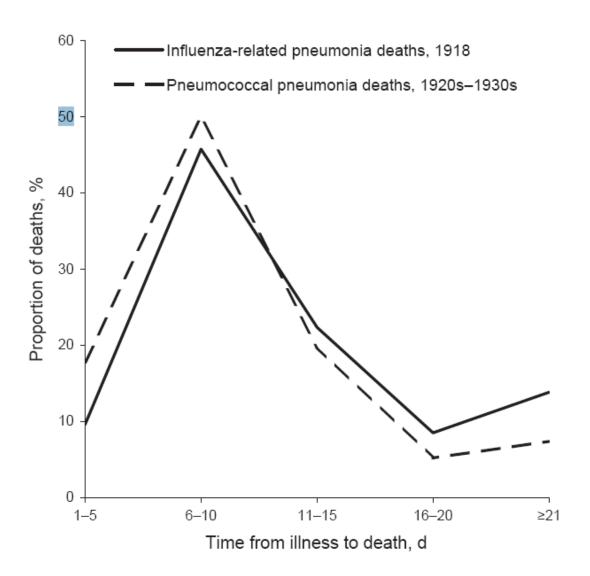
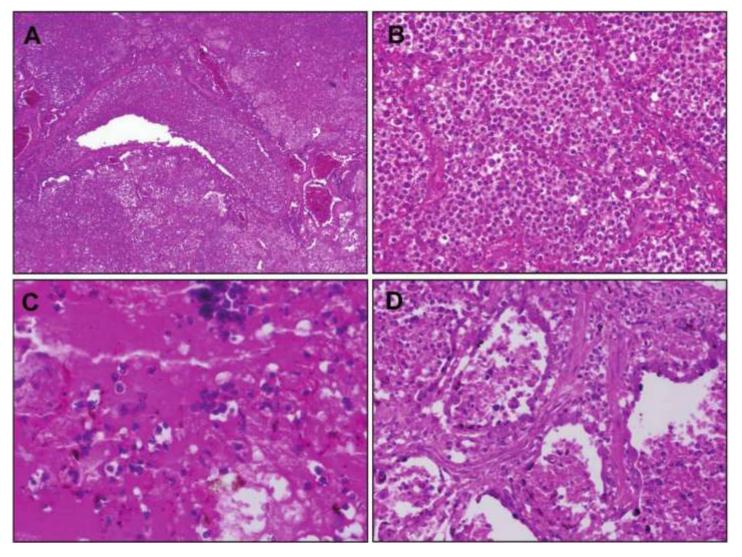
Doo Ryeon Chung, MD, PhD
Samsung Medical Center, Seoul, Korea



Recut tissue specimens obtained during autopsy from 58 influenza victims in 1918-1919



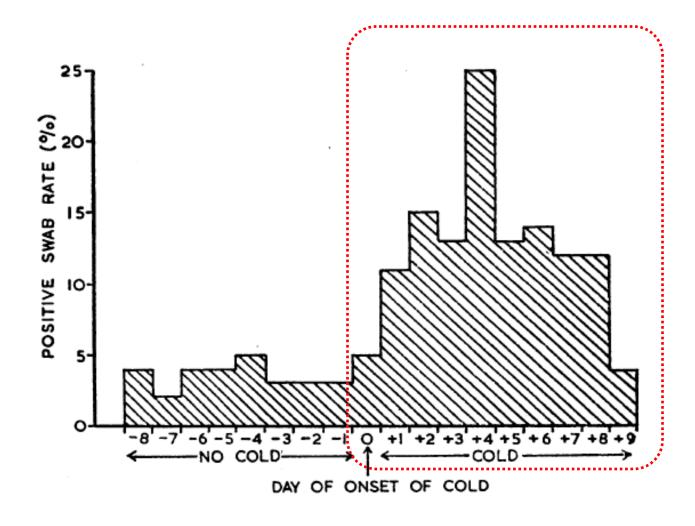
Bacterial culture results in autopsy series involving 96 postmortem cultures of lung tissue from victims of the 1918 –1919 influenza pandemic

