

Overseas briefs

Sources: World Health Organization (WHO) and Pacific Public Health Surveillance Network

Influenza vaccine for the 1997-1998 northern hemisphere season

The composition for the influenza vaccine for the 1997-1998 northern hemisphere season was announced at a meeting of international experts that was held at the World Health Organization headquarters in Geneva on 19 February. The three components to be included are: an A/Wuhan/359/95(H₃N₂)-like strain, an A/Bayern/7/95(H₁N₁)-like strain and a B/Beijing/184/93-like strain. This differs from last year's composition in that the A/Bayern/7/95(H₁N₁) like strain replaces an A/Singapore/6/86(H₁N₁)-like strain.

During the 1996-1997 season several countries in the northern hemisphere reported moderate to severe influenza epidemics. Influenza activity in several countries in western Europe and in north America reached a peak during December 1996 or January 1997 whereas in central and eastern Europe activity increased around mid-January. Influenza A viruses were isolated worldwide and were largely of the influenza A(H₃N₂) subtype. However, most isolates from Asia were influenza B, although in Japan influenza A(H₃N₂) was most prevalent. In North America and parts of Europe, influenza B was frequently reported either along with, or following influenza A. A few laboratory confirmed cases of influenza A(H₁N₁) have been reported since October 1996. Further information is presented in the *WHO Weekly Epidemiological Record* No. 9 published on 28 February.

Typhoid fever, Tadjikistan

On 13 February WHO was informed of a new outbreak of typhoid fever in Tadjikistan. It is estimated that at least 3,000 cases have occurred in the capital city Dushanbé. Other reports indicate this to be a low estimate and that the disease has also spread outside the capital. Case fatality rates have been recorded as around 1%.

Salmonella typhi has been confirmed by local and international laboratories. While the results of antibiotic sensitivity tests have been contradictory, in view of the current low case fatality rates WHO recommends the continued use of chloramphenicol and co-trimoxazole pending further investigations. Those who do not respond and high-risk groups (infants and the elderly) should be given ciprofloxacin.

Dengue

Cook Islands. The weekly number of dengue fever cases has increased steadily on the island of Rarotonga since the beginning of January 1997. Up to 15 February 1997, 123 cases had been confirmed of which 39 had been hospitalised - none of them severely ill. Only dengue type 2 has been isolated in this outbreak. WHO has sent an expert to assess current control measures.

French Polynesia. From August 1996 to 16 January 1997, the total number of reported cases of Dengue 2 in French Polynesia was 3,908, with 979 cases confirmed. Suspected cases were reported first from the Tuarnotu-Gambier group, and later from the Marquesas islands. Approximately 330 cases were hospitalised.

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Contributions covering any aspects of communicable disease are invited. Instructions to authors can be found in *CDI* 1997;21:9.

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