FAR EAST INFLUENZA

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The current influenza epidemic in the Far East has received world-wide and sometimes alarmist newspaper publicity. No account of the Hong Kong epidemic, from which the Malayan one presumably derived, has yet appeared in any of the medical journals to reach us. The following outline of the main aspects of the epidemic in the Federation of Malaya is therefore presented for the information of the medical profession in countries to which it may spread.

Peak Being Reached

Influenza was made a notifiable disease in the Federation on May 4 as soon as news of the epidemic in Singapore was received. The first notification in Kuala Lumpur was on May 6, and virus isolated from this patient was dispatched, after preliminary identification, to London and Washington on May 17. Although there are various defects in the figures, the notifications demonstrate the main features of the spread of the disease. By May 10 notifications were being received from most of the large towns; but the rural areas were not widely affected until about two weeks later and in many the peak is only now being reached. In each town the incidence has risen sharply during the first four or five days and has then been maintained for about three weeks. The spread in town and country is illustrated in the Table, which shows the notifications in the Perak North District, which contains one large town, Taiping, and a heavily populated rural area.

In Kuala Lumpur the majority of patients early in the epidemic were poorer people living in the most crowded and least healthy environments. Since then the disease has progressively affected those living in better circumstances, so that in the fourth and fifth weeks of the epidemic more and more patients from the upper class of Asians and among the Europeans have been seen. Asian military units have so far been much more heavily affected than the British, although in one small mixed unit the difference in rate was not marked. The apparent racial difference in incidence seems therefore more likely to be due to differences in degree of exposure and general environment and health than to immunity; influenza, after all, is not uncommon in Malaya and A-prime virus was isolated during an outbreak around Kuala Lumpur as recently as 1953.

Clinical Features

The clinical severity of the disease has varied widely, but a typical attack has the following course. Especially in children, the first complaint is usually of thirst followed in

6–12 hours by a very sore throat. On examination, a bright red velvety inflammation is characteristically confined to the posterior pharyngeal wall. About this time the temperature is around 102° F. (38.9° C.) and the pulse about 120 per minute. A generalized headache develops 3–6 hours later and in adults and adolescents is often accompanied by aching, particularly in the lower chest and lower back. Aches are uncommon in children, whose main discomforts are the sore throat and a “floating,” “bloated” headache. Tonsillar enlargement without suppuration may occur during the next 24 hours, usually in patients with chronic tonsillitis. Dry cough is common at this stage, but no crepitations have been detected in the lungs of uncomplicated cases. By the third day the cough is brassy and associated with tracheitis. During the second 24 hours the fever is maintained, but the sore throat disappears and the headache and muscular aches diminish. Recovery is usual by the fourth day, and most patients return to work after about five days' absence. Vomiting has not been marked except in those intolerant of salicylates or given solid food during the first 24 hours.

Although the incidence of influenza has been very high the number of deaths attributable to it has been very small. Most patients have been able to go to clinics for treatment, but some have been too weak to stand—about 10% in a children's clinic—and several fainted while awaiting treatment. Several young children have shown meningism, and this has been noted in three fatal cases,* which had terminal convulsions and coma. These cases were not proved virologically.

About 10% of patients return to the clinic after the third or fourth day with secondary bronchitis, tonsillitis, etc. A few patients have had a short recurrence of fever about the seventh or eighth day.

Symptomatic treatment with salicylates has been very effective when combined with strict bed rest for two to three days, a bland diet, and copious fluids. Intramuscular chloramphenicol has been given to a number of severe cases with apparent benefit, but controlled evaluation of this observation has not been possible.

Virus Strains

Several strains of virus have been isolated in this Institute by us and by the United States Army Medical Research Unit working here. Four of them have so far been sent to the World Influenza Centres in London and Washington for detailed study. Haemagglutinin-inhibition tests with the first three strains isolated at once showed that they were unrelated to strains for which antisera were available to us (i.e., A: PR8; A-prime: FM-1, FW/1/50, FLW/1/52; B: LEE, IB-1, B/Malaya/5/55). Subsequently, A/Nederlands/56 antiserum and virus were received from Dr. C. H. Andrewes (World Influenza Centre, London) and our new isolates were shown to be unrelated to it. A complement-fixation test with a representative strain has shown that the new isolates belong to type A. Paired sera (acute and convalescent phases) of patients from several parts of the Federation were tested by haemagglutinin-inhibition against the newly isolated strains and against the reference strains listed above, and significant rises in the antibody titre were found only against the new strains.

*Reported by Dr. Saraswathy, General Hospital, Kuala Lumpur.

Table Showing Notifications of Influenza in Perak North District of Malaya*

	Estimated Population, 1957	Dates: May, 1957																												
		10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31							
Urban	60,000	41	23	35†	83	335	310	488	665	351	295†	869	861	771	663	603	604	144†	640	528	551	423	304							
Rural	230,000		22			10	39	66	76		42†	59	73	222	341	76	158	37†	274	269	251	287	110							

* We are greatly indebted to Dr. S. P. Maurer, Health Officer, Perak North, for the careful daily records of notifications. † Sundays.