

**WEEKLY SYNTHESIS OF SURVEILLANCE INFORMATION, LITERATURE &
GOVERNMENT UPDATES
(WEEK 24- ENDING IN JUNE 19, 2009)**

CASE COUNTS:

As of June 23, 2009, approximately 95 countries have officially reported 52,160 cases of influenza A (H1N1) infection, including 231 deaths. Please see hyperlinks in table for most up to date case counts.

Countries/Provinces	Case counts	Deaths	CFR*	Cumulative Hospitalized Cases**	Case Hospitalization Rate**
CANADA (PHAC)	6,457	15	0.23%	298	4.6%
- BC	221	0	-	6	2.7%
- AB	605	1	0.16%	10	1.6%
- SK	577	0	-	6	1.0%
- MB	371	2	0.54%	43	11.6%
- ON†	2,665	5	0.19%	81	3.0%
- QC	1,660	9	0.54%	160	9.6%
- NB	4	0	-	0	-
- NS	104	0	-	1	1.0%
- PEI	3	0	-	0	-
- NL	7	0	-	0	-
- Yukon	1	0	-	0	-
- NWT	5	0	-	0	-
- Nunavut	234	0	-	18	7.7%
U.S. (CDC)	21,449	87			
E.U. and EFTA (ECDC)	4245	1			
Mexico	7624	113			
Chile	4315	2			
Australia	2733†	2			
New Zealand	303	0			
TOTAL (WHO)	52, 160	231			

Note: PHAC numbers updated last at 3:00pm (EST) on June 22; CDC numbers updated last at 11:00 am on June 22; ECDC numbers updated last at 5:00pm (CEST) on June 22; WHO numbers updated last 7:00am (GMT) on June 22.

NOTE: Testing parameters are influenced by the most current knowledge of the H1N1 virus and risk groups. Therefore, the frequency of laboratory tests conducted and the risk groups that are being tested may change over time.

***CFR:** Case Fatality Ratio was calculated by the number of confirmed deaths divided by the number of positive laboratory confirmed H1N1 cases.

****Source:** PHAC FluWatch as of June 17 2009

‡ As of 8:30 am, June 22, 2009 a total of 2665 laboratory confirmed cases of novel H1N1 influenza A virus was reported. **Source:** MOHLTC Daily Summary, iPHIS data

† As of 1700 AEST on June 23 2009, a total of 2857 cases of Influenza A H1N1 cases have been reported with two suspected H1N1 related deaths. **Source:** [Australian Government, Dep. of Health and Ageing](#). Majority of the cases are being reported in Victoria. Both death were of men and had underlying chronic diseases. Cumulative hospitalizations to date are 104.

CURRENT HOSPITALIZATIONS AND DEATHS IN ONTARIO

As of June 21, 2009, 8:30 am in Ontario:

- Eighty-one of confirmed cases have been hospitalized to date (**3.0% case hospitalization rate**).
- Of these, 52 cases have been discharged.
- The average length of stay was 4.6 days, ranging from under 24 hours to 20 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).
- Five deaths have been reported among confirmed cases (**0.19% case fatality**). For three of the cases, it is difficult to assess the role of H1N1 virus as the cause of those deaths. H1N1 virus was reported as the underlying cause of death for the other two cases.

Hospitalization Status	ICU	Ventilator	Not in ICU or Ventilator	Total
Number of Currently Hospitalized	4	8	17	29
Number of Hospitalized and Discharged	0	1	51	52

Source: MOHLTC Daily Summary, iPHIS data as of 8:30 am, June 22, 2009.

Government Updates

Centre for Disease Control (CDC)

[Weekly Flu View Map and Surveillance Report for Week Ending June 13, 2009](#)

Map includes both seasonal flu and H1N1 flu activity. During week of 23, (June 7- June 13 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.

