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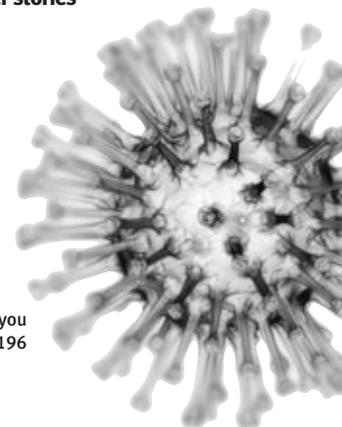
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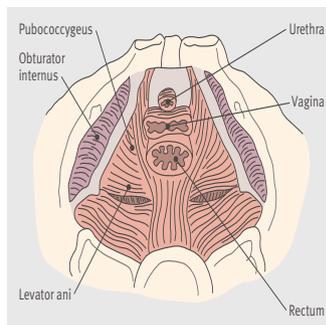
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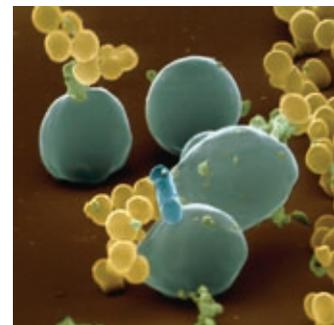
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REUTERS/JASON LEE

**PICTURE OF THE WEEK**

Health workers show the way to relatives after they were permitted to visit a student at a hotel in Beijing this month. Children at a primary school had been quarantined after at least 17 were diagnosed as having influenza A/H1N1. See News, p 189; Feature, p 196; Research methods and reporting, p 220; Observations, p 200; and Personal view, p 241.

**THE WEEK IN NUMBERS**

**1 in 3** Overdiagnosis of breast cancers in a population offered organised mammography screening (Research, p 206)

**0.5-1%** Estimated prevalence of vaginismus in the community (Clinical Review, p 225)

**1988** Year breast cancer screening was introduced in the UK (From the FrontLine, p 244)

**25-28%** Patients with cancer who received radiotherapy in the deprived regions of Yorkshire and Humber and the north east (Letters, p 187)

**3.7 million** Licensed animal testing procedures in the UK in 2008, a rise of 14% on 2007 (News, p 190)

**THE WEEK IN QUOTES**

**“Distortions in the persuasive use of citation can be used to establish unfounded scientific claims as fact”** (Research, p 210)

**“Traditionally, the person at the centre of health care had no real voice”** (Analysis, p 202)

**“Child maltreatment is under-recognised and inconsistently reported to children’s social care by healthcare professionals”** (Practice, p 230)

**“To change deeply held views you have to make things simple. And with humour you can open people’s minds”** (Feature, p 198)

**“[Darzi] defended the bill to create the Care Quality Commission, although he had little enthusiasm for it”** (News, p 191)

## EDITOR'S CHOICE

## Predicting and preparing for pandemic flu



PHOTOS: SPL/FOOTOLIA COVER MONTAGE: CLAUDIA BENTLEY

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“Never make predictions,” said the American baseball player Casey Stengel, “especially about the future.” But we have to forecast if we are to plan. For more accurate forecasting in this flu pandemic, it’s essential for us to refine our methods and to understand their limitations. This is what Tini Garske and colleagues seek to do in their fast tracked article in this week’s journal (p 220).

The world needs to know how many people are likely to die from the new flu virus. Data emerging from different countries offer widely different pictures. The initial reports from Mexico suggested high fatality ratios among those infected, sparking a sense of panic. Mexico’s fatality ratios are still among the highest in the world, but Gaske et al explain that the cause is unlikely to be an especially virulent version of the virus—instead, under-reporting of mild cases could explain the trend. If we take these cases into account, the true case fatality ratios could be much lower and more in line with those for seasonal flu. But because there’s no herd immunity to this new virus, many more people will catch it and the absolute numbers of cases and deaths will almost certainly be much greater than for seasonal flu, they say.

The authors identify a second pitfall in forecasting for this pandemic: the delay between onset of symptoms and death. This “censoring bias” means that at any one time there will be people who will die from the infection but who are currently still alive, causing an underestimate of the case fatality ratio, especially in the early days when incidence is growing exponentially. Then as the pandemic unfolds, case fatality ratios will grow, raising concerns that the virus is becoming more virulent.

