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## The three newest emerging influenza H10N8, H5N6 and H6N1: comparison of its morbidity and mortality

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To the editor,

Sir, the emerging influenza infection is the present global concern. There are many new emerging influenza infections at present and those infections are usually problematic. Of several new infections, the most recent emerging ones include to H6N1, H5N6 and H10N8 influenza infections. To learn the natural history of those three new emerging infections is very interesting and can give the data for further referencing. Here, the authors briefly analyzed on the natural history focusing on morbidity and mortality of the three newest emerging influenza H6N1, H5N6 and H10N8[1,2]. Based on the present available data (15 May 2014), there are 3 cases, 1 case and 1 case of H10N8, H5N6 and H6N1 influenza infections, respectively. All cases presented to the physician with complaint of acute respiratory illness. The mortality rates in H10N8, H5N6 and H6N1 influenza infections are equal to 66.7% (2 from 3 cases), 100% (1 case) and 0%, respectively. Based on these information, it might be hypothesized that the severity of the infections range from mild to severe as the following H6N1, H10N8 and H5N6 influenza infections. However, it should be noted that this is only a single way analysis, there are many factors that can affect the severity including number of day after illness at visit, patient's underlying disease, environment,

physician experience, availability of antiviral drug as well as hospital facilities[3–5].

### Conflict of interest statement

We declare that we have no conflict of interest.

### References

- [1] Wei SH, Yang JR, Wu HS, Chang MC, Lin JS, Lin CY, et al. Human infection with avian influenza A H6N1 virus: an epidemiological analysis. *Lancet Respir Med* 2013; 1(10): 771-8.
- [2] García-Sastre A, Schmolke M. Avian influenza A H10N8-a virus on the verge? *Lancet* 2014; 383(9918): 676-7.
- [3] Fleming DM, Durnall H. Ten lessons for the next influenza pandemic—an English perspective: a personal reflection based on community surveillance data. *Hum Vaccin Immunother* 2012; 8(1): 138-45.
- [4] Van Kerkhove MD, Ferguson NM. Epidemic and intervention modelling—a scientific rationale for policy decisions? Lessons from the 2009 influenza pandemic. *Bull World Health Organ* 2012; 90(4): 306-10.
- [5] Punpanich W, Chotpitayasunondh T. A review on the clinical spectrum and natural history of human influenza. *Int J Infect Dis* 2012; 16(10): e714-23.

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