Emerging Infectious Diseases. [Stockpiling Supplies for the Next Influenza Pandemic.](#)

Lewis J. Radonovich, Paul D. Magalian, Mary Kay Hollingsworth, and Gio Baracco

There is little publication or no specific guidance about the types of items and quantities of supplies needed has been available. This report provides an approach of 1 healthcare system in building a collection of supplies to be used for patient care during the next influenza pandemic. These concepts may help guide the actions of other healthcare systems.

Public Health Agency of Canada (PHAC)

[FluWatch Week 23 \(June 7 to June 13 2009\)](#)

There is an increase in transmission, however, the illness from the H1N1 flu virus has been mild thus far. Of those hospitalized cases, more than 50% were reported this week. Children less than 10 years were particularly affected, accounting for almost a third of the hospitalized cases. Cases with known information provided have at least one or more underlying medical condition.

World Health Organization (WHO)

[WHO Influenza A\(H1N1\) - update 52](#) -- As of 07:00 GMT, 22 June 2009

The breakdown of the number of laboratory-confirmed cases by country is given in the following table and map.

[WHO welcomes sanofi-aventis's donation of vaccine.](#) June 17, 2009

Sanofi-aventis to donate 100 million doses of pandemic H1N1 vaccine to WHO

[WHO Guidance Document for Hospitalized Patient Care Checklist,](#) June 15 2009

[Weekly Epidemiological Records- June 12 2009](#)

Human infection with novel influenza A H1N1 virus: clinical observations from a school-associated outbreak in Kobe, Japan, May 2009. School-associated outbreaks of the novel virus occurred relatively early in its epidemiological timeline in Japan. Aggressive public health response to these outbreaks included hospital isolation of suspected/confirmed cases, treatment of almost all confirmed cases, chemoprophylaxis of close contacts, and cancellations of mass gatherings and school closures.

European Centre for Disease Prevention & Control (ECDC)

[The Influenza A \(H1N1\) ECDC situation report from June 22, 2009.](#) In the past 24 hours, 326 new cases were confirmed in fifteen EU and EFTA countries. The majority of all cases have been found in Spain and the UK.

[Analysis of influenza A H1N1 virus by individual data in EU and EEA/EFTA countries.](#) June 23, 2009.

Individual data, allowing for epidemiological analysis, were reported on 879 confirmed cases of influenza A(H1N1)v infection by 22 EU, EEA and EFTA countries from 5 May to 17 June 2009.

[European Influenza Surveillance Scheme, June 19 2009](#). In week 24/2009, all countries reporting in the European region indicated low levels of influenza activity and 171 detections of influenza A(H1N1)v. This shows that despite a large number of influenza detections, not normally seen at this time of the year and due mainly to A(H1N1)v, influenza activity remains at or below baseline levels in Europe.

[ECDC launches document with summaries of key publications](#)

This document is a compilation of summaries from nine selected ECDC key reports on communicable diseases in Europe published in 2008.

ECDC released [Risk Assessment Guidelines for Infectious Diseases Transmitted on Aircrafts](#) on June 16, 2009

HEALTH/SURVEILLANCE BULLETINS:

SOUTHERN HEMISPHERE

Australia

June 23 2009: Total confirmed cases as of 1700 AEST are 2857; National breakdown includes: Australian Capital Territory 115, New South Wales 513, Northern Territory 62, Queensland 379, South Australia 161, Tasmania 64, Victoria 1406 and Western Australia 157.

June 17 2009: Australia has developed a new response phase to manage the outbreak of H1N1 Influenza 09 called **PROTECT** ([see link](#)).

PROTECT is a measured, reasonable and proportionate health response to the risk that the infection poses to the Australian community. It is consistent with the message from the WHO when changed its pandemic alert from 5 to 6 that countries will need to adjust their responses to accommodate the knowledge about the disease.

South America & the Americas

As of 22 June 2009, 43,393 confirmed cases of Influenza A H1N1 2009 infection, including **235 deaths**, have been notified in **27 countries of the Americas**. [See PAHO link](#).

