

Deadly flu season likely to worsen internationally

By Shelley Connor
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The 2017-2018 influenza season has been one of the deadliest and most costly in recent memory, claiming numerous lives across the United States and the United Kingdom. While January typically represents the peak of the influenza season, epidemiologists predict that the epidemic will worsen in both the United States and the United Kingdom in the upcoming weeks.

This prediction rings particularly dire. Influenza has spread throughout the continental United States for the first time since the CDC began tracking the spread of flu, straining hospitals to the breaking point. A state of emergency was declared in Alabama. In California, hospitals have been forced to set up tents and clear out storage areas to make room for the increase in patients. In school districts in many localities classes have been called off due to staff shortages and student sickness.

“I think the simplest way to describe it is that flu is everywhere in the US right now,” said Dr. Dan Jernigan, director of the Centers for Disease Control’s (CDC) Influenza Division, during a briefing on the flu. “There’s lots of flu in lots of places.”

The CDC has reported 22.7 hospitalizations per 100,000 people in the US for the week ending on January 6. At least 20 pediatric deaths associated with the flu have been recorded. Adults, including the vulnerable over-65 demographic, are not tracked by the agency, although individual hospitals have reported numerous adult deaths.

San Diego County, California, reported a record number of flu deaths Wednesday, with the county’s Health and Human Services Agency reporting 52 more people have died from the flu. This brings the total deaths this flu season to an all-time high of 142.

The unprecedented virulence of this season’s flu owes itself to the nature of the strain responsible. Influenza A, H3N2, is more severe and more likely to

cause complications in vulnerable populations than Influenza B. Immunization against the strain is also more difficult.

The rapid spread of such a severe strain of the flu has strained hospital staff and medical supplies nationwide. Shortages of antivirals such as Tamiflu have been reported in multiple states. In Birmingham, Alabama, Tamiflu supplies had largely been exhausted by the middle of last week. Lake County, Illinois had similar shortages. In California, doctors’ offices have reported shortages of Tamiflu as well as flu testing kits. Pharmacies in the state have also reported shortages of flu vaccine.

In the wake of Hurricane Maria, intravenous saline bags—manufactured by Baxter International in Puerto Rico—have been in short supply in the US. That shortage has been compounded by the demands of flu complications. As the *World Socialist Web Site* reported earlier this week, nurses at Massachusetts General Hospital have been forced to use stomach tubes to pump Gatorade into dehydrated patients, using the same method to administer medications that would normally be given intravenously.

The outbreak has not been limited to North America. In the United Kingdom, the flu has claimed 130 lives, more than three times the number of flu deaths last year. Most of the deaths have occurred in the over-65 age group.

The *Guardian* reports that 598 people were admitted to hospital with flu last week. Of that number, 198 required treatment on intensive care or high dependency units. Seven locations in the UK have reported flu cases in excess of 80 per 100,000 people in the past week: York claimed the highest rate of flu cases, at 109.29 cases per 100,000. Currently, a staggering 8.3 million UK residents are reportedly

suffering from symptoms of the flu.

Public Health England (PHE) officials have predicted that the flu will reach epidemic status within two weeks. “In terms of hospital admission, this is the most significant flu season since the winter of 2010/11 and the preceding pandemic year of 2009, although it is not an epidemic,” PHE’s medical director, Paul Cosford, told the *Guardian*.

This prediction has alarming implications. According to National Health Services (NHS) reports, up to 100,000 people have been forced to wait for 30 minutes or more in the back of an ambulance due to Accident and Emergency (A&E) department overcrowding. As has happened in the United States, patients have reported having to lie in corridors for hours waiting to see a doctor. At least 20 people have died in East England waiting for ambulances to arrive.

Speaking with the *Guardian*, Saffron Cordery, director of policy and strategy at NHS Providers, said that despite “a very slight easing of pressures last week, NHS trusts are still working at or beyond full stretch, resulting—at times—in care for patients that falls short of what trusts and their staff want to provide. The worst of winter may be yet to come.”

In the cases of both the United States and the United Kingdom, the flu outbreak’s severity is intimately tied to health budget cuts. As the WSWs reported earlier this week, “The CDC estimates total yearly expenditures for flu outbreaks, in both direct and indirect medical costs, amounting to \$87.1 billion. But last year’s budget provided a miserly \$57 million for influenza pandemic planning. The Health and Human Services Department has also taken down the flu.gov website, which represented a cabinet-level organization dedicated to helping Americans prepare for the flu.”

In the United Kingdom, the NHS managers have reported that general practitioners have been pressured to use a cheaper, less effective flu vaccine, although a vaccine better suited to the strains spreading through the country exists.

This January marks the 100th anniversary of the beginning of the deadly 1918 flu pandemic, which spread across the globe—even to remote Pacific Islands and to Antarctica—and claimed between 20 million and 40 million lives. As a result of the influenza outbreak, the average life span in the US was depressed by 10 years. The so-called Spanish Flu had a mortality rate of

2.5 percent; by comparison, previous flu epidemics had a mortality rate of less than 0.1 percent. In 1918, the death rates for 15- to 34-year-olds of influenza and pneumonia were 20 times higher than in previous years.

The 1918 pandemic came on the heels of World War I, when social conditions left many people across the world poorly nourished. In the face of the Spanish Flu pandemic, the burgeoning public health disciplines rallied with governmental support, despite the primitive level of medicine at the time compared to today’s medical technology.

One hundred years on, however, public health is under attack in the advanced capitalist countries. Mike Osterholm, the director of the Center for Infectious Disease Research and Policy at the University of Minnesota, told the NBC, “Each year, the health care system gets a thinner and thinner veneer of preparedness. It takes less and less impact for a health care system to go from routine to crisis.”

As Osterholm has written previously, infectious disease currently threatens more American lives than terrorist attacks. Nevertheless, the US government currently is poised to pass a budget funding the military at the expense of numerous social programs, including public health. In addition, programs such as Medicaid, Medicare, and Children’s Health Insurance Program (CHIP), which cover millions of Americans, are under outright threat.

Last year’s Zika pandemic underscored the vulnerability of a health system limping along on a shoestring budget. In its wake, US lawmakers should have responded with rational planning and budgeting for future outbreaks of infectious disease. Disease prediction models had forecast serious flu outbreaks in both the US and the UK as early as September. Yet due to budget constraints and poor governmental planning, hospitals in both countries are overwhelmed with one of the worst flu outbreaks in 100 years.

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