

The product information should also include a statement to the effect that the strain chosen for vaccine manufacture was endorsed by the AIVC as being antigenically equivalent to the reference virus. These additional labelling

requirements are in general conformity with the European Committee for Proprietary Medicinal Products Notes for Guidance on Harmonisation of Requirements for Influenza Vaccines.

OVERSEAS BRIEFS

Source: World Health Organization (WHO)

Yellow fever, Benin

An outbreak of yellow fever has been reported in the Department of Atakora in the north-east region of Benin. The area affected is Kerou Sous Préfecture (population 44,000) where 48 cases and 37 deaths have been recorded. The cases occurred between July and September 1996. Urgent control measures have been put into place, including an immediate epidemiological investigation, strengthening of surveillance, immediate vaccination of the exposed population, advice on the use of impregnated mosquito nets, and informing countries with common borders of the situation.

Travellers are reminded that yellow fever vaccination is obligatory for entry into Benin.

Japanese encephalitis, Nepal

There were 697 cases of suspected Japanese encephalitis (JE) reported in Nepal up to 27 September 1996. There were 118 deaths. During 1995 the total number of JE cases reported was 772 with 126 deaths. Teams from the Ministry of Health with an entomologist from the WHO Office for the South East Asian Region have been sent to the affected areas in eastern and mid-western regions where most cases have been reported.

COMMUNICABLE DISEASES SURVEILLANCE

National Notifiable Diseases Surveillance System

The NNDSS is conducted under the auspices of the Communicable Diseases Network Australia-New Zealand. The system coordinates the national surveillance of 41 communicable diseases or disease groups endorsed by the National Health and Medical Research Council (NHMRC). Notifications of these diseases are made to State and Territory health authorities under the provisions of their respective public health legislation. De-identified core unit data are

supplied fortnightly for collation, analysis and dissemination. For further information, see *CDI 1996;20:9-10*.

Reporting period 15 to 28 September 1996

There were 1,334 notifications received for this two-week period (Tables 1, 2 and 3). The numbers of reports for selected diseases have been compared with average data for this period in the previous three years (Figure 1).

Figure 2. *Haemophilus influenzae* type b infection notifications, 1991 to 1996, by month of onset

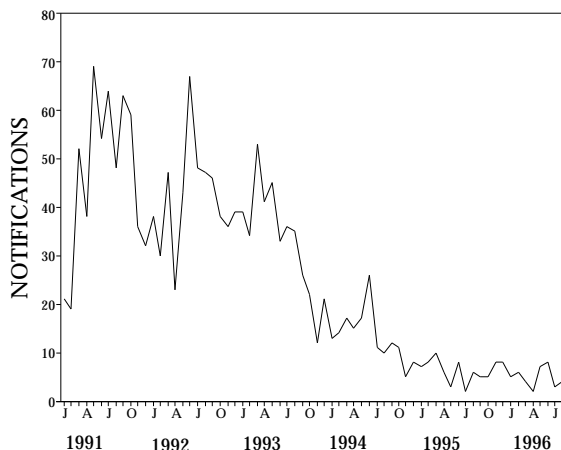


Figure 3. Ross River virus notifications, 1994 to 1996, by month of onset