| | | No. (%) of cultures from which organism was recovered, by organism | | | | | | | |
|--|----------------|--|------------|--------------------------|---|--------------------------|------------------------|-------------------|--------------|
| Type of autopsy series | No. of results | nnaumoniaa | | Staphylococcus aureus | Diplococcus intracellulare meningitidis | Mixed pneumopathogens | Bacillus influenzae | Other bacteria | No growth |
| All military (n = 60) | 3515 | 855 (24.3) | 615 (17.5) | 263 (7.5) | 40 (1.1) | 707 (20.1) | 387 (11.0) | 484 (13.8) | 164 (4.7) |
| All civilian (n = 36) | 1751 | 380 (21.7) | 281 (16.0) | 164 (9.4) | 1 (<0.1) | 398 (22.7) | 132 (7.5) | 339 (19.4) | 56 (3.2) |
| All military and civilian (n = 96) | 5266 | 1235 (23.5) | 896 (17.0) | 427 (8.1) | 41 (0.8) | 1105 (21.0) | 519 (9.9) | 823 (15.6) | 220 (4.2) |
| All higher- quality military and civilians (n = 68) | 3074 | 712 (23.2) | 553 (18.0) | 238 (7.7) | 21 (0.7) | 828 (26.9) | 144 (4.7) | 353 (11.5) | 225 (7.3) |
| Predominance of pneumopathogens not confirmed (n = 14) | 1115 | 209 (18.7) | 132 (11.8) | 52 (4.7) | 0 (0.0) | 24 (2.2) | 210 (18.8) | 402 (36.1) | 86 (7.7) |

In the 68 higher-quality autopsy series, in which the possibility of unreported negative cultures could be excluded, 92.7% of autopsy lung cultures were positive for 1 bacterium

The role of upper respiratory viral infections in pneumococcal transmission

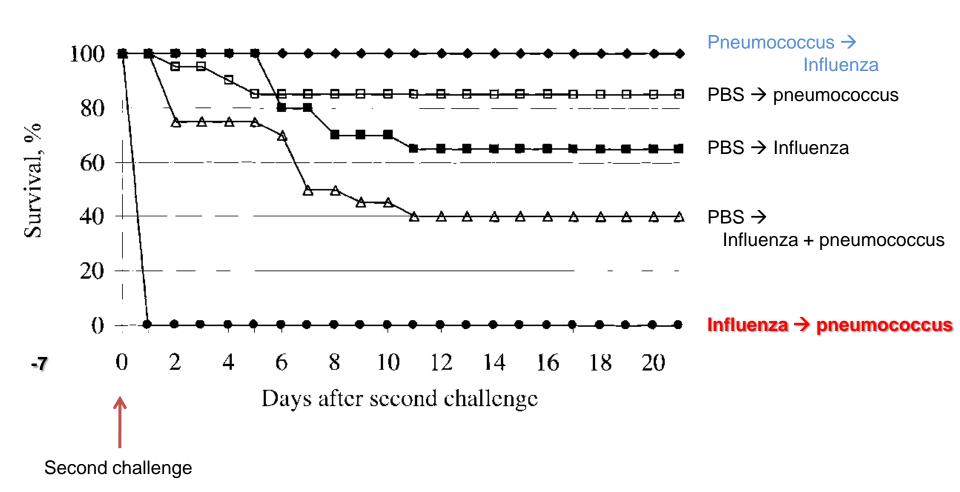
Relationship between pneumococcal colonization and onset of acute coryza



Aspects of innate immunity that mediate the interaction between influenza and pneumococcus

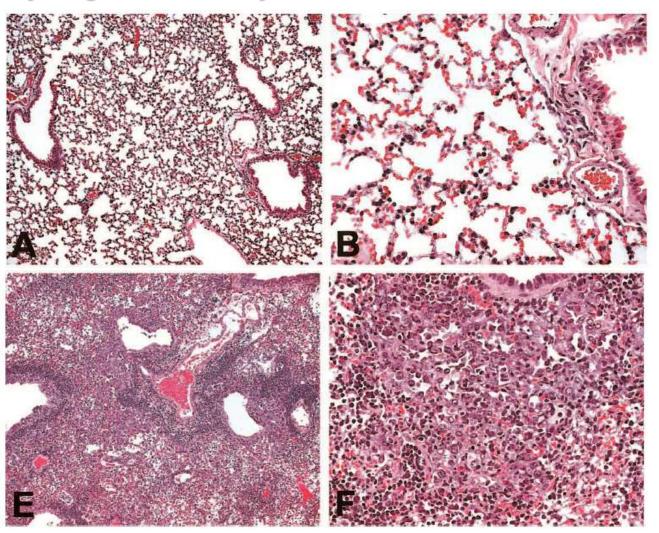
Synergistic mortality in mice

Mount Sinai strain of mouse-adapted influenza virus A/Puerto Rico/8/34(H1N1)



