

## WHO Tags 1999-2000 Vaccine, Prepares Flu Pandemic Plan

Experts at the World Health Organization (WHO) have recommended that the 1999-2000 influenza vaccine for the Northern Hemisphere contain the following three components:

- An A/Sydney/5/97 (H3N2)-like virus
- An A/Beijing/262/95 (H1N1)-like virus
- A B/Beijing/184/93-like virus, or
- A B/Shangdong/7/97-like virus.

WHO recommends that decisions about the most appropriate B component be made by national control authorities on the basis of epidemiologic data.

The three strains were chosen because influenza A(H3N2), A(H1N1), and influenza B viruses continued to circulate widely during the 1998-1999 influenza season. A(H3N2) and influenza B viruses predominated, while A(H1N1) viruses were isolated occasionally.

For the first time, WHO will distribute a pandemic plan that will emphasize the issues appropriate for the organization and its member states to consider in making prepa-

rations for an eventual influenza pandemic.

WHO's Global Surveillance Program for influenza consists of 110 national influenza centers in 83 countries plus four Collaborating Centers for Virus Reference and Research, located in Australia, Japan, the United Kingdom, and the United States. WHO plans to strengthen global surveillance by establishing national influenza centers in countries that do not have them.

Despite three global influenza epidemics in 1918, 1957, and 1968, more people have died in this century from influenza complications during seasonal epidemics than during pandemics. ■

## WHO Pushes First Cervical Cancer Vaccine

There are several strong candidates for the first-ever genetically engineered cervical cancer vaccine, according to scientists participating in a World Health Organization (WHO) meeting in February 1999 on the current status of development of a prophylactic vaccine against human papillomavirus (HPV) infection.

If successful, this will be the second vaccine against a major human cancer. (The first was hepatitis B vaccine, which prevents primary liver cancer.)

In North America and Western

Europe, cancers attributable to HPV represent from 3% to 5% of all cancers in women, but in Latin America, Southwest Asia, and sub-Saharan Africa, the proportions reach 20% to 24%.

HPV's role in triggering cervical cancer was discovered in 1983. WHO's International Agency for Research on Cancer in Lyon, France, has been a leader in the epidemiologic and laboratory studies needed to understand the disease. Today, researchers in several countries are working on the prototype vaccine. They have chosen different paths, but most are based on genetically engineered

VLPs (virus-like particles) composed of the outer structural proteins of HPV. Some groups are trying to create a prophylactic vaccine, while others are developing a therapeutic vaccine for women who are already infected. Others are combining the two approaches.

Participants at the WHO meeting agreed that in terms of public health prevention, a prophylactic vaccine should be given priority. Dr. Theresa Aguado, WHO Department of Vaccines and Other Biologicals, explained, "A prophylactic vaccine would ideally be targeted to a young population that has not yet become sexually active, although older people may also benefit from such a vaccine." ■