Figure 1. Seasonal incidence of meningococcal meningitis in Chile, by month, 1979.

The most affected group were unweaned children, followed by preschool and school-age children under 10 years of age (71.6 per cent). School children over age 10 and young adults under 20 were the age group that ranked second in risk (13 per cent); the two groups represented 85 per cent of the cases reported (Table 7).

With respect to seasonal incidence, the bulk of the cases occurred in the winter-spring period (Fig. 1). In the Metropolitan Region the peak occurred in June. In Osorno the outbreak began in July and peaked in August. In the rest of the country, there was an average of 10 cases monthly between June and October followed by a decline in the last two months of the year.

As for carriers, the most recent field studies carried out in 1979 in the Metropolitan Region as part of epidemiological surveillance showed that the number of meningococcus carriers remained at levels as high as 30 per cent in some school communities, which is considered very high for the country.

The adult contacts of the meningococcal meningitis cases studied also proved to be pharyngeal carriers of Neisseria meningitidis. Although vaccination is effective in protecting 95 per cent of the population against this disease, it is not a good method of eliminating carriers.

(Source: Department of Programs Support, Ministry of Public Health, Chile.)

Production of Typhus Vaccine Discontinued in the United States

On 9 July 1980, the last U.S. manufacturer of epidemic (louse-borne) typhus vaccine discontinued production of the vaccine. In April 1980 the Bureau of Biologies, U.S. Food and Drug Administration, classified the vaccine as needing further studies to establish its efficacy. At the same time, it was determined that present production facilities were inadequate and would need to be redesigned. The manufacturer subsequently opted to cease production of the vaccine. No vaccine is now available from the manufacturer. A small amount of non-expired vaccine remains in the health-care community and will expire 25 July 1981. Canadian manufacturers also discontinued production of epidemic typhus vaccine this year.

The last U.S. outbreak of epidemic typhus was in 1922. Since then, only sporadic cases have occurred, primarily in the form of Brill-Zinsser disease (recrudescent typhus). No typhus cases are known to have occurred in an American traveler since 1950, when a person acquired the disease in Mexico. Cases of epidemic typhus are generally reported from mountainous regions of Mexico, Central and South America, the Balkans, Eastern Europe, Africa, and Asia. Even in these places, however, the risk of typhus for American travelers is extremely low, and treatment with tetracycline or chloramphenicol is curative. Currently, there are no plans for commercial production of a new vaccine in the United States.

(Source: Respiratory and Special Pathogens Branch, Viral Diseases Division, Bureau of Epidemiology, Center for Disease Control, USA.)

Editorial Comment

Several reasons contributed to the above-mentioned decision: the present low risk of infection, the effectiveness of the antibiotic in the treatment of typhus, and above all because the efficacy of the vaccine requires further investigation, as determined by an FDA expert panel.
The vaccine is now available from three main suppliers in the world: Australia and Poland manufacture the "Cox" type vaccine, while the live, freeze-dried vaccine "E" is produced by the USSR.

(Source: Morbidity and Mortality Weekly Report 29(38), 1980; AMS Newsletter 46(6), 1980; and WHO document WHO/BLG/80 1)

Reports on Meetings and Seminars

Meeting on Guidelines for the Epidemiological Surveillance of Diseases under the Expanded Program on Immunization

From 17 to 19 June 1980 a group of epidemiologists and coordinators of national vaccination programs in several countries of the Americas met at PAHO Headquarters to discuss and revise a series of guidelines for the epidemiological surveillance of poliomyelitis, measles, diphtheria, whooping cough, and tetanus.

For each of these diseases, sections were established on:
- Clinical features (epidemiological and vaccinal).
- The function of the laboratory.
- Kinds of data needed and activities to be carried on at the various administrative levels of health services.

These guidelines are now under final review and will be available during the fourth quarter of the year.

Working Group on Immunological Differences between Street Virus Strains and the Production of Rabies Vaccines

This working group was held in Washington, D.C., on 10 and 11 July 1980. It was attended by representatives of several laboratories engaged in the production of rabies vaccine and related services in Argentina, Brazil, Canada, Chile, Colombia, Mexico, the United States, and Venezuela. Also present were officers of PAHO Headquarters and the Pan American Zoonoses Center (CEPANZO).

It was emphasized during the meeting that, according to studies done at the Wistar Institute in Philadelphia, Pennsylvania, immunological differences had been established between strains of fixed rabies virus obtained from different laboratories, and it had been confirmed that there was a significant number of variants between field strains of different origins, including street virus isolated from human cases.

The Wistar Institute presented a draft protocol for the work that could be done in the countries represented at the meeting to study different strains of rabies virus. Subsequently, and on the basis of this draft, there was a discussion on how each country might carry out the proposed work, the first stage of which should be finished before the meeting of CEPANZO's Scientific Advisory Committee in November 1980.

The participants agreed on the study's importance, expressed their willingness to coordinate it with institutions in their respective countries, and summarized the means available for conducting the study. The general view was that the number of samples to be processed would be proportional to those means. The study would be based on strains isolated from human cases and, if possible, from persons who had died even though they were vaccinated.

A Wistar Institute consultant will be available to the countries participating in the study to provide any advice they may need.

The study is the first part of a research project that will continue with the typing, on the basis of monoclonal antibodies, of virus strains exhibiting atypical behavior. The monoclonal antibodies and other reagents needed will be provided by the Wistar Institute.

During the final session of the meeting, all the participants collaborated in the preparation of the research protocol.