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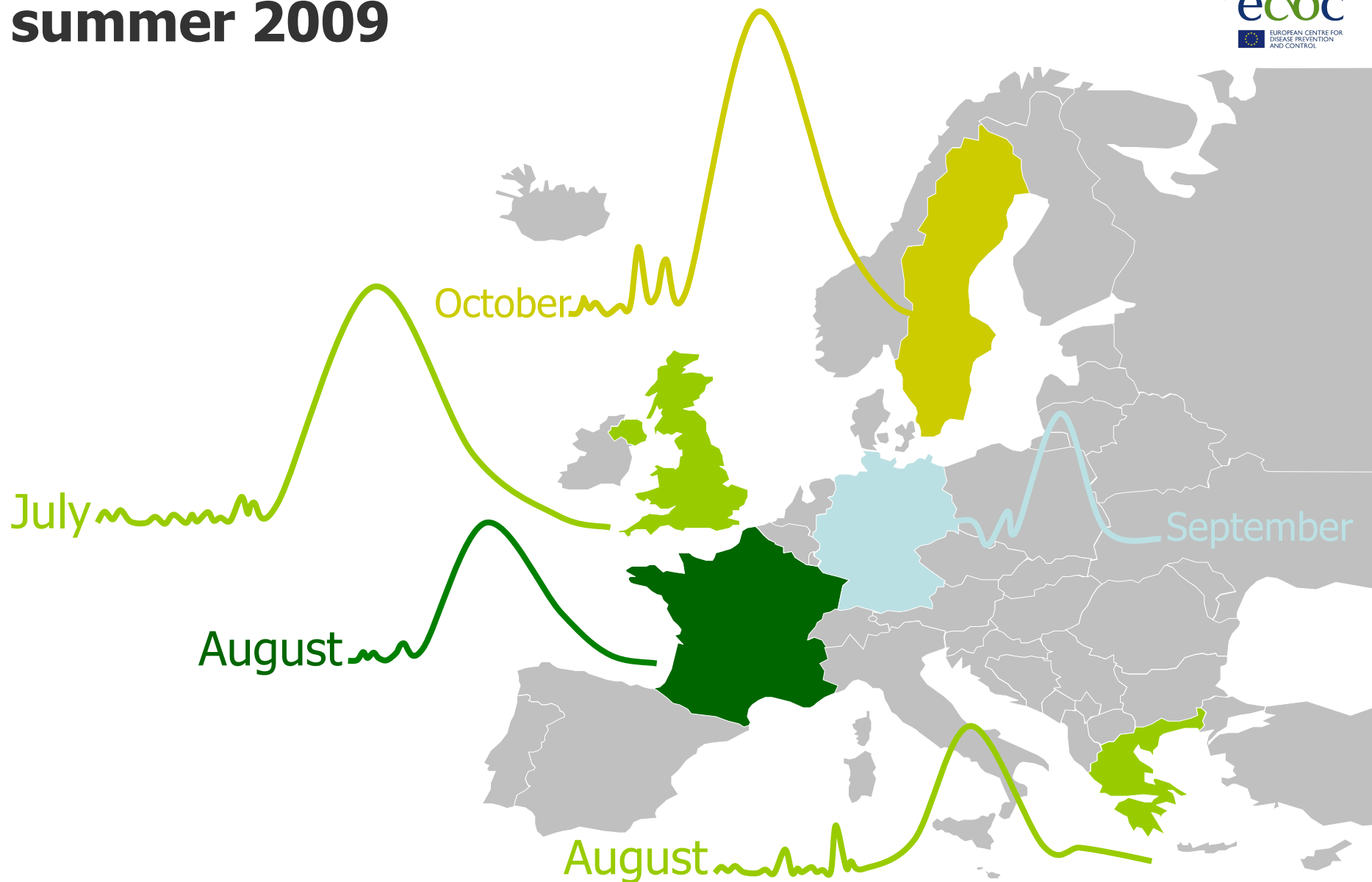


