WHO Announces Flu Vaccine Formula for 1998–1999

International experts at the World Health Organization (WHO) have changed two of last year's vaccines in announcing the formulas for 1998–1999.

This year's vaccine composition differs from last year's in that the A/Sydney/5/97(H3N2)-like and A/Beijing/262/95(H1N1)-like virus strains replace the A/Wuhan/359/95 (H3N2)-like and A/Bayern/7/95 (H1N1)-like virus strains. As in previous years, the specific viruses used in vaccine manufacturing in each country will need to be approved by the national disease control authorities.

Three main antigenic types of influenza viruses are currently circulating among the world's population. These viruses all have a remarkable capacity to change their antigenic characteristics from year to year. They are known as A(H1N1), A(H3N2) and B. At present there is no evidence of current human infection with influenza A(H5N1) virus—the avian flu—or evidence of spread beyond the initial focus in Hong Kong.

Between October 1997 and February 1998, influenza was reported in Africa, the Americas, Asia, Europe, and Oceania. During the first three months of this period, influenza occurred sporadically in many countries in the northern hemisphere while outbreaks continued to be reported in a few countries in the southern hemisphere. In January 1998, North America and some countries in Asia had widespread influenza activity while in Europe influenza increased from early February.

Influenza A viruses were predominantly of the A(H3N2) subtype; in some countries influenza A(H1N1) viruses were also frequently isolated. Few laboratory confirmed cases of influenza B have been reported.

Following the first case of the deadly "avian" influenza A(H5N1) in May 1997, 17 additional cases occurred in November and December in Hong Kong. Since December 28, 1997, the onset of the last case, no new cases have been reported. WHO is closely monitoring the possible spread of the A(H5N1) virus. At present, authorities find no justification for making recommendations for the production of an influenza A(H5N1) vaccine for general use. [See sidebar for an update on avian influenza.]

In light of these developments, WHO has recommended that vaccines to be used in the 1998-1999 season contain the following:

- an A/Sydney/5/97(H3N2)-like virus;
- an A/Beijing/262/95(H1N1)-like virus;
- a B/Beijing/184/93-like virus.

National public health authorities are responsible for recommendations regarding the use of the influenza vaccine. For the adult population, one dose of inactivated vaccine should be adequate. Previously unimmunized children, however, should receive two doses of vaccine, with an interval of at least four weeks between doses. ■

INFLUENZA UPDATE

Surveillance for AVIAN INFLUENZA CONTINUES

On his return from a WHO team visit to Guangdong Province in southern China in January, Dr. Daniel Lavanchy, who heads the WHO program on influenza surveillance, said, "We were very impressed with the high quality of the surveillance activities that had been implemented by the Chinese Government in December 1997 and January 1998. The number of specimens collected for virus isolation from patients exhibiting flu-like symptoms has increased from 20 to 1000 samples per month, while key influenza laboratories, which are part of WHO's global influenza surveillance network, are strengthening their capabilities."

The increased surveillance, the result of the avian flu (H5N1) scare, was being implemented with the full support of the local and central governments. WHO, in conjunction with its Collaborating Center for Reference and Research on Influenza at CDC, has distributed H5N1 test kits to laboratories in Guangzhou and Shenzhen in order to standardize laboratory diagnosis.

But Lavanchy stressed that "even though, with the increased surveillance, no cases of human infection with H5N1 virus in Guangdong Province have been identified, there is still the need to remain vigilant, because if the H5N1 virus adapts to humans, it could lead to the transmission of a highly virulent strain from person to person."

In fact, since 1994, the Guangdong Province Agriculture Bureau has found no trace of H5N1 among the samples taken in the annual routine surveillance for avian influenza in poultry breeder and chicken farms. The Bureau is planning to complement routine surveillance with additional surveys in 1998.

After a slaughter of all the chickens in Hong Kong, authorities resumed importation of chickens from mainland China in February 1998. Requirements include additional inspection and blood testing at chicken farms prior to export, with complementary testing for avian influenza upon arrival in Hong Kong. Chickens are segregated from live ducks and other waterfowl at all levels to minimize the risk of transmission of the H5N1 virus from waterfowl to chickens.