Aspects of innate immunity that mediate the interaction between influenza and pneumococcus

Synergistic mortality in mice

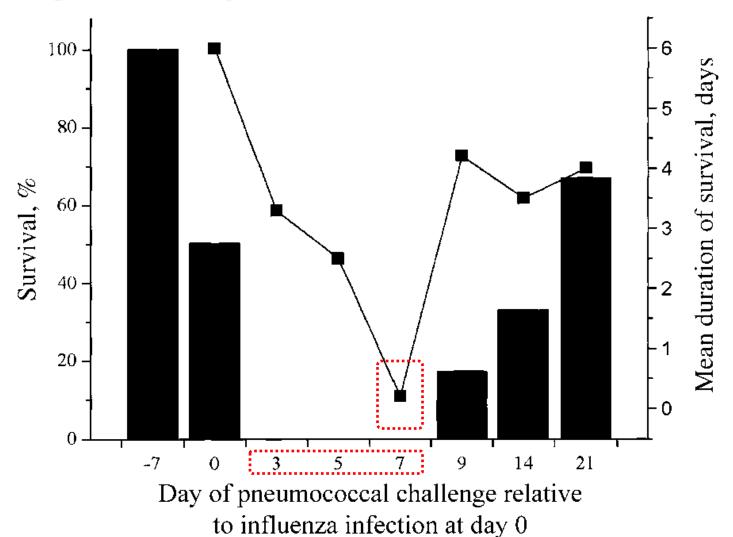


PBS
→Pneumococcus
(non-lethal dose)

Influenza → pneumococcus

Aspects of innate immunity that mediate the interaction between influenza and pneumococcus

Synergistic mortality in mice



Evidence for an interaction between various viral respiratory infections and the pneumococcus during seasonal pneumonia

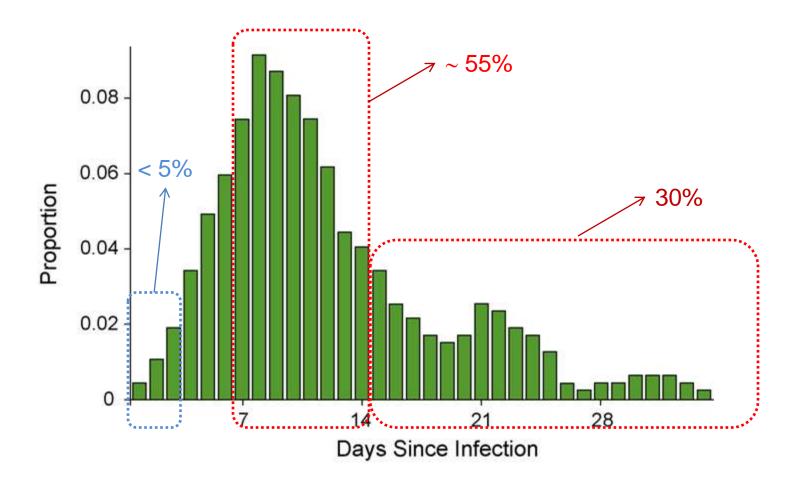
Case-control study, an outbreak of severe pneumococcal pneumonia among children in Iowa from 1995 to 1996

Children with evidence of influenza-like illness in the preceding 7–28 days

→ 12.4-fold greater risk of developing serious IPD compared with children without influenza-like illness.

Evidence that the pneumococcus was responsible for a considerable fraction of the influenza-associated mortality in 1918

Timeline post-infection of influenza deaths—1918 epidemic



Evidence that the pneumococcus was responsible for a considerable fraction of the influenza-associated mortality in 1918