The 2009-2010 A(H1N1v) pandemic

Situation report Europe and forward look to the autumn

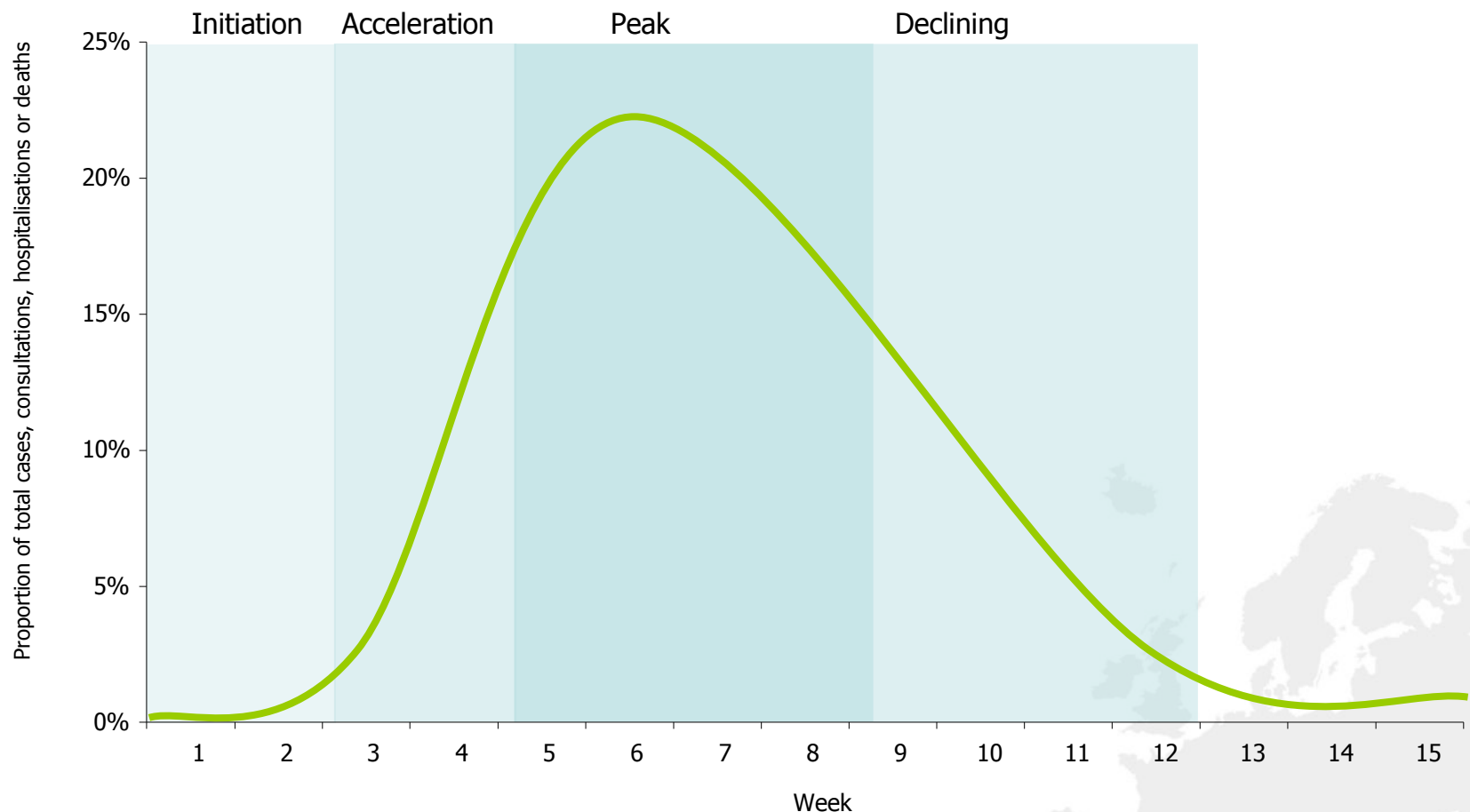
Zsuzsanna Jakab, Director
European Centre for Disease Prevention and Control
Swedish Presidency Workshop, Jönköping, July 2009

