

# H1N1 Flu Outbreaks Could Come in Waves

BY BETSY BATES

Americans may need to brace for a long winter of “rising and falling” waves of pandemic influenza A(H1N1) outbreaks, Kathleen Sebelius, Secretary of the Department of Health and Human Services, warned during a telebriefing.

The notion that the H1N1 pandemic may have peaked in October, as it became widespread in 46 states, “may be overly optimistic,” she said. “It is totally unpredictable what’s going to happen. How many [bell] curves we will see, our scientists tell me they don’t know.”

During the 1950s, rolling waves of serious influenza outbreaks buffeted various regions of the country, with peaks occurring both in the fall and the winter. The same phenomenon may occur this year and even into the spring, she said. “We could see months of disease outbreaks rising and falling.”

According to the most recent figures available, nearly 22,000 Americans had been hospitalized for influenza and pneumonia syndromes since Aug. 30, and there had been 2,416 deaths. During that time, 53 children had also died.

Unlike most years, this year’s powerful fall influenza season followed a spike last spring of cases and hospitalizations, most from the H1N1 strain.

Both Sec. Sebelius and Janet Napolitano, Secretary of the Department of Homeland Security, offered reassurances at their joint press conference that widespread vaccine shortages will soon ease considerably.

Unforeseen problems with manufacturing of the H1N1 vaccine led to sluggish production in the early weeks of an outbreak that quickly spread throughout the country, outpacing health officials’ ability to provide inoculations to groups considered at high risk of complications, including pregnant women, children and young adults, caregivers of infants, health care workers, and people with underlying medical conditions.

Sec. Sebelius explained that the H1N1 virus strain proved to grow slowly using 50-year-old egg-based technology, which is considered safe but sluggish in comparison with experimental cell-based technologies that have yet to be fully evaluated and approved.

Distribution of vaccine also was hampered by early snafus with manufacturers’ stepped-up production schedule. When scenarios were first conceived about how to ramp up production and distribution in anticipation of the fall outbreak, “It seems that we were getting some pretty rosy scenarios,” she said.

Today, however, a “robust” supply of a safe and efficacious vaccine is on its way to 150,000 vaccination sites from five manufacturers, with state and local governments deciding who to vaccinate first, where, and when, she said.

The federal government in this case is providing “actions and assistance ... well grounded in science and well grounded in facts,” said Sec. Napolitano, but “nobody

is sitting here in [Washington]” deciding, for example, where pregnant women in Arizona should go for a vaccine.

Sec. Sebelius said some school-based clinics in Maryland that had already planned to administer seasonal flu shots decided to direct limited H1N1 vaccine supplies there first.

In Illinois and some states in the Northeast, ob.gyns. are directly calling pregnant patients into their offices for H1N1 vac-

ination. Other localities decided to concentrate on vaccinating health care workers as their highest priority.

Such choices will become less difficult in the coming weeks, as a total of 250 million doses of vaccine are distributed, far more than the 100 million doses of seasonal influenza vaccine typically produced for the nation, she said.

In the meantime, Sec. Sebelius directed consumers to flu.gov, a govern-

ment site where vaccination clinic locations are continually updated. A new link on the site (flu.gov/evaluation) enables consumers to connect to an H1N1 Flu Self-Evaluation tool, “not to take the place of anyone’s doctor” but to alert high-risk individuals to the need for seeking a vaccination or medical care, and to reassure the “worried well . . . [so they do not] overwhelm our health care providers,” said Sec. Sebelius. ■



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Reference: 1. Micardis PI. Ridgefield, CT: Boehringer Ingelheim Pharmaceuticals, Inc.; 2009.

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