WHO also stressed that there is no public health reason for other countries to ban the importation of chicken and chicken products from China, including Hong Kong. ■

New WHO Director General Nominated

Dr. Gro Harlem Brundtland has been nominated for the post of Director-General of the World Health Organization (WHO). This nomination is expected to be approved by the World Health Assembly at its May meeting. The new Director-General is scheduled to take office in July.

Dr. Brundtland was born in 1939 in Oslo, Norway. She studied medicine at the University of Oslo, from which she obtained her MD degree in 1963. In 1965, she received an MPH from Harvard University.

From 1965 to 1967, Dr. Brundtland served as Medical Officer at the Norwegian Directorate of Health. From 1968 to 1974, she was Assistant Medical Director at the Oslo Board of Health Department of School Services. In 1974, Dr. Brundtland was appointed Minister of Environment, a position she held for five years. Appointed Prime Minister for the first time in 1981, Dr. Brundtland held this position three times, with her latest service from 1990 to October 1996.

Among her numerous international positions, Dr. Brundtland chaired the World Commission on Environment and Development, which coined the concept of "sustainable development" and made recommendations leading to the Earth Summit in Rio de Janeiro in 1992. ■

Vaccines Under Development Could Save Up to Eight Million Lives Yearly

Although up to four million lives could be saved by the full deployment of existing but underused vaccines, more than eight million children and adults die each year from diseases preventable by vaccines currently under development, according to a report published by the Children's Vaccine Initiative (CVI). These are pneumococcal pneumonia in children, 1.2 million; rotavirus diarrhea, 600,000; other diarrheal diseases, two million; acute respiratory virus infections, 400,000; malaria, two million; and HIV/AIDS, 2.3 million.

The development and testing of some of these new vaccines are expected to be completed by the year 2005, says the report, *Managing Opportunity and Change: A Vision of Vaccination for the 21st Century.* Like other vaccines, those under development would be very cost effective. The report calculates global heath expenditures approaching some $2 trillion annually, with approximately $10 billion spent annually on vaccinations. Just $1 billion is spent on vaccine research annually, 0.05 % of total health expenditures.

While industrialized countries will see the first use of these vaccines, the Strategic Plan of the Children's Vaccine Initiative contains strategies for accelerating their availability to all countries at "affordable" prices.

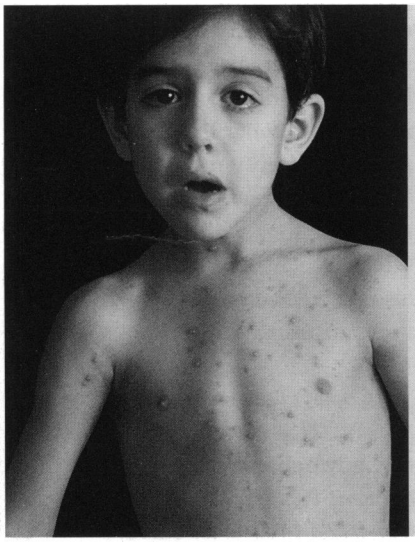
The Children's Vaccine Initiative is co-sponsored by the United Nations Children's Fund, the United Nations Development Program, the World Health Organization, the World Bank, and the Rockefeller Foundation.

The Strategic Plan builds on the success in delivering the six basic infant vaccines—low-cost vaccines have been provided to the developing world to prevent polio, diphtheria, tetanus, pertussis, measles, and tuberculosis, and 80% of the world's children have been immunized. Each year, the lives of between two and three million children have been saved from the targeted preventable diseases.

The Strategic Plan recommends the following disease control goals:

- Effective global control of measles, hepatitis B, *haemophilus influenzae* type B, and rubella through broader implementation in all regions by no later than 2005;
- Accelerated development and introduction of priority new and improved vaccines that will reduce deaths due to infectious diseases and increase the number of diseases preventable through immunization;
- Development of vaccines and vaccination techniques that simplify immunization programs through such means as oral or other mucosal delivery or reducing the number of injections.

