

Putting influenza A H1N1 in its place



Writing in London's *Guardian* newspaper on May 6, the columnist Simon Jenkins rails against how the dangers of the current influenza A H1N1 outbreak have been exaggerated by the mass media and scientists. He calls for an inquiry into "this fiasco" and, paraphrasing Voltaire, suggests shooting the occasional virologist and perhaps an editor too, "to encourage the others". Although nominations of colleagues to take a bullet to restore the damaged reputation of our professions may be many, Jenkins seems to have confused scientific uncertainty with hype.

Rather than dealing with immutable truths, science explores the limits of uncertainty. Thus, when asked to speculate on what course the H1N1 outbreak might take—for example, on number of deaths—influenza specialists have given a range of possible scenarios. When translated into headlines, it is hardly surprising that the upper end of the possible range is emphasised. Our impression is that mass media coverage of the H1N1 outbreak has—barring some chequebook journalism and a few unnecessary superlatives—been balanced and rational. Perhaps the media could be criticised for failing to put the outbreak into context, in that the morbidity and mortality associated with H1N1 has, until now, been inconsequential compared with the thousands of lives taken every day by—for example—AIDS, tuberculosis, malaria, pneumonia, sepsis, and even seasonal influenza. The general public seems to have passed its own judgement on the dangers of H1N1 in that there have been no signs of panic on the streets, and the story has already started to slip down the news agenda.

Nevertheless, we are prepared to risk accusations of hype in saying that now is not the time to be complacent about H1N1. At the time of going to press on May 8, WHO reported 2384 confirmed cases in 24 countries with 44 fatalities. Among these, 1112 cases and 42 deaths were reported from Mexico. In the USA, the Centers for Disease Control and Prevention (CDC) reported 896 confirmed cases, spread over 41 states, and two deaths. 214 cases have been confirmed in Canada across 13 provinces. Outside North America, no deaths have been reported, and the worse affected countries are Spain (81 cases) and the UK (34). There are early indications that the epidemic peak has passed in Mexico, but WHO has accepted that the outbreak will continue to spread internationally.

Although the illness caused by H1N1 appears to be mild, we must still bear in mind that this is a new form of the virus to which most human beings have little pre-existing immunity. Therefore, the potential for a pandemic has not gone away. The virus may yet cause illness in a sufficient proportion of the population to produce economic disruption. Indeed, since community spread of infection, rather than severity of disease, is the criterion for determining whether a full pandemic should be declared (phase six on the WHO scale), such a decision might not be far away. If a pandemic is declared, WHO will have to decide whether to begin manufacture of a vaccine against the pandemic virus. As reported in a *Newsdesk* article by Priya Shetty on page 339, the H1N1 strain will not be incorporated into the next seasonal influenza vaccine. Manufacture of pandemic vaccine will, therefore, impinge upon the capacity to make seasonal vaccine.

In the absence of a vaccine, closure of schools with infected pupils has been used by some countries as a measure to prevent spread of the H1N1 virus. In the USA, the CDC initially supported school closures, but has since backed away from this recommendation. The Public Health Agency of Canada does not recommend closing schools because, given the generally mild illness, "the resulting disruption would outweigh any potential benefits". The official line of the UK Health Protection Agency is that "consideration should be given to temporarily closing the school". In practice, all five schools in England with confirmed cases have been closed for several days. It is interesting that experts at the various agencies have presumably considered the same evidence on the benefit of school closures yet reached different conclusions. This is an area that needs more research and harmonisation of guidelines.

We have been fortunate in that the virus that has brought the world closest to an influenza pandemic for more than 40 years seems to cause little serious illness. This episode can be seen as a timely exercise in preparing health authorities for a far more devastating pandemic. By and large, rather than the "pandemonium" that Jenkins claims to have witnessed, national and international health authorities have responded to H1N1 in a measured fashion. ● *The Lancet Infectious Diseases*



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