

Where we are as of April 28, 2009

Following up on our last update (the “Swine 2009A document”), the epidemic has progressed as predicted at that time. Following is a short update on some of the aspects I have watched closely:

1. The epidemic continues to spread, much in the same way as a typical influenza.
2. People are beginning to make erratic decisions, such as not eating pork. There are other reasons why I would not eat pork, but catching the flu from it is not one of them!
3. As I predicted before, the mortality rate is dropping. Before getting into that, let me tackle one important tangent. There are several complicating factors in this epidemic that are being missed or that will lead to confusion in the future. First, during the panic phase every one is going to be tested for flu. Soon afterwards, when this testing continues and it becomes clear that the disease is in fact spreading, what officials will do is begin to test less, as is happening now. They will say, and are saying already, that the people who are mildly ill should not get tested, but those who are more severely impacted should. That is the choice that NYC undertook this past weekend, and it does make sense. The problem, however, will come later on, when they try to estimate the actual lethality of the flu. Since we will stop testing many who were mildly ill, and therefore not clearly know who had the flu and who did not, we may have a skewed picture of the lethality of the epidemic, though this is a common problem of data projection and analysis in these situations. The second problem is that we still do not know clearly what these patients have died from. Even within the group of those that did die because of the flu, we need to understand whether it was the body's reaction, or the flu itself ravaging the body, or a superinfection potentiated by the influenza infection. Given these considerations, my personal belief is that the numbers will drop significantly because the bug itself will be found to be *less lethal* than was first thought, and that many people actually died of other causes. Overall, I believe the flu-related mortality may eventually reach higher than the 30,000 that die annually from seasonal influenza epidemics, but not that much higher. All in all the bottom line is that the mortality rate will quickly level off and then drop. This of course assumes that the natural genetic drift of this flu does not increase its lethality in the near future.
4. We are at pandemic level which will rise to 6. I believe that, when we are able to look back on this epidemic after it has passed, this will be seen as a mistake. Because of the way it has progressed, and the fact that the mortality rates are already falling, this influenza will end up looking not unlike regular yearly epidemics, despite the potential for severity that existed. The problem is that the pandemic alert system should accurately and efficiently guide response behavior, but in this case its use is not consistent with the severity and progress of the Swine Flu epidemic. Although the crossover between swine and human flu strains marks this a unique event, it does not have the makings of a severe pandemic at this time, and the ability to make this prediction and distinction is critical to effective response in future influenza situations.

The bottom line is that the world is quickly shifting from hysteria to indifference, with some places staying more or less worried, more or less active. The prediction is that the spread of Swine Flu continues, likely becoming quite ubiquitous, and different organizations shut down or modify public behavior. People will continue to die, but when it is all said and done, the actual rates as compared to other years will not be that different.

Governments are in a difficult situation. For example, it is very likely that Gerald Ford lost his election for the presidency because he came out so strongly in combating the swine flu and advocating the swine flu vaccine, and when so many people got sick from the vaccine and the flu did not materialize, he lost credibility. No one wants to lose that amount of credibility, so they are straddling the fence of caution and panic.

To conclude, I believe that without a genetic drift leading towards increased lethality, and without a shift in symptomatology towards a different, more severe *genus epidemicus*, this may be a typically bad influenza epidemic, but not the horrific one I fear is coming another time.