



Flu hits vulnerable the hardest

Five Islanders who have died had underlying problems

BY DEREK SPALDING, THE DAILY NEWS; WITH A CANWEST NEWS FILE NOVEMBER 20, 2009

A Nanaimo toddler who died Monday after catching the H1N1 virus is typical of all of the 29 other British Columbians who have died in the outbreak because she had serious underlying health problems.

The three-year-old girl is the fifth person to die from the illness on Vancouver Island. The others were adults and all had other health problems.

The second wave of the swine flu virus hit the Island eight weeks ago and has likely peaked as emergency visits to hospitals and influenza-like-illnesses among patients dropped last week. Health officials, however, aim to prevent further illnesses and deaths by lifting any of the previous restrictions they had on the mass immunization campaign that began four weeks ago.

Authorities have significantly limited details about the characteristics found among those who have suffered severely or died from H1N1, which makes it difficult for people to understand who is more likely to be affected.

Provincial health officer Perry Kendall explained yesterday that young children get sick because they have had no exposure to any virus. Statistical information illustrates that H1N1 disproportionately infects more children and healthy young adults, compared to the regular flu but mortality rates for the two strains are comparable, according to the latest report from Dr. David Butler-Jones, Canada's chief public health officer.

Although H1N1 is disproportionately infecting more children and otherwise healthy young adults "the mortality rate from this (H1N1) is no worse than seasonal flu," Dr. David Butler-Jones said last week.

"The individual risk of severe disease or dying if you happen to get the flu is very similar today as it was back in June. It's just that we're starting to see a lot more people affected," he said.

Younger people have been hit the hardest by the illness, according to data from the B.C. Centre for Disease Control. Of those who died, 32% were between the ages of two and 39, while 52% were between 40 and 64, largely because anyone older than 65 was likely exposed to a very similar strain of H1N1 that circulated in the 1950s. Hospitalizations for children are usually higher because people take extra precautions with high fevers, Kendall explained.

But some people say relying on deaths and hospitalizations can lead to what seems like a sudden

surge in population-wide sickness that does not paint a true picture.

It can take two to three weeks in many cases for people with influenza to get sick enough to end up in hospital or an intensive-care unit and even longer for them to die, said Dr. Richard Schabas, a former chief medical officer of health for Ontario.

"Most people with influenza don't die quickly. They die slowly," he said. "Continuing to report (deaths) as if it's a way of judging what the outbreak is doing is wrong."

He said school absenteeism and emergency rooms visits are more timely indicators.

Estimating the death rate for swine flu is difficult because the denominator -- how many people have been infected -- is missing. Canada, like most countries, stopped counting confirmed cases in July and H1N1 causes mild symptoms in the majority of people it infects, so many people never see a doctor.

Reporting in this month's Harvard Health Letter, Harvard University researchers said data from the U.S. shows the death rate for H1N1 is one death for every 2,000 people who develop symptoms. The death rate for seasonal flu is about one death for every 1,000 to 2,000 infections.

So far, B.C. has vaccinated one million people as the province increased total vaccination to 25%. There have been some allergic reactions to the vaccine, including two people who died after receiving the shot but testing has not confirmed if the vaccine was directly related, according to Kendall, who maintains the vaccine is safe.

"Becoming complacent would be a mistake," he said. "Without vaccinations, B.C. could see more hospital visits and deaths."

B.C. has had 18 serious reactions to the vaccine, approximately two per 100,000, which is higher than the typical one per 100,000 with regular flu vaccine. This difference could be attributed to the doubling up of shots during this mass immunization program, Kendall said. People receive both H1N1 and regular flu vaccines at the same time.

Nationally, the flu pandemic has been much less severe than expected, according to Butler-Jones. Canada's national pandemic plan estimated a flu outbreak could cause 15% to 35% of the population to fall clinically sick and force the hospitalization of 34,000 to 138,000 people.

So far, an estimated 7% to 8% of the population has been infected between the first and second wave, he explained.

While the number of hospitalizations jumped twofold in the week ending Nov. 7 compared to the previous week -- to 1,324 from 661 -- according to the latest analysis from the Public Health Agency of Canada, there has been a drop in severe infections.

As well, the proportion of ICU admissions and deaths among those admitted to hospital with H1N1 is

falling. The number of new reported deaths were up fourfold in the same reporting period (35 versus eight).

H1N1 FATALITIES ON VANCOUVER ISLAND

Case #1

Gender: Female

Area: South Island

Had underlying medical conditions

Age range: Young adult

Died: Sept. 16

Case #2

Gender: Female

Area: Central Island

Had underlying medical conditions

Age range: Middle aged adult

Died: Nov. 2

Case #3

Gender: Male

Area: South Island

Had underlying medical conditions

Age range: Young adult

Died: Nov. 2

Case #4:

Gender: Female

Area: South Island

Had underlying medical conditions

Age range: Middle aged adult

Died: Nov. 4

Case #5

Gender: Female

Area: Central Island

Had underlying medical conditions

Age range: Child (under 5)

Died: Nov. 16

Victims:

u Woman from Beecher Bay First Nation

u Man from Pauquachin of the Tsartlip First Nation

u Woman from south Island in her 40s

u Woman from central Island in her 40s

u Nov. 16, Three-year-old girl from Nanaimo

Hospitalizations and deaths:Vancouver Coastal: 203 / 7

Fraser: 304 / 12

Interior: 160 / 6

Northern: 33 / 0

Vancouver Island: 55 / 5

[By health authority]

Disease spread: 28% of Islanders predicted to have H1N1 by Christmas

Ages among H1N1 deaths:

Under two: 0

2 to 19: 16

20 to 39: 16

40 to 64: 52

64 and older: 16

Immunizations in B.C. so far:

1 million, about 20% to 25% of the population

CLINIC SCHEDULE

Who is eligible:

The H1N1 vaccine is now available to all British Columbians. The vaccine is available at most doctor's offices and many pharmacies, and also at public clinics. The current clinic schedule is:

Today:

Mount Benson Elementary School, 4355 Jingle Pot Rd.,

9 a.m. to 4 p.m.

Monday:

Mount Benson Elementary School, 4355 Jingle Pot Rd., 12-7 p.m.

Nov. 25:

Mount Benson Elementary School, 4355 Jingle Pot Rd., Nov. 25, 9 a.m. to 4 p.m.

Nov. 28:

Mount Benson Elementary School, 4355 Jingle Pot Rd., Nov. 25, 10 a.m. to 4 p.m.

For the latest information about vaccination clinics go to: www.viha.ca

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