One possible European scenario — summer 2009



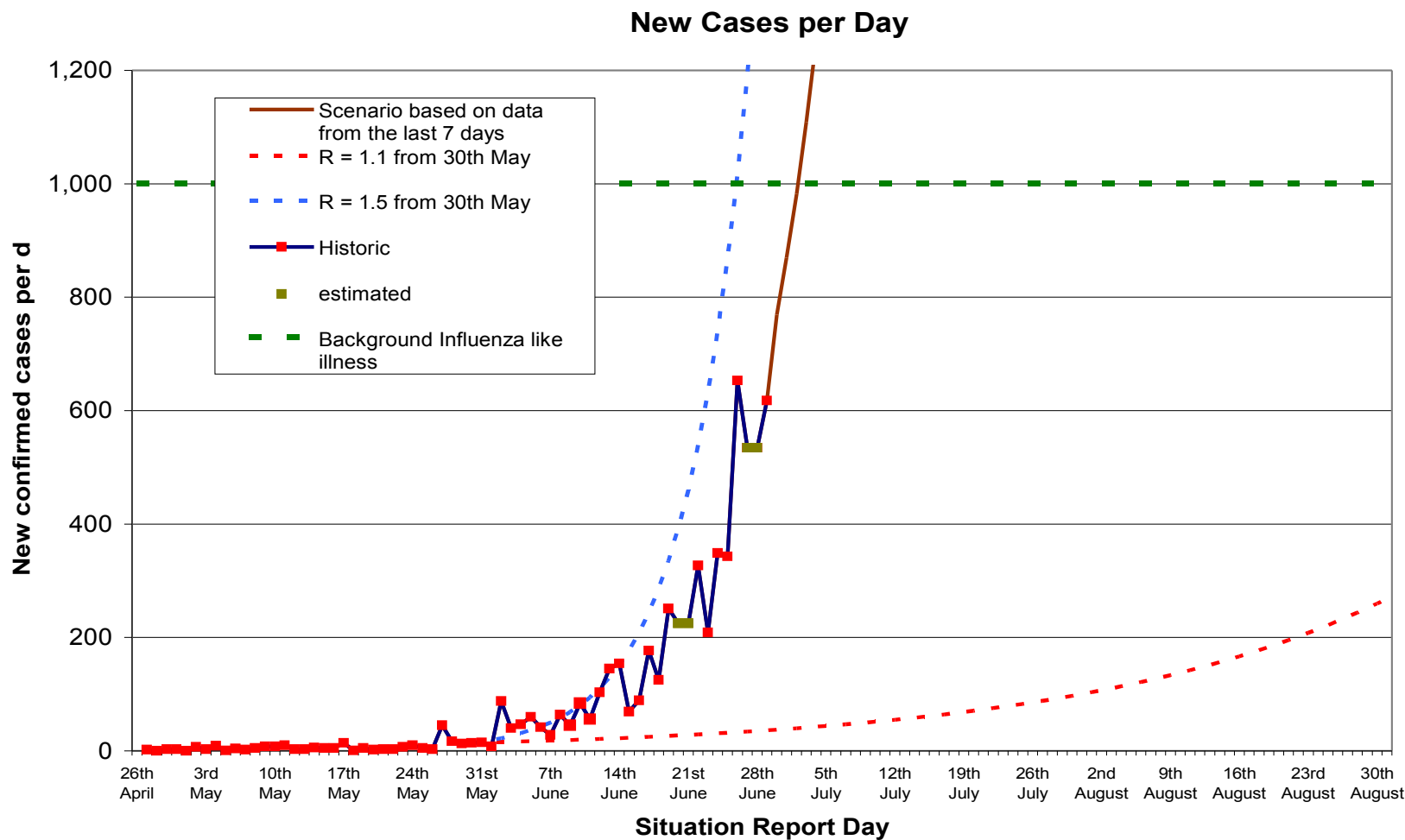
Idealised curve for planning

Reality is never so smooth and simple



Single wave profile showing proportion of new clinical cases, consultations, hospitalisations or deaths by week. Based on London, 2nd wave 1918.

