in the week ending 26 July, up from 100,000 cases the previous week. Previously the number of new cases each week had been doubling. Across England, GP consultation rates among all age groups have fallen in the last week, with the biggest drop in children aged 1-4 years. The number of patients in hospital with swine flu has also fallen, from 800 in the week ending 19 July to 746 in the following week. However, the number of patients in intensive care rose over the same two weeks, from 63 to 81 patients. There was a notable reduction in the number of children aged under 5 years being hospitalized.

### **CLINICAL INFECTIOUS DISEASES**

1) Immunization Programs for Infants, Children, Adolescents, and Adults: Clinical Practice Guidelines by the Infectious Diseases Society of America (*Larry K. Pickering et al. August 6, 2009*)  
<http://www.journals.uchicago.edu/doi/full/10.1086/605430>

Evidence-based guidelines for immunization of infants, children, adolescents, and adults have been prepared by an Expert Panel of the Infectious Diseases Society of America (IDSA). These updated guidelines replace the previous immunization guidelines published in 2002. Since 2002, the capacity to prevent more infectious diseases has increased markedly for several reasons. Many of these changes have resulted in expansion of the adolescent and adult immunization schedules. In addition, increased emphasis has been placed on removing barriers to immunization. This document includes 46 standards that, if followed, should lead to optimal disease prevention through vaccination in multiple population groups while maintaining high levels of safety.

### **EMERGING INFECTIOUS DISEASES**

1) Clinical and Epidemiologic Characteristics of 3 Early Cases of Influenza A Pandemic (H1N1) 2009 Virus Infection, People's Republic of China, 2009 (*Bin C, et al., July 31, 2009*)

<http://www.cdc.gov/eid/content/15/9/pdfs/09-0794.pdf>

This article describes the clinical and epidemiologic characteristics of 3 early confirmed cases of pandemic (H1N1) 2009 in China. Within the first two weeks of May 2009, two cases were imported from the United States and one from Canada. All 3 cases were young (Chinese students studying abroad). In all cases, the resulting illness was mild and the patients recovered quickly. The most common symptoms were fever, sore throat and headache. All close contacts were tested for influenza A H1N1 and only one, the mother of one of the 3 cases, tested positive. This woman did not have a fever or any symptoms of influenza-like-illness.

### **EUROSURVEILLANCE**

1) Description of the early stage of pandemic (H1N1) 2009 in Germany, 27 April-16 June 2009 (*Novel influenza A (H1N1) investigation team, July 28, 2009*)

<http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19295>

This article reports characteristics of the early stage of the pandemic (H1N1) 2009 in Germany. Until 16 June 2009, 198 confirmed cases were notified. Almost half of the cases (47%) were imported, mostly from Mexico and the United States. About two thirds of indigenous cases were outbreak-related (with two large school-associated outbreaks, n=74). According to our results Germany is still in the early stage of the pandemic with limited domestic transmission.

2) Interim analysis of pandemic influenza (H1N1) 2009 in Australia: surveillance trends, age of infection and effectiveness of seasonal vaccination (*H Kelly, K Grant, July 29, 2009*)

<http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19288>

Between May and September each year, influenza sentinel surveillance is conducted in general practices in Melbourne and the state of Victoria in southern Australia. The authors describe the first 11 weeks of sentinel surveillance in 2009, and investigate the protective effect of seasonal influenza vaccine against laboratory-confirmed infection caused by the pandemic virus. The proportion of cases positive for any influenza virus increased from 6% in the first week of surveillance to 59% by the eleventh, during which time the proportion of influenza viruses detected as pandemic influenza increased from zero to 95%, with at least 91% of all influenza viruses confirmed as pandemic influenza

by the eighth week of surveillance. There was no evidence of significant protection from seasonal vaccine against pandemic influenza virus infection in any age group.

3) A preliminary analysis of the epidemiology of influenza A(H1N1)v virus infection in Thailand from early outbreak data, June-July 2009 (*U C de Silva, J Warachit, S Waicharoen, M Chittaganpitch, July 29, 2009*)

<http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19292>

As the influenza A (H1N1)v pandemic unfolds globally, it is vital to monitor closely for signals of change in the current patterns of transmission. The authors estimate the basic reproduction ratio for A (H1N1)v virus in Thailand and propose a method to keep track of the actual case count notwithstanding the exponential growth rate.

4) Public health preparedness for two mass gathering events in the context of pandemic influenza (H1N1) 2009 - Serbia, July 2009 (*G. Loncarevic et al., July 21, 2009*)

<http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19296>

Preparedness planning for two large mass gatherings events were considered in Serbia in the context of pandemic influenza (H1N1) 2009. Planning included approaches to prevention, detection and response in order to mitigate the situation at this early stage of the epidemic in Serbia. Cases of influenza A (H1N1)v were identified nationally immediately prior to the mass gatherings but also identified in association with both events, as expected in the context of the pandemic situation. This article describes the experiences of planning and the epidemiological situation during the period of the mass gathering events.