Further information may be obtained from the Secretariat of the Children's Vaccine Initiative, M233, 20 Avenue Appia, CH-1211 Genève 27 Switzerland, tel. +41 22 791 4799; fax +41 22 791 4888; e-mail <cvi@who.ch>. ■



CUSTOM MEDICAL STOCK PHOTO

Chicken Pox VACCINE COVERAGE EXPANDS

Add chicken pox to the list of childhood diseases now effectively controlled by immunization.

Before the varicella (chickenpox) vaccine became available, approximately four million cases, 105 deaths, and 4000 to 9000 hospitalizations occurred annually in the United States, according to the Centers for Disease Control and Prevention (CDC).

When the varicella vaccine was added to the recommended childhood immunization schedule in July 1996, national vaccination coverage was 19%. At the state level, the coverage ranged from 3% to 33%; in urban areas, from 7% to 33%.

As of April through June 1997, national coverage was at 25%. CDC expects the upward trend for varicella vaccine coverage will continue. ■

REPORT OF INTEREST

Comprehensive Survey of WORKING WOMEN'S HEALTH Issued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The Department of Health and Human Services (DHHS) has issued the first comprehensive report on the health and well-being of America's working women.

Women: Work and Health profiles key statistics for the more than 60 million women who are part of the U.S. labor force, using data from DHHS and the Departments of Labor and Commerce.

Since 1950, women's rate of participation in the labor force has increased at least 170% so that today more than one-half of adult women work. During that period, women as a proportion of the labor force doubled from one in four to nearly half of today's workers. This report describes the sociodemographics, household characteristics, and health of women according to workforce status and job conditions, with comparative data for men.

Highlights of the report show:

- Overall, women die from work-related injuries at a substantially lower rate than men.
- Industries with highest fatality rates are the same for both men and women: mining, agriculture, construction, and transportation
- More men than women are victims of homicide in the workplace, but workplace homicides are proportionately greater among women, accounting for almost half of women's job-related fatalities.
- For both women and men, job-related injuries most frequently affected the back. Among the nine million working women who had back pain, about one-third attributed their back pain to work-related activities or injuries. More than half of the women employed in service or blue collar occupations and almost half of the working black women attributed their back pain to work.

Employers are an important source of private health insurance: 73% of working women and 71% of working men cited employers as source of insurance, whereas only 46% of women not in the labor force and 47% of men not in the labor force cited the employer of a family member as the source of private health insurance. Three-quarters of working women had private insurance paid in full or in part by their employer or union.

The report includes chapters on: workplace characteristics; health effects attributed to work—such as work injuries, illnesses, and fatalities; health status as it affects work; knowledge of health risks and behaviors and worksite health promotion programs; and health-related employee benefits.

The report was produced by the National Center for Health Statistics and the National Institute for Occupational Safety and Health and the Women's Bureau in the U.S. Department of Labor, with support from the CDC Office of Women's Health. It also includes data from the Bureau of the Census.

Copies of the report are available on the NCHS Home Page at **www.cdc.gov/nchswww/** *and from the Government Printing Office, stock number 017-022-01402-5, for $6.50.* ■

U.S. and Russia COOPERATE in Infectious Disease Research

A U.S.-Russian cooperative program that engages specialists from the former Soviet Union's biological weapons complex in research on highly infectious diseases could further important U.S. national security and public health goals, concludes a report from a committee of the National Academy of Sciences (NAS).

The recommended program, called the Pathogens Initiative, would support research projects at Russian institutes focusing on the prevention, diagnosis, treatment, and epidemiology of highly infectious diseases.

Russian specialists would collaborate with scientists from the U.S. government, the academic community, and private laboratories. The cooperative effort would cost the United States approximately $38.5 million over its five-year duration.

"Bilateral cooperation on researching dangerous pathogens not only is important in combating diseases that are spreading rapidly throughout the world, but also would reduce the possibility that Russian scientists faced with serious economic problems might develop connections with parties interested in using their knowledge for hostile purposes," said committee chair Joshua Lederberg, a Nobel laureate in medicine and Sackler Foundation Scholar at Rockefeller University.

