



INSIGHT Influenza Studies: FLU 002 (Influenza Outpatient Study), FLU 003 (Influenza Hospitalization Study) and FLU 004 (Influenza Genomics)

Message from FLU Co-chairs D. Dwyer, R. Davey, M. Losso, R. Lynfield

As winter eases in the north, engagement with the INSIGHT influenza studies turns to the southern hemisphere sites. It was a 'busy' influenza season in the northern hemisphere winter (especially in the USA), but only time will tell if the southern influenza winter season is as active. Tropical regions may have different patterns of virus circulation compared to the annual winter outbreaks seen in more temperate regions. In the USA winter, influenza B and A(H3N2) were dominant, with the influenza A(H1N1)pdm09 virus detected in less than 16% of laboratory confirmed cases. This contrasted with Europe, where type A and B viruses were co-circulating in similar proportion, and the influenza A(H1N1)pdm09 virus was detected at comparable levels to A(H3N2). It will also be interesting to monitor which influenza viruses circulate in the upcoming southern hemisphere winter. The continuation of the INSIGHT 002, 003 and 004 studies over several years means that comparison of the clinical impact of the different influenza viruses will be possible.

There has been enormous interest in the emergence of the influenza A(H7N9) virus in various regions in mainland China, and the export of a case to Taiwan. There have been over 100 cases, and a high mortality of around 20%, especially in older men. Poultry exposure is common in cases, but it is not universal. Unlike avian influenza A(H5N1), A(H7N9) is not highly pathogenic for birds, so determining the source of exposure is difficult. Sustained human-to-human transmission has not occurred despite some family clusters having been identified. It is yet another example of the unpredictability of new influenza virus emergence.

Enrolment into the FLU 004 genetic study is progressing well. Sites are reminded to obtain follow up convalescent serum in the FLU 003 study participants to allow studies on influenza antibody profiles. A meeting between the co-chairs and the statistical team will take place in early May in Minneapolis to review the results of influenza A(H1N1)pdm09 infected subjects enrolled up until the end of 2012. Investigators are welcome to suggest ideas for data analysis through the Influenza Interest Group on the www.insight-trials.org website.

Your dedication and participation in these important influenza studies is most appreciated.

Top 5 Enrolling Sites 01 Oct, 2012 – 31 MAR, 2013:

FLU 002*

002* FLU 003**

- 217-Practimed Medisch Centrum Tessenderlo, Belgium, J. Weckx
- Belgium, J. Weckx

 38-Wojewodzki Szpital

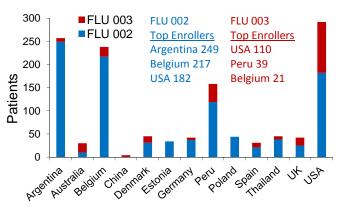
Zakazny, Poland,

A. Horban

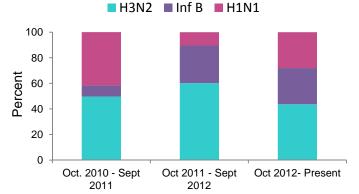
- 3. **32-**West Tallin Central Hospital Infectious Diseases, Estonia, K. Zilmer
- 4. **31-**Centre for Viral Disease, Denmark, J. Lundgren
- 29-Washington DC VA Medical Center, USA, F. Gordin
 - * Number of patients enrolled at all sites in this time period = 660

- **26**-Mayo Clinic, USA Z. Temesgen
- 21-Centre Hospitalier Universitaire St. Pierre, Belgium, N. Clumeck
- **20**-Baystate Infectious Diseases Clinical Research, USA, A. Paez
- **12**-Montefiore Medical Center, USA, P. Riska
- **10**-Odense University Hospital, Denmark, C. Pedersen
- **Number of patients enrolled at all sites in this time period = 191

Enrollment by Country (01 May 2012 to 01 May 2013)



Frequency Distribution of Central PCR Results



* Percentage of all influenza positive results by central testing

To track influenza activity in your area and worldwide:

- -Contact your local public health agencies
- -INSIGHT website www.insight-trials.org Influenza Links
- -WHO website www.who.int/influenza/en/
- -CDC website www.cdc.gov/flu/