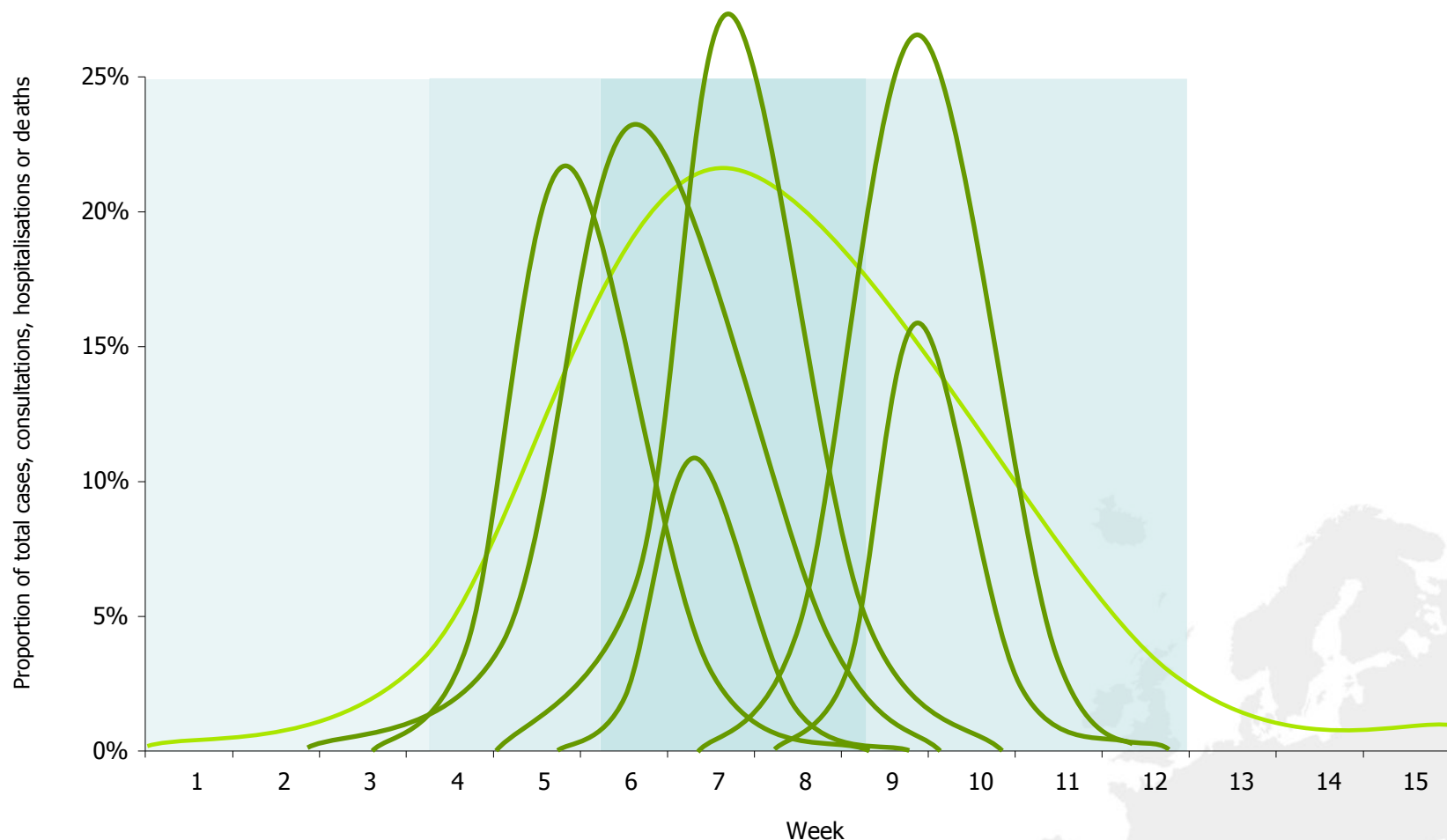
Actual and projected cases



Data as at 12.00 on 29 June, 2009.

The projection given here will vary as data becomes available.

