Current News

FLU ACTIVITY CALLED THE LOWEST IN 4 YEARS

23 March (icanNEWS)—Influenza activity in the United States peaked at the end of January, and activity has remained moderate and lower than the previous 3 seasons, according to a report in the 23 March Morbidity and Mortality Weekly Report [1].

The predominant influenza strain circulating this year, influenza A (H1N1), last circulated widely in the United States during the 1995–96 and 1988–89 seasons. Influenza A (H1N1) viruses circulated from 1918 to 1957, then didn’t reappear until 1977. “Since their reappearance in 1977, influenza A (H1N1) viruses have had less impact on persons born during or before the mid-1950s than on those born after that time, probably because immunity developed during the 1940s and 1950s,” the report says.

The percentage of pneumonia and influenza deaths has remained below the epidemic threshold throughout the season so far. During the previous 3 seasons, the percentage of deaths attributed to pneumonia and influenza was above the epidemic threshold for 10 consecutive weeks each season.

Patient visits to sentinel physicians for influenza-like illness peaked at 4.1% during the week ending 27 January, the report says. Although the predominant influenza strain circulating this season has been influenza A (H1N1), the proportion of influenza B virus isolates has been increasing. During the weeks ending 24 February, 3 March, and 10 March, 70% of isolates nationwide were influenza B.

Reference


APPARENT ERADICATION OF A POLIOVIRUS RAISES HOPE FOR VICTORY OVER OTHERS

30 March (icanNEWS)—Wild poliovirus type 2 appears to have been eradicated, an event that fuels hope for the long-sought goal of global polio eradication, the Centers for Disease Control and Prevention (CDC) reports in the 30 March issue of Morbidity and Mortality Weekly Report [1].

The last type 2 virus isolate was from a child in India in October 1999, the CDC reports. “The apparent elimination of wild poliovirus type 2 represents a milestone for the global polio eradication initiative and an indication that the current strategies can eradicate poliovirus types 1 and 3,” the report says. “Since late 1999, the global polio eradication network has processed tens of thousands of stool specimens, including those from countries at high risk for undetected poliovirus circulation. All polioviruses type 2 isolated since October 1999 have been vaccine derived, and the declining genetic diversity of the last wild isolates from India is consistent with the final phase of transmission.”

The CDC notes that the World Health Organization (WHO) resolved in 1988 to eradicate polio by 2000. The Americas and the Western Pacific region have since been certified to be free of polio, Europe has had no confirmed cases in nearly 3 years, and wild poliovirus types 1 and 3 have continued to decline in other WHO regions.

Wild poliovirus type 2 occurred worldwide before the advent of the polio vaccine, but it declined quickly after the vaccine came into use, the report says. “Although the likelihood of undetected transmission decreases with time, evidence of interruption of type 2 transmission is reinforced with continued improvement in AFP surveillance, particularly in Africa, where the non-polio AFP rate and rate of timely specimen collection remain inadequate in some high-risk countries,” the CDC says.

The report concludes, “Although wild poliovirus types 1 and 3 have been more difficult to control than type 2, the experience in the Americas, Western Pacific, and Europe underscores the feasibility of global eradication of all wild poliovirus serotypes.”

Editor’s comment. The news that we are approaching the eradication of wild-type polio is gratifying. However, the recent experience in the Dominican Republic and Haiti [2] and the not-so-recent experience in Egypt serve to remind us that vaccine strains pose a threat in areas where population immunity has been allowed to wane. The importance of continuation of immunization is illustrated by the occurrence of >30 cases of paralytic polio in Egypt from 1983 through 1993 and 20 cases in the Dominican Republic and Haiti in 2000, caused by oral vaccine strains. These strains had apparently become more virulent by continued passage through a nonimmune population. The take-home message is that population immunity must be kept high, despite eradication of wild-type polio, especially in areas where oral vaccine has been the primary method of immunization [1].

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