June 18 2008: Interactive Map of confirmed H1N1 cases can be seen [here](#). The map is distinguished by county and regions with most number of cases. Chili represents the country with the highest number of confirmed cases in South America.

PROMED

1) [Brazil - new strain discounted](#)

Date: Wed 17 Jun 2009

The Centers for Disease Control and Prevention (CDC) and other experts have rejected a report that a new strain of the novel [2009 swine-origin] H1N1 influenza virus has been identified in a Brazilian patient.

EUROSURVEILLANCE

Influenza A (H1N1) V in the southern hemisphere – a lesson for Europe?

E. Depoortere et al. , June 17, 2009

Outside the tropics, influenza infections show seasonal patterns which depend on the latitude but appear not to be influenced by longitude. The factors influencing this seasonality are not yet fully understood, but indoor crowding, lower temperatures, decreased humidity, and reduced levels of sunlight are believed to influence both transmission and host susceptibility. The article focuses on current situation of Chile and Australia and describe non-pharmacological measures taken in some of these regions.

<http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19246>

Virological surveillance of human cases of influenza A(H1N1)v virus in Italy: preliminary results / Surveillance Group for New Influenza A(H1N1) Virus Investigation in Italy.

June 15, 2009

Hereby we report the characteristics of the first 54 cases of influenza A(H1N1)v virus infection identified in Italy and describe the virological surveillance activities carried out by the National Influenza Centre and the Italian Surveillance Influenza Network (INFLUNET).). About 30% of patients were isolated in hospital and 70% were advised to stay at home for the period of seven days. All 54 patients received antiviral treatment. The very limited in-country transmission suggests that early diagnosis, antiviral prophylaxis and social distancing, including precautionary school closure, may have contributed to contain the spread of infection in the first phase of the epidemic.

<http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19247>

Epidemiology of influenza A(H1N1)v virus infection in Japan, May - June 2009

Shimada T, et al. June 10, 2009

The Ministry of Health, Labour and Welfare (MHLW) of Japan launched a case-based surveillance for influenza A(H1N1)v virus infection in addition to the existing sentinel surveillance system for seasonal influenza and imposed entry screening on travelers from affected areas (Canada, Mexico and the United States) starting from 28 April 2009. The two areas most affected were Osaka prefecture and Kobe city where outbreaks in high schools occurred leading to school closures. To date all cases have had symptoms consistent with seasonal influenza and no severe or fatal cases have been reported.

<http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19244>

School closure is currently the main strategy to mitigate influenza A(H1N1)v: a modeling study

Sypsa V, Hatzakis A. June 09, 2009

study uses key epidemiological parameters in the Mexico H1N1 epidemic to simulate the potential spread of influenza A(H1N1)v in a model community situated in Greece and explored the effectiveness of various intervention strategies that could inform policies and decisions in the setting of the European region.

<http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19240>

A variety of respiratory viruses found in symptomatic travellers returning from countries with ongoing spread of the new influenza A(H1N1)v virus strain

Follin P, Lindqvist A, Nyström K, Lindh M. June 11 2009

Clinical specimens from 79 symptomatic individuals with a recent history of travel to countries with verified transmission of influenza A(H1N1)v (North America) were tested with a multiple real-time PCR targeting a broad range of agents that may cause acute respiratory infection. This analysis revealed that besides four cases of influenza A(H1N1)v, other respiratory viruses were diagnosed in almost 60% of the samples. These observations are a reminder that many different viral transmissions occur simultaneously in countries with ongoing spread of influenza A(H1N1)v. The findings from this study demonstrate that the definition of suspected cases by clinical and epidemiological criteria has a limited capacity to discriminate for influenza A(H1N1)v from other viral infections.