5) Community transmission of influenza A (H1N1)v virus at a rock festival in Belgium, 2-5 July 2009 (*I Gutiérrez et al., August 3, 2009*)

<http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19294>

On 6 July 2009 the Belgian enhanced surveillance system for influenza-like illness among travellers returning from influenza A (H1N1)v affected areas detected a case linked to a rock festival which took place on 2-5 July. The health authorities implemented communication and control measures leading to the detection of additional cases. This paper describes the outbreak and its impact on the management of the influenza pandemic in Belgium.

### **JOURNAL OF INFECTIOUS DISEASES**

- Nothing new on H1N1 this week.

### **LANCET**

-Nothing new on H1N1 this week

### **MMWR**

1) Evaluation of rapid influenza diagnostic tests for detection of novel influenza (*August 7, 2009*)

[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5830a2.htm?s\\_cid=mm5830a2\\_x](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5830a2.htm?s_cid=mm5830a2_x)

As an initial assessment, CDC conducted an evaluation of multiple rapid influenza diagnostic tests (RIDTs). Sixty-five clinical respiratory specimens collected during April-

May 2009 that had previously tested positive either for novel influenza A (H1N1) or for seasonal influenza A (H1N1) or A (H3N2) viruses by real-time reverse transcription--polymerase chain reaction (rRT-PCR) assay were used in the evaluation. The results showed that, although the RIDTs were capable of detecting novel A (H1N1) virus from respiratory specimens containing high levels of virus, the overall sensitivity was low (40%--69%) among all specimens tested and declined substantially as virus levels decreased.

## **NATURE**

1) Modelling to contain pandemics (*Joshua M. Epstein, August 6, 2009*)  
<http://www.nature.com/nature/journal/v460/n7256/full/460687a.html>

Agent-based computational models (ABMs) are artificial societies in which every person is represented by a distinct software individual (referred to as an 'agent'). ABMs are useful for modeling pandemic influenza A H1N1 as they can take into account irrational behaviour, complex social networks and global scale, which can all have a huge effect on disease progression. The newest of these models is the Global-Scale Agent Model (GSAM), created by a colleague of the author. It includes 6.5 billion agents and their movement and day-to-day interactions. Due to its speed, user-friendliness and visual outputs, the GSAM will make a good tool for modeling teams. It may even be used for real-time streaming of surveillance data for disease tracking.

## **NEW ENGLAND JOURNAL OF MEDICINE**

1) Podcast: Treatment of pregnant women with suspected H1N1: A conversation with Denise Jamieson of the CDC (*July 31, 2009*)  
<http://podcasts.jwatch.org/?p=565>

It's simple: pregnant women (for un-simple reasons) are at greater risk for flu complications. It's true even among hitherto apparently healthy patients. Journal Watch spoke with a CDC researcher who's just published a paper in *Lancet* that urges prompt treatment, even in the face of pending lab results, with antivirals.

2) ACIP recommends five groups as priority targets for H1N1 vaccination (*July 30, 2009*)  
<http://firstwatch.jwatch.org/cgi/content/full/2009/730/2>

The CDC's Advisory Committee on Immunization Practices (ACIP) has recommended which U.S. population groups should be targeted to receive H1N1 influenza vaccine when it becomes available. The ACIP says five groups should be targeted: (1) pregnant women; (2) household contacts of infants under 6 months; (3) healthcare and emergency-services workers; (4) young people between 6 months and 24 years of age; (5) and nonelderly adults with underlying risk conditions. The five groups comprise about 160 million people, about half the U.S. population. Dr. Anne Schuchat, director of the CDC's center for immunization, said at a press conference that people over 65 received ACIP's lowest priority for H1N1 vaccination because the virus "has, to a large extent, spared that population."

3) In Pregnancy, treat suspected H1N1 promptly without awaiting test results (*August 7, 2009*)  
<http://firstwatch.jwatch.org/cgi/content/full/2009/729/1>

Pregnant women with novel H1N1 are at increased risk for severe complications, and they should be treated promptly with anti-influenza drugs, according to research from the CDC published in the *Lancet*. Writing online in *Lancet*, the researchers detail the cases of novel H1N1 influenza and deaths among pregnant women early in the pandemic. According to their calculations, pregnant women were over four times more likely to be admitted for severe H1N1 disease than the general population. The researchers point out that none of those who died had received prompt antiviral treatment (within 48 hours of illness onset). The CDC recommends that pregnant women with suspected H1N1 disease start treatment even without viral testing.

### **PLoS ONE**

- Nothing new on H1N1 this week

### **SCIENCE**

-Nothing new on H1N1 this week