The committee recognized that some of the medical and biotechnology expertise used in diagnosing and combating highly infectious diseases also could be used to support the development of biological weapons. "The risk is genuine," Lederberg said, "but if joint projects are carefully designed and carried out in an environment of transparency—featuring regular reciprocal visits of scientific collaborators—the risk of abusing the research would be low, while the benefits for national security, public health, and science could be substantial."

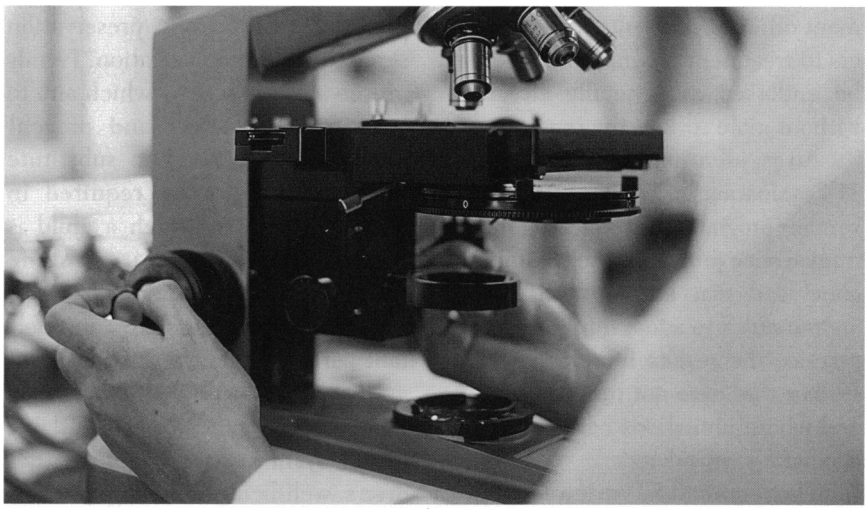
This joint program also represents an opportunity for both Russia and the United States to reach mutual public health goals, the report notes. By combining their expertise, researchers could improve understanding of the microbiology and epidemiology of dangerous pathogens; strengthen capabilities to prevent, diagnose, and treat infectious diseases; and improve international surveillance of global infectious disease trends and outbreaks.

The report highlights seven research areas that would form the initial framework of the Pathogens Initiative, among them the study of anthrax, melioidosis/glanders, plague, orthopoxviruses, and viral hemorrhagic fevers. These pathogens historically have been linked with biological weapons.

Two additional program areas would support key Russian defense scientists and American collaborators interested in pursuing biomedical research in other areas of public health concern, such as tuberculosis. All potential projects should be judged competitively, the committee said, to ensure high quality activities.

The Department of Defense should provide financial support for the initiative, the report recommends. The estimated costs to the United States are $6 million for the first year, $7 million for the second year, and $8.5 million for each of the three final years. Of this, more than half of the funds would go directly to support activities in Russia, with the remainder used to support the American collaborators and program development and evaluation. Russian institutions would be expected to cover most of their own costs as soon as possible. If the five-year initiative is deemed successful, the program should continue and be expanded, the report says.

Controlling Dangerous Pathogens: A Blueprint for U.S.-Russian Cooperation *is available from the National Academy of Science Committee on International Security and Arms Control, 2101 Constitution Ave. NW, Washington DC 20418; tel. 202-334-2811.* ■



Ways to Stop FAMILY VIOLENCE Need to Be Evaluated

Each year, the nation spends billions of dollars to curb family violence. But a report from a committee of the National Research Council and the Institute of Medicine says that most of the money supports an array of treatment and intervention efforts that have not been evaluated for their impact and effectiveness.

Although some of the approaches used by local law enforcement, social service, and health officials may be working, none has been tested adequately to determine what works best in a given situation. Even common strategies, such as requiring health care workers to report possible child abuse and neglect to law enforcement officials and sentencing batterers to treatment programs cannot yet be endorsed as generally effective without more review, the report says.