<http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19242>

JOURNALS SCANNED:

- American Journal of Public Health
 - British Medical Journal
 - Canadian Medical Association Journal (new this week)
 - Clinical Infectious Diseases
 - Emerging Infectious Diseases
 - Journal of Infectious Diseases
 - Lancet
 - MMWR
 - Nature
 - New England Journal of Medicine
 - PLoS One
 - Science
-

AMERICAN JOURNAL OF PUBLIC HEALTH

1) Pandemic Influenza and Pregnant Women: Summary of a Meeting of Experts

Sonja A. Rasmussen, Denise J. Jamieson, Kitty MacFarlane, Janet D. Cragan, Jennifer Williams, and Zsakeba Henderson

Covers the clinical management of pregnant women and related public health actions to be taken during a pandemic. The meeting focused on 4 main topics: prophylaxis and treatment with influenza antiviral and other medications, vaccine use, nonpharmaceutical Interventions and health care planning, and communications. Major recommendation to reduce gaps in data are to improved information on the effects of influenza on the fetus and on the effectiveness, and safety of anti-influenza medications during pregnancy is urgently needed.

<http://www.ajph.org/cgi/content/abstract/AJPH.2008.152900v2>

2) Pandemic Influenza and Pregnancy: An Opportunity to Reassess Maternal Bioethics

Ruth M. Farrell and Richard H. Beigi

Authors reviewed the important ethical challenges presented by pregnant women and highlighted the considerations for all vulnerable groups when planning for a pandemic at both the local and the national level.

<http://www.ajph.org/cgi/content/abstract/AJPH.2008.140780v2>

3) Real-Time Public Health Surveillance for Emergency Preparedness

Jean-Paul Chretien, Nancy E. Tomich, Joel C Gaydos, and Patrick W. Kelley

Epidemics have motivated supplementary approaches to traditional surveillance methods based on physician and laboratory reporting. If redesigned to reliably perform beyond outbreak detection, syndromic systems could demonstrate unprecedented capabilities in responding to public health emergencies.

<http://www.ajph.org/cgi/content/abstract/AJPH.2008.133926v1>

CANADIAN MEDICAL ASSOCIATION JOURNAL (CMAJ)

1) Safety of neuraminidase inhibitors against novel influenza A (H1N1) in pregnant and breastfeeding women.

Toshihiro Tanaka, Ken Nakajima, Atsuko Murashima, Facundo Garcia-Bournissen, Gideon Koren, and Shinya Ito. June 15, 2009

This report summarizes information about the safety of neuraminidase inhibitors against novel influenza A H1N1 virus in pregnant and breastfeeding women. Currently, oseltamivir or zanamivir are recommended antiviral treatment and chemoprophylaxis against the novel H1N1 influenza for people at high risk, such as pregnant women and infants. Key points that were addressed in this review s that limited data suggest that oseltamivir is not a major human teratogen. Data suggests that oseltamivir is preferred over zanamavir during pregnancy. Also, both drugs are considered compatible with breastfeeding. Authors recommend further studies to assess the use of oseltmivir and zanamivir.

<http://www.cmaj.ca/cgi/rapidpdf/cmaj.090866v1>

CLINICAL INFECTIOUS DISEASES

1) Serum Sickness–Like Reaction Associated with Inactivated Influenza Vaccination among Thai Health Care Personnel: Risk Factors and Outcomes

Anucha Apisarnthanarak, Timothy M. Uyeki, Elaine R. Miller, and Linda M. Mundy.

3% or 14 of 405 Thai health care workers were identified as having serum sickness-like reaction in 2008 after receipt of inactivated influenza vaccine manufactured in Thailand.

<http://www.journals.uchicago.edu/doi/pdf/10.1086/599615>

EMERGING INFECTIOUS DISEASES

1) Case-based Surveillance of Influenza Hospitalizations during 2004–2008, Colorado, USA

R. Proff et al.

Colorado was the first state to make laboratory-confirmed influenza-associated hospitalizations reportable in 2004. The study summarizes surveillance for influenza hospitalizations in Colorado during the first 4 recorded influenza seasons (2004–2008). We highlight the similarities and differences among influenza seasons; no 2 seasons were entirely the same. The 2005–06 influenza season had 2 distinct waves of activity (types A and B), the 2006–07 season was substantially later and milder, and 2007–08 had substantially greater influenza B activity. The study also suggests that more states should consider implementing case-based surveillance for influenza hospitalizations.

