

ABSTRACT

Communication strategy during the A/H1N1v influenza pandemic in Italy

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Introduction. A new variant of swine origin of the influenza virus called A/H1N1v, or more precisely A/California/07/09, emerged in Mexico and the United States of America in 2009, spreading around the world within a few weeks [1, 2].

Having collected data from 88 countries, the Global Influenza Surveillance Network FluNet reported 485,421 cases of influenza caused by A/H1N1v from 19th April 2009 to 29th May 2010 [3]. On 11th June 2009, the Director-General of the World Health Organization (WHO) raised the pandemic alert status to Phase 6 [4].

At the beginning of the winter season, the pandemic virus reached the temperate zones of the southern hemisphere (Argentina, Chile, Australia, etc.) [1]. In Italy, the first imported confirmed case of pandemic influenza was detected on 24th April 2009 [5, 6]. The pandemic was characterized by an initial epidemic peak in the northern hemisphere during the months of October and November, 2009 [7]; the pandemic wave lasted about seven weeks.

The highest morbidity was seen in subjects aged between 0 and 14 years (270 cases per 1,000 population) [5].

The economic burden of the pandemic was considerable, being similar to that of a severe influenza season, even though the clinical course of the disease was not particularly severe.

Errors of communication and scepticism regarding vaccination in Italy. Swine flu was the first pandemic of the 21st century, and aroused great attention on the part of the media [8, 9]. The alarm was raised in Mexico in the spring of 2009, and dramatic news of the pandemic soon spread worldwide [9]. Details regarding the mode of transmission and prevention strategies were constantly released, as were reports of the growing number of cases and deaths caused by this new fast-spreading virus.

Some uncertainties as to the dangers of the virus later emerged. In order to avoid excessive alarmism among the population, statements issued by the Italian Ministry of Health emphasized the low severity of the pandemic, which was downgraded to the status of common seasonal influenza. Phases of alarmism thus alternated with moments of scepticism, owing to the contradictory messages disseminated by the media; this caused confusion among the people and hence poor compliance with vaccination. Nevertheless, the only really effective means of combating influenza is vaccination, which can reduce the spread of viruses and influenza-related complications [10, 11]. In the case of the 2009 pandemic, greater implementation of vaccination could have blunted the social and economic impact of the disease.

The specific vaccine against the A/H1N1v virus became available in mid-October 2009, and was offered in phases, starting with high-risk young individuals and target groups [5, 12]. However, administration was delayed owing to differences of opinion concerning the categories of subjects to be vaccinated in the first phase of the pandemic and misleading information regarding the development of the vaccine. The lack of correct information created the erroneous perception among people that the vaccine could carry a potential health risk, as it was thought to have been developed too hastily and because it used the adjuvant MF59 (containing squalene). Consequently, adequate vaccine coverage was not achieved. In future, stake-holders will need to ensure that the messages reaching the public are unequivocal and agreed upon, since clear recommendations on preventive measures will enable people to make choices that reduce the impact of a pandemic both on themselves and on society. Constructive discussion on the communication problems that arise during pandemics has recently begun among healthcare workers at different levels and should provide guidelines for the next flu emergency.

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