After identifying and studying 114 evaluations of treatment and prevention programs and soliciting input from service providers, the committee concluded that local officials often are too quick to adopt into policy and practice the results from small-scale studies that have not been replicated and whose limitations have not been adequately considered.

The committee reviewed community and state efforts designed to eliminate the problems of child abuse and neglect, domestic violence, and elder abuse. Health care, law enforcement, and social service interventions for family violence commonly exist side by side within a community, in an uncoordinated system that is largely undocumented and poorly understood.

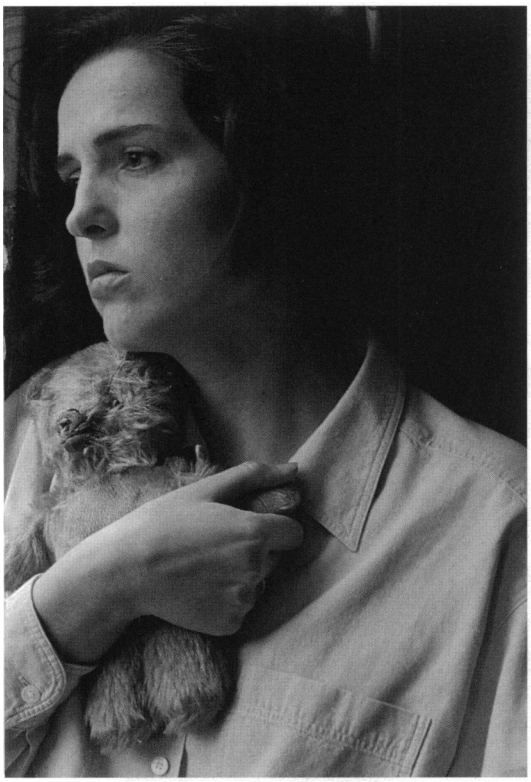
Further, the committee found that many local officials place too much emphasis on after-the-fact interventions instead of on programs aimed at prevention, such as home visitation services or community-based support programs for families and individuals.

Enough is known, however, to guide sound policy on two strategies: intensive family preservation services and home visitation. Family preservation services—which aim to keep families intact and prevent placement of a child in substitute care—should not be required in every situation in which a child is recommended for out-of-home placement, the report says. Although such efforts are an important part of the range of family support services within a community, they may not address the underlying family dysfunction or improve children's well-being and might sometimes keep children in dangerous environments.

More promising are home visitation programs, an approach that should particularly be encouraged for first-time parents with risky behavior patterns or families in settings with high rates of child abuse reports.

Health care providers and others in all 50 states are required to report every suspected incident of child abuse or neglect to local officials. The surge in reported cases following the enactment of the mandatory reporting laws has led to a tremendous increase in the number of cases handled by social service agencies, whose resources to investigate these reports are often limited. Fewer than half of the reported cases are substantiated, and it is unclear whether mandatory reporting has been effective in reducing the abuse and neglect problem.

The committee called for the development of safeguards to im-



prove the documentation of abuse and family violence in health care and social service records. Such documentation is recommended especially for voluntary disclosures by both victims and offenders to enhance early and coordinated interventions that can provide a therapeutic response to experiences with abuse or neglect. But safeguards are necessary to ensure that documentation of abuse and histories of family violence do not lead to victim stigmatization, encourage discrimination, or violate privacy and confidentiality.

Among the nine interventions that the committee recommends for further evaluation are protective orders and shelter programs for domestic violence; mental health and counseling services for child maltreatment and domestic violence; child witness-to-violence programs; and training programs for service providers. Researchers, service providers, and policy makers should work together to generate approaches that can improve programs and services for family violence in local communities.

