

Options for the Control of Influenza V

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Preface

Historically, the *Options for the Control of Influenza* series began as a Keystone symposium in 1985. The first meeting was small, with a limited number of participants. Yet, I remember exciting scientific interaction that continued late into the evening. Since that first meeting, *Options for the Control of Influenza* has expanded into an international conference with broad appeal to both clinicians and researchers. This heightened interest in the control of influenza was spurred by an outbreak of H5N1 influenza in 1997.

As researchers unraveled the mysteries of these “new” viruses, drug companies navigated new antiviral therapies designed to treat and prevent influenza through clinical trials. The development and introduction of the neuraminidase inhibitors into the market provided us with novel and improved drugs in the control of influenza. And although its impact remains unknown, last fall a live attenuated vaccine was added to our repertoire of resources to control influenza. The continual development of new antivirals and control measures underscores not only the significance of influenza, but highlights the very salient theme of this conference, options for the control of influenza.

Another important recent event in the medical field was the emergence of SARS, severe acute respiratory syndrome. In many countries, influenza laboratories were involved in several facets of at least the initial phase of this outbreak, including laboratory diagnosis. Considering the possible reemergence of SARS, major aspects of this outbreak, and importantly, the effect of the SARS outbreak relative to the influenza field, were reviewed in a minisymposium.

Since the conclusion of *Options for the Control of Influenza V*, the influenza community has been confronted with yet another outbreak of avian influenza in humans. This H5N1 influenza virus is now disseminated throughout Asia, and is known to be responsible for more than 20 human deaths. Furthermore, although officially undocumented because of an infrastructure that precludes precise epidemiology, many other deaths due to respiratory illness may well have been ascribed to H5 influenza. Thus, we are clearly facing our most serious pandemic influenza threat since the 1968 Hong Kong pandemic.

Options for the Control of Influenza V was a culmination of the efforts of the organizing committee, the program committee, and its participants. Of course, without financial support from the sponsors it would not have been possible to accomplish such an undertaking. We thank everyone who participated in this effort, as the control of influenza will always be a significant and challenging endeavor. Our final hope is that the H5N1 avian influenza viruses currently circulating in Asia do not acquire the ability for human-to-human transmission, as a pandemic would undoubtedly ensue.

Yoshihiro Kawaoka

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