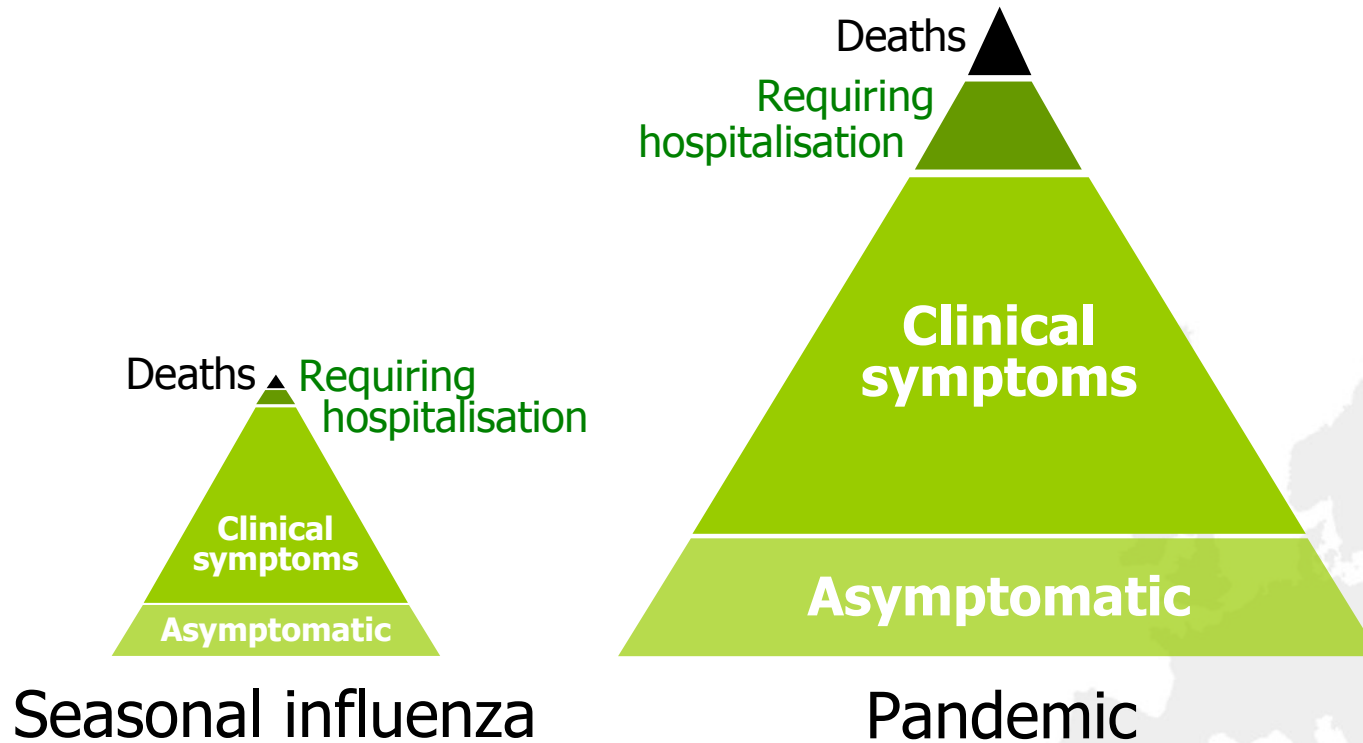
It will vary from place to place – and local can be more intense than national