The only answers, say the authors, are good data and rigorous methodology. Their wish list is long: close monitoring of the first few hundred cases, good ongoing surveillance for symptomatic cases, large scale testing in well defined populations, prospective household surveys to estimate attack rates for mild disease, and serological testing to assess rates of asymptomatic infection.

It’s good to see that the UK seems to be doing well in its ascertainment of cases. But how well are we managing the flu pandemic? Also pretty well, says Roy Anderson in his editorial (p 181), with good pre-pandemic planning, good stocks of antivirals and pre-ordering of vaccine, and a sensible and timely shift from prevention to treatment of those most at risk.

This rosy picture may not fit with people’s experiences either as patients (p 241) or as health professionals overwhelmed with conflicting information and advice. Anderson acknowledges that the detailed logistics could have been better and need improving. The new flu service to be launched this week in England should take the pressure off primary care (p 189). Questions will remain, including how to decide which doctor should be the “flu lead” in a practice. Daniel Sokol outlines the options and the ethical dilemmas (p 200). As our contribution to bringing clarity, we are launching a pandemic flu website (<http://pandemicflu.bmj.com>) with daily updates and links to the most reliable sources of information. We would also like to hear from you on our flu forum on doc2doc (<http://tinyurl.com/kwcsn6>).

**Fiona Godlee, editor, [BMJfgodlee@bmj.com](mailto:BMJfgodlee@bmj.com)**

Cite this as: *BMJ* 2009;339:b2988

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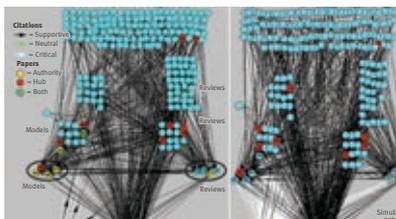
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### LATEST RESEARCH

**How citation distortions create unfounded authority: analysis of a citation network**

Citation is both an impartial scholarly method and a powerful

form of social communication, says neurologist Steven A Greenberg in his analysis of a citation network. Through distortions in its social use that include bias, amplification, and invention, citation can be used to generate information cascades that give unfounded authority to scientific claims. Construction and analysis of a claim specific citation network may clarify the nature of a published belief system and expose distorted methods of social citation. The accompanying editorial says that inappropriate referencing in research has serious consequences, and the research community needs to act.

See this and other recent research articles at <http://www.bmj.com/channels/research.dtl>.

### LATEST BLOGS

doc2doc's Tom Nolan wonders whether the latest government advice about swine flu was confusing for pregnant women and thinks that it probably wasn't: "It's amazing that 48% of respondents [to a poll on a parenting website] have such similar and detailed views on swine flu. Perhaps there's not as much confusion as we thought."

Guest blogger Richard Smith asks how international we want to be and concludes: "By the end of the day we hadn't answered the questions, but we'd agreed on a few things: most organisations have to be international in a globalising world; partnership and value for money are both important; and any organisation should concentrate on activities where it can add unique value."

Guest blogger Joe Collier owns up: "In many ways I am much more at home being unsociable, a trait which I believe generally deserves recognition (and respect) as a positive, rather than a negative, attribute. Indeed, I feel strongly that we now live in an over-sociable society (witness, the compulsive use of texts, twitters and Facebook), that a bit of unsociableness would do us the world of good."

Find out more at <http://blogs.bmj.com/bmj/>

#### Last week's poll asked:

"Is systolic blood pressure all that matters?"

You voted: Yes: 89 (17%)

No: 434 (83%)

#### This week's poll asks:

"Do you feel equipped to manage patients with swine flu?"

Submit your vote on [bmj.com](http://bmj.com)



### LATEST PODCASTS

#### THE SEVERITY OF SWINE FLU

Tini Garske from Imperial College London tells Helen Morant about how researchers can estimate the severity of swine flu. Daniel Munday talks to Duncan Jarvies about how important place of death is to patients at the end of their life, and Annabel Ferriman takes us through the news.

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Overdiagnosis in publicly organised mammography screening programmes: systematic review of incidence trends

Assessing the severity of the novel influenza A/H1N1 pandemic

Overdiagnosis and mammography screening: Keep libel laws out of science

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