Blood cultures of living influenza pneumonia patients in the 1918 camp pandemic

| | | ge ^{ree} | | | |
|---------------------------------|-----------------------------------|--|---------------------------------|--|------------------------------------|
| Camp | Number of blood cultures taken | Number (%) of positive blood cultures | Number positive for pneumococci | Number positive for haemolytic streptococci | Number positive for other bacteria |
| Camp Grant [54] | 90 | 45 (50.0%) | 45 | 0 | 0 |
| Camp Beauregard [55] | 111 | 54 (48.6%) | 50 | 3 | 1 |
| Puget Sound Navy Yard [56] | 52 | 24 (46.2%) | 0 | 23 | 1 |
| Flanders and France [57] | 33 | 13 (39.4%) | 13 | 0 | 0 |
| Fort Riley [58] | 17 | 6 (35.3%) | 3 | 3 | 0 |
| Scottish Hospital [59] | 15 | 5 (33.3%) | 5 | 0 | 0 |
| DC Navy Hospital [60] | 40 | 10 (25.0%) | 8 | 0 | 2 |
| Camp Devens [61] | 118 | 28 (23.7%) | 27 | 1 | 0 |
| Camp Travis [52] | 178 | 21 (11.8%) | 21 | 0 | 0 |
| American Troops in England [53] | 126 | 14 (11.1%) | 12 | 2 | 0 |
| Camp Sherman [47] | 100 | 6(6.0%) | 6 | 0 | 0 |
| Camp Lee and Camp Dix [62] | 136 | 5 (3.7%) | 5 | 0 | 0 |
| Camp Custer [63] | 510 | 11 (2.2%) | 1 | 10 | 0 |
| Camp Cody [51] | 248 | 4 (1.6%) | 3 | 1 | 0 |
| Total | 1774 | 246 (13.9%) | 199 | 43 | 4 |
| | , | · | | ; | |
| | | | | | |

81% of bacteremia 11% of cases of influenza pneumonia

Evidence that the pneumococcus was responsible for a considerable fraction of the influenza-associated mortality in 1918

Camp Jackson, South Carolina
312 post-mortem lung cultures (percutaneous needle aspiration)

| | No. (%) |
|---------------|----------|
| S. aureus | 153 (49) |
| S. pneumoniae | 139 (45) |

*Mixed cultures 27%

... suggesting the possibility of some skin contamination during autopsy or needle aspiration

Novel influenza A (H1N1)

- CDC , postmortem lung specimens
 from patients with fatal cases of 2009 pandemic influenza A (H1N1)
- May 1–August 20, 2009
- 77 U.S. patients with fatal cases
- Immunohistochemical assays/PCR (16S ribosomal DNA)
- Evidence of concurrent bacterial infection

```
22 /77(28.6%)
```

including 10 (13.0%) caused by *S. pneumoniae*

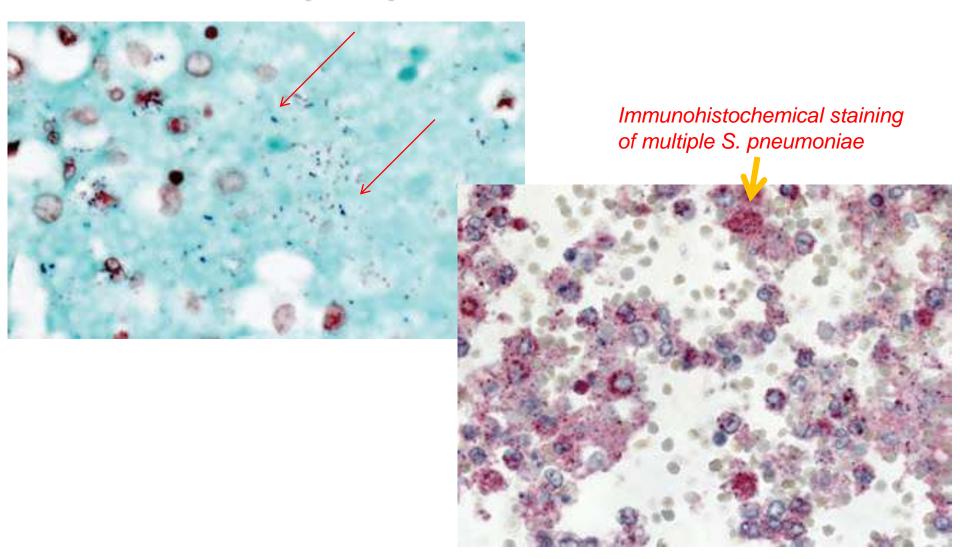
7 (9.1%) *S. aureus*

6 (7.8%) *S. pyogenes*

2 (2.6%) *S. mitis*

1 (1.3%) *H. influenzae*

Novel influenza A (H1N1)



Pathophysiological interactions between influenza and bacterial respiratory pathogens