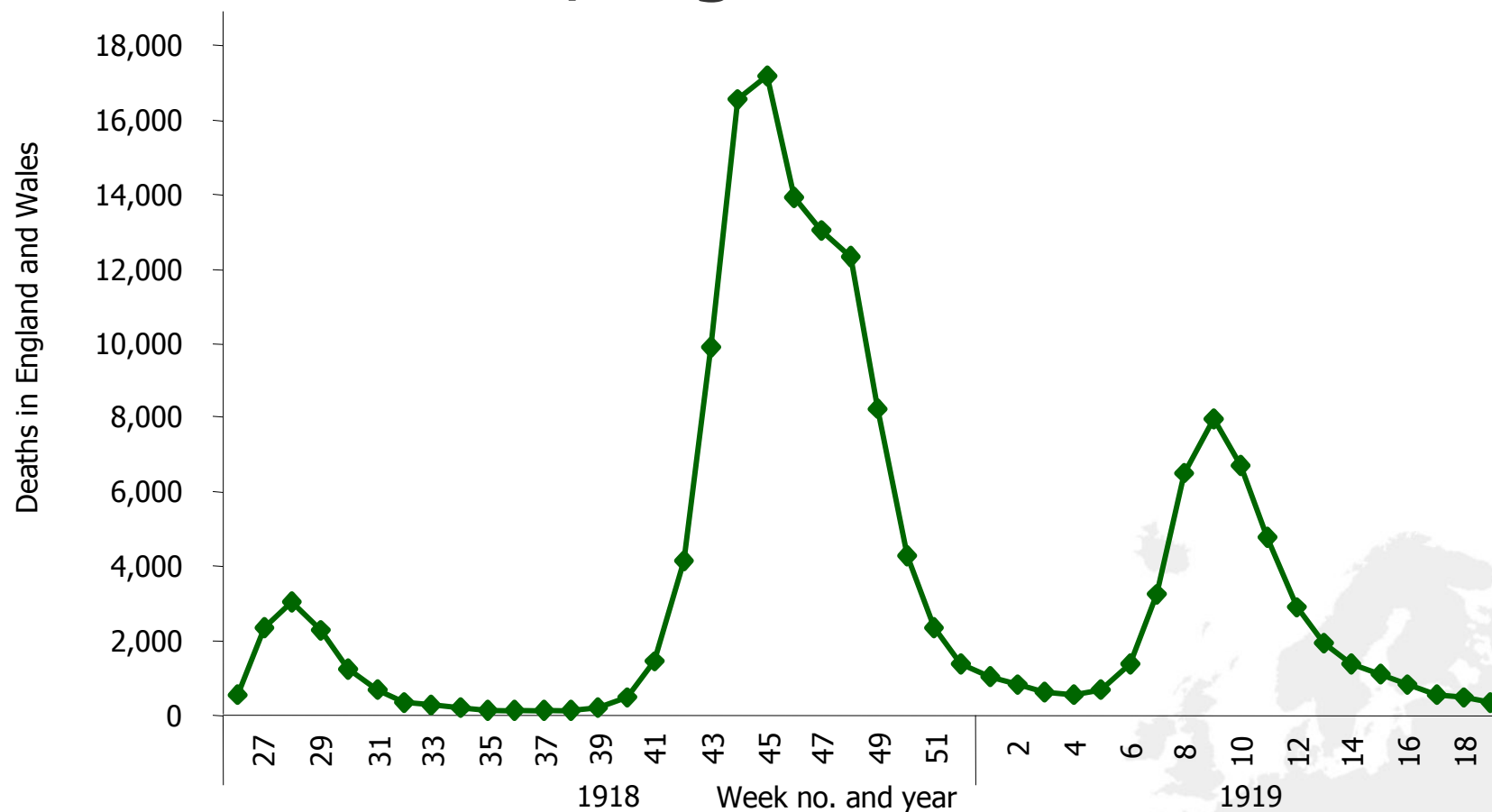
In reality, larger countries can experience a series of shorter but steeper local epidemics.

Seasonal influenza compared to pandemic — proportions of types of cases

There will be pressure on the primary and secondary health services – especially paediatric and intensive care.



1918/1919 pandemic: A(H1N1) influenza deaths, England and Wales



1918/19: 'Influenza deaths', England and Wales.
The pandemic affected young adults, the very young
and older age groups.

Transmissibility: estimated Basic Reproductive Number (R_0)

R_0 = 2-3 (US) Mills, Robins, Lipsitch (Nature 2004)

R_0 = 1.5-2 (UK) Gani et al (EID 2005)

R_0 = 1.5-1.8 (UK) Hall et al (Epidemiol. Infect. 2006)

R_0 = 1.5-3.7 (Geneva) Chowell et al (Vaccine 2006)