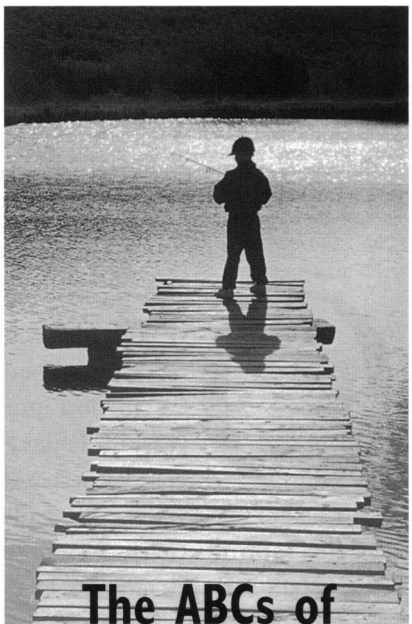
The study was funded by the Carnegie Corporation of New York and the Departments of Health and Human Services and Justice.

Copies of Violence in Families: Assessing Prevention and Treatment Programs *are available from the National Academy Press, 2101 Constitution Ave. NW, Washington DC 20418; tel. 202-334-3313 or 800-624-6242 for $39.95 (prepaid) plus shipping charges of $4 for the first copy and 50 cents for each additional copy.* ■

UPCOMING CONFERENCE

***Equity in Health across the World: Neoliberalism or New Welfare?*, the 10th Congress of the International Association of Health Policy (IAHP), will be held on September 23–26 in Perugia, Umbria, Italy. The participants will debate whether and to what extent inequalities created or enhanced by Western-style market-oriented policies toward global development are affecting the health conditions of different populations.**

For more information contact the Secretary of the local committee: tel. +39 75 504 2056; fax +39 75 504 2095; e-mail <gb@unipg.it>. ■



The ABCs of Environmental Diseases

In a world increasingly concerned about environmental hazards, how do young people gain a clear understanding of what is meant by "environmental health"? In an effort to teach them in a fun way, the National Institute of Environmental Health Sciences (NIEHS) has published a brightly illustrated, eight-page booklet geared to middle-schoolers but informative to adults as well.

***Environmental Diseases from A to Z* covers topics from allergies to zinc poisoning, job-related illnesses to water-borne diseases. The biggest challenge to its author? Coming up with the single best environmental illness to match each letter of the alphabet.**

The booklet is available at no charge from the NIEHS Office of Communications, MD EC-12, PO Box 12233, Research Triangle Park NC 27709, Attn.: John Peterson; e-mail <booklet@niehs.nih.gov>. ■

CHILDREN'S HEALTH INSURANCE

Over the next 10 years, states will be guaranteed $4 billion per year in Federal grants to expand health insurance coverage for children in families with incomes below 200% of the poverty level who are not eligible for Medicaid. The State Children's Health Insurance Program (SCHIP), enacted in 1997, represents the single largest Federal commitment to child health since Medicaid, potentially covering an additional seven million children. The myriad of policy choices facing states is complex. How many additional children will receive health care coverage will depend on how well states choose approaches and implement programs.

Expanding Health Coverage for Children: Matching Federal Policies and State Strategies, a report commissioned by the Reforming States Group and the Milbank Memorial Fund, describes the policy choices that states have under the SCHIP program. Summaries of 12 states' initiatives highlight specific issues that have emerged and lessons that already have been learned.

The report is available free of charge from the Milbank Memorial Fund, 645 Madison Ave., 15th Fl., New York NY 10022; tel. 212-355-8400; e-mail <mmf@milbank.org>. ■

State Statutes and Public Health

States historically have met the threat of infectious diseases with a patchwork of laws, standards, and procedures enacted to prevent or control specific diseases. A new Milbank report suggests that most of these statutes have not kept up with scientific developments, do not comply with constitutional requirements, fail to articulate clear criteria or ensure due process procedures for exercising public health powers, and fail to provide strong privacy protections relating to the collection and dissemination of infectious disease information. *Improving State Law to Prevent and Treat Infectious Disease* recommends ways in which states can amend existing or enact new laws guided by clear criteria and procedures in order to improve prevention and treatment of infectious disease.

The report is available free of charge from the Milbank Memorial Fund, 645 Madison Ave., 15th Fl., New York NY 10022; tel. 212-355-8400; e-mail <mmf@milbank.org>. ■