2) Oseltamivir- and Amantadine-Resistant Influenza Viruses A (H1N1)

P.K.C. Cheng et al.

Surveillance of amantadine and oseltamivir resistance among influenza viruses was begun in Hong Kong in 2006. In 2008, while both A/Brisbane/59/2007-like and A/Hong Kong/2652/2006-like viruses (H1N1) were co-circulating, the study detected amantadine and oseltamivir resistance among A/Hong Kong/2652/2006-like viruses (H1N1), caused by genetic reassortment or spontaneous mutation. Systematic monitoring would make it possible to track the spread of influenza viruses globally and to clarify the underlying mechanism for the spread of such resistance.

3) Novel and Re-emerging Respiratory Viral Diseases: Novartis Foundation Symposium 290

D.M. Morens

This book primarily highlights scientific issues concerning influenza and severe acute respiratory syndrome (SARS).

JOURNAL OF INFECTIOUS DISEASES

Nothing new on H1N1 since last week.

LANCET

1) Avoiding panic in a pandemic / Editorial. 20 June 2009

Many countries have pandemic preparedness plans which were created with the virulent H5N1 avian influenza in mind. While the current pandemic has been labeled as “moderate severity” by WHO, complacency is unwise given the existence of severe and fatal infections among previously young and middle-age adults and the possibility of a more severe second wave in the fall. It is recommended that countries tailor their pandemic plans to reflect the severity of novel influenza A H1N1 in their populations and be prepared should the situation worsen.

<http://www.thelancet.com/journals/lancet/article/PIIS0140673609611302/fulltext?rss=yes>

2) Patient-oriented pandemic influenza research

Hien, Tran et al. 20 June 2009 NO ACCESS YET

Authors feel there has been a dearth of any systematic, patient-oriented clinical research accompanying the current public health response to the pandemic. Nearly none of the patients confirmed to have contracted were recruited into clinical studies and, the authors believe that none were enrolled into randomised controlled trials.

<http://www.thelancet.com/journals/lancet/article/PIIS0140673609611314/fulltext?rss=yes>

3) Letter: Diagnosis of swine-lineage influenza A (H1N1) virus infection

Justin McCracken. 20 June 2009

This letter is in response to criticism of the [Health Protection Agency's](#) (HPA's) communications with health professionals during the initial stages of the swine-origin influenza outbreaks in the UK. The author notes that relevant algorithms to assist health professionals to deal with suspected cases have been developed in conjunction with the Royal College of General Practitioners and have been posted on the HPA website throughout the outbreak.

<http://www.thelancet.com/journals/lancet/article/PIIS0140673609611417/fulltext?rss=yes>

4) Letter: Diagnosis of swine-lineage influenza A (H1N1) virus infection

Zuckerman, M. & Carman, B.. 20 June 2009

In response to the Editorial “Pre-empting a pandemic—fact or fiction?”, the authors discuss how collaboration between the Health Protection Agency (HPA) and the UK [Clinical Virology Network](#) (UKCVN) ensured the provision of a timely service to type specimens to aid in the rapid detection of swine-lineage influenza A (H1N1) virus.

<http://www.thelancet.com/journals/lancet/article/PIIS0140673609611429/fulltext?rss=yes>

5)Letter: Defining priorities: swine-origin H1N1 and the MDR-TB epidemic

Giovanni Battista Migliori et al. 20 June 2009

While vigilance in monitoring and responding to the novel H1N1 influenza virus is important, existing global health priorities should not be neglected. Tuberculosis is used to illustrate how other respiratory pathogens result in comparatively larger burdens of illness when compared to novel H1N1 influenza virus. The authors call for a wiser use of available surveillance data and note that public health interventions should be guided by scientific evidence and take cost-effectiveness into account.

