



No pig in a poke

As we approach the 2009 flu season, “swine flu” presents a real and distinct concern for patients, clinicians, and public health officials.

For the past several years we have published an annual influenza update with the goals of increasing the vaccination rate, updating our readers on the nuances of the current flu strain, and reviewing any advances in diagnosis and therapy. Not in recent history has there been such a feeling of urgency in getting the latest influenza information distributed to patients, governments, schools, workers, and clinicians. In this issue of the *Journal* (page 577), Dr. Steven Gordon, Chairman of Cleveland Clinic’s Department of Infectious Diseases, reviews the current issues related to recognition and management of 2009 pandemic influenza A (H1N1).

The concern in 2009 is not just over the usual seasonal varietal influenza and our suboptimal vaccination delivery, but also over a second influenza virus strain of swine origin that will be coursing through the population in tandem with the usual seasonal virus. This pandemic H1N1 “swine flu” is the odd product of interspecies incubation with resultant in vivo gene reassortment (pig, bird, and human). At the moment, the seasonal flu has not yet hit the United States in force, but at the time of this writing the US Centers for Disease Control and Prevention (CDC) reports 9,079 confirmed hospitalized cases of swine-origin flu, with 593 deaths (www.cdc.gov/h1n1flu/). Cases have been reported in all 50 states, the District of Columbia, and US territories.

Influenza viruses spread via droplet and surface contact between persons, and the swine-origin virus is no exception. Clinically, it behaves like other influenza strains, causing a combination of fever, myalgias, runny nose, sore throat, and cough (but not generally a lot of sneezing). Unlike in many other strains, though, nausea and diarrhea can be a prominent component in a significant minority.

There is a suggestion that patients older than 64 years may be less prone to infection, perhaps because of partial immunity from similar swine-origin flu infections in the distant past. The usual risk factors for severe disease and complications seem to be at play: diabetes, heart disease, asthma, and pregnancy. However, early statistics suggest that pregnant women may be particularly vulnerable for a poor outcome, including acute respiratory distress syndrome. A posting on September 3, 2009, on www.CDC.gov indicates that 6% of deaths from influenza in 2009 have been in pregnant women, significantly higher than the estimated percentage of pregnant women in the population.

As to what we can do now, mainly we can wash our hands a lot and strongly encourage use of what I hope will be a safe and efficacious vaccination program.

BRIAN F. MANDELL, MD, PhD
Editor-in-Chief

doi:10.3949/ccjm.76a.10001