Influenza Moves to the Front of Public Health Concerns

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During the second half of April 2009, many infectious disease specialists across the world were surprised to learn that a new influenza A strain was causing an outbreak of illness in Mexico. This new strain, which is considered of swine origin and is carrying the antigens H1 and N1, has since spread to all continents except Africa. While it seems to cause only mild disease with the exception of some fatal outcomes mostly in persons with underlying diseases and other predisposing conditions, the rapid spread of this virus is cause for concern. Within a short period, the World Health Organization (WHO) has raised the stage of pandemic alert from 3 to 5. Currently, there seems to be ongoing local transmission within Mexico and the United States. Many European countries have reported cases in travelers returning from either Mexico or the United States.

This rapid evolution of the threat of a pandemic has created a lot of anxiety and also a lot of activity in most countries all over the world. While it seems to be premature to make a prognosis regarding the further evolution of this problem, some experts are seriously concerned about the possibility that a further modified and possibly more virulent virus may emerge after some mutations or mixing with other influenza viruses during the winter season in the southern hemisphere. It is impossible to know whether, during the upcoming fall and winter on the northern hemisphere, we will experience a more aggressive virus and the start of phase 6 and, with this, the pandemic phase of this public health threat.

It is, therefore, wise to speed up the planning for dealing with phase 6 of the pandemic and is also wise to think about other issues that will arise during such a serious public health challenge.

One of the issues will be to provide influenza vaccination to the public and especially to healthcare workers [1–3]. In this issue of *Infection*, *Wicker* et al. [4] report about the compliance with influenza vaccination among healthcare workers. Their results are in line with previously published studies, showing a difference in vaccination rate between nurses and physicians. It will be extremely crucial to inform all healthcare workers about the benefits and safety of influenza vaccination. Hospitals cannot afford to have a high rate of sick healthcare workers during a large influenza outbreak. The paper by *Wicker* et al. provides some food for thought for planners of influenza vaccination campaigns.

Another timely paper is the review by *Ruf* and *Szucs* [5] on the reduction of the burden of influenza-associated complications with antiviral therapy. The paper provides a concise summary of this important topic. Antiviral therapy will be an important strategy to reduce morbidity and, possibly, also mortality [6].

Infection will stay on top of the influenza issue and will be a platform for fast-track publications on this issue in order to disseminate relevant information among colleagues in the infectious diseases community.

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