<http://www.thelancet.com/journals/lancet/article/PIIS0140673609611442/fulltext?rss=yes>

MMWR

1)Novel Influenza A (H1N1) Virus Infections Among Health-Care Personnel – United States, April-May, 2009.

www.cdc.gov/mmwr/preview/mmwrhtml/mm5823a2.htm - Vol 58, No 23;641, June 19, 2009

To understand the risk for acquiring novel influenza A (H1N1) among health-care personnel (HCP) and the impact of infection-control recommendations, CDC solicited reports of infected HCP from state health departments. Of the 26 cases, 13 (50%) were deemed to acquire the infection in a health-care setting. 11 HCP with patient-to-HCP acquisition reported information on their use of PPE when caring for the presumed source patient - three reported always using either a surgical mask (two) or an N95 respirator (one).

NATURE

1)Editorial : Animal farm: pig in the middle

<http://www.nature.com/nature/journal/v459/n7249/full/459889a.html>, 17 June 2009

The author argues that competing agendas (i.e. commerce, trade) can prohibit research and surveillance of human diseases that originate in animals. The 2009 flu pandemic highlights the urgent need for an independent international body for research into human diseases that originate in animals.

2)Emergence and pandemic potential of swine-origin H1N1 influenza virus / Gabriele

Neumann, Takeshi Noda & Yoshihiro Kawaoka, **17 June 2009**

<http://www.nature.com/doi/10.1038/nature08157>

Influenza viruses cause annual epidemics and occasional pandemics that have claimed the lives of millions. The emergence of new strains will continue to pose challenges to public health and the scientific communities. A prime example is the recent emergence of swine-origin H1N1

viruses that have transmitted to and spread among humans, resulting in outbreaks internationally. Efforts to control these outbreaks and real-time monitoring of the evolution of this virus should provide us with invaluable information to direct infectious disease control programmes and to improve understanding of the factors that determine viral pathogenicity and/or transmissibility.

NEW ENGLAND JOURNAL OF MEDICINE

1)The Signature Features of Influenza Pandemics — Implications for Policy

M.A. Miller and Others

[Free Full Text](#)

Past pandemics are typically characterized by 5 features: a shift in the virus subtype, shifts of the highest death rates to younger populations, successive pandemic waves, higher transmissibility than that of seasonal influenza, and differences in impact in different geographic regions. Examining these features in past pandemics provide useful insights for current and future planning and preparedness.

2)Emergence of a Novel Swine-Origin Influenza A (H1N1) Virus in Humans

Novel Swine-Origin Influenza A (H1N1) Virus Investigation Team

[Free Full Text](#)

Surveillance data collected from April 15 to May 5 was used to describe the epidemiology of 642 confirmed cases of human S-OIV infection in the U.S. outbreak. 60% of patients were 18 years of age or younger. Of patients with available data, 18% had recently traveled to Mexico, and 16% were identified from school outbreaks of S-OIV infection. The most common symptoms were fever, cough and sore throat; approximately 38% of cases also reported vomiting or diarrhea, neither of which is typical of seasonal influenza. Of those with known hospitalization status, 36 (9%) required hospitalization. 12 of 22 hospitalized patients had characteristics that conferred an increased risk of severe seasonal influenza, 11 had pneumonia, 8 required admission to ICU, 4 had respiratory failure, and 2 died.

3) Triple-Reassortant Swine Influenza A (H1) in Humans in the United States, 2005–2009

V. Shinde and Others

[Free Full Text](#)

Routine national surveillance data and case investigations is used to report on the clinical features of the first 11 sporadic cases of infection of humans with triple-reassortant swine influenza A (H1) viruses occurring from December 2005 through February 2009 A (H1N1) among humans. The median age was 10 years; 4 cases had underlying health conditions. Nine of the patients had had exposure to pigs, while human-to-human transmission was suspected in one case. The range of the incubation period was 3 to 9 days. Common symptoms included fever, cough, headache and diarrhea. Four patients were hospitalized, two of whom underwent invasive mechanical ventilation. All 11 recovered from their illness.

PLoS One

1) Contact Profiles in Eight European Countries and Implications for Modelling the Spread of Airborne Infectious Diseases

Mirjam Kretzschmar, Rafael T. Mikolajczyk

Surveys were performed in eight European countries to assess the number of social contacts (talking to another person at close distance either with or without physical contact), using a diary approach. Seven distinct contact profiles were identified: respondents having (1) mixed: contacts predominantly at school, during transportation and leisure time, (2) contacts during leisure time, (3) contacts mainly in the household (large family), (4) contacts at work, (5) contacts solely at school, (6) contacts in other places and finally (7) respondents having a low number of contacts in any setting. Profiles were dominated by work, school and household contacts, but contacts during leisure activities also played an important role.

SCIENCE

1) SWINE FLU: After Delays, WHO Agrees: The 2009 Pandemic Has Begun / Jon Cohen and Martin Enserink

World Health Organization (WHO) chief Margaret Chan declared last week that the world is facing an influenza pandemic. Many leading influenza scientists and public health experts say that the scientific criteria for phase 6 been satisfied for several weeks and that WHO postponed its decision unnecessarily. But WHO says that science wasn't the only factor and that the timing was carefully calibrated to ensure that countries were well-prepared to prevent overreaction.

[HTTP://WWW.SCIENCEMAG.ORG/CGI/CONTENT/SHORT/324/5934/1496](http://www.sciencemag.org/cgi/content/short/324/5934/1496)

2) Beware of Stories About "New" Swine Flu Strain

A flurry of news [reports](#) today claim that Brazilian researchers have found a "new" strain of the novel H1N1 virus, but the U.S. Centers for Disease Control and Prevention says this is inaccurate.
JUNE 17, 2009

[HTTP://BLOGS.SCIENCEMAG.ORG/SCIENCEINSIDER/2009/06/BEWARE-OF-STORI.HTML](http://blogs.sciencemag.org/scienceinsider/2009/06/beware-of-stori.html)

3) Second Vaccine Maker Promises Free Swine Flu Shots for Developing World

Vaccine maker sanofi-aventis plans to donate 100 million doses of its A(H1N1) pandemic vaccine, currently in development, to the World Health Organization for use in developing nations that cannot afford to buy it themselves. The donation, which came on the heels of a similar move by GlaxoSmithKline, was [announced](#) yesterday during the opening session of the Pacific Health Summit in Seattle, Washington.

JUNE 18, 2009

[HTTP://BLOGS.SCIENCEMAG.ORG/SCIENCEINSIDER/2009/06/SECOND-VACCINE.HTML](http://blogs.sciencemag.org/scienceinsider/2009/06/second-vaccine.html)

4) Ain't No Cure for the Summertime Flu

The novel H1N1 swine flu virus looks like it's going to hang out in the United States all summer. CDC testing shows that 89% of the novel H1N1 influenza virus is still circulating in the United States. Northeastern states continue to see increased numbers of swine flu cases, which may be related to the cooler climate in that region and influenza's penchant for lower temperatures.

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[HTTP://BLOGS.SCIENCEMAG.ORG/SCIENCEINSIDER/2009/06/AINT-NO-CURE-FO.HTML](http://blogs.sciencemag.org/scienceinsider/2009/06/aint-no-cure-fo.html)

NEWS CLIPS

JUNE 23 2009

The Toronto Star

Swine flu toll hits 16 as a Brampton girl dies; 6-year-old among latest victims linked to H1N1 virus

The Sault Star

First Nations leaders want action on H1N1 virus

The Ottawa Citizen

Swine flu forces CHEO to call up staff; Number of patients with H1N1 symptoms has put considerable strain on resources

The Hamilton Spectator

City Schools battle suspected H1N1; Respiratory outbreak confirmed at four schools, under investigation at fifth

The Thunder Bay Chronicle-Journal

Bringing pandemic vaccine to flu clinics first requires animal, human testing