Recommendations for influenza vaccines (*MMWR Recomm Rep 2009; 58(RR8): 1-52*).

The 2009 seasonal influenza recommendations state that annual vaccination be administered to all children aged 6 months-18 years for the 2009-10 influenza season; and vaccines containing the 2009-10 trivalent vaccine virus strains A/Brisbane/59/2007 (H1N1)-like, A/Brisbane/10/2007 (H3N2)-like, and B/Brisbane/60/2008-like antigens be used. Vaccination efforts should begin as soon as vaccine is available and continue through the influenza season. Approximately 83% of the United States population is specifically recommended for annual vaccination against seasonal influenza; however, <40%received the 2008-09 influenza vaccine.

COMMENTS These recommendations are available at CDC's influenza website (http://www.cdc.gov/flu). Vaccination and health-care providers should be alert to announcements of recommendation updates.

Emerging Artemisinin resistance in Asia (*N Engl J Med 2009; 361; 455-67*).

Artemisinin-based combination therapies are the recommended first-line treatment of falciparum malaria in all countries with endemic disease. There are recent concerns that the efficacy of such therapies has declined on the Thai–Cambodian border, historically a site of emerging antimalarial-drug resistance. In two open-label, randomized trials, the efficacies of two treatments for uncomplicated falciparum malaria in Pailin, western Cambodia, and Wang Pha, northwestern Thailand were studied. Recrudescence confirmed by means of polymerase-chain-reaction assay occurred in 6 of 20 patients (30%) receiving artesunate monotherapy and 1 of 20 (5%) receiving artesunate–mefloquine therapy in Pailin, as compared with 2 of 20 (10%) and 1 of 20 (5%), respectively, in Wang Pha.

COMMENT Signs that the efficacy of artemisinin-based combination therapy and artesunate monotherapy are declining can be disastrous for global malaria control.

Good maternal diet prevents childhood ALL (*Public Health Rep 2009; 124:503-14*).

Maternal diet may play an etiologic role in acute lymphoblastic leukemia (ALL), a common childhood cancer. Expanding on previous findings from phase 1 of the Northern California Childhood Leukemia Study (NCCLS), a population-based case-control study, it was attempted to further elucidate and replicate the relationships between maternal diet and ALL risk. In 282 case-control sets of children (205 pairs and 77 triplets) from the NCCLS, risk of ALL was inversely associated with maternal consumption of vegetable (OR: 0.65, 95% CI: 0.50, 0.84); protein (OR: 0.55, 95% CI; 0.32, 0.96); fruit (OR: 0.81, 95% CI: 0.65, 1.00); and legumes (OR: 0.75, 95% CI 0.59, 0.95). The risk reduction was strongest for consumption of the protein sources and vegetable food groups, independent of the child's diet up to age 2 years.

COMMENT It may be prudent for women to consume a diet rich in vegetables and adequate in protein prior to and during pregnancy as a possible means of reducing childhood ALL risk in their offspring.

Synbiotics do not help in severe malnutrition (*Lancet 2009; 374:136-44*).

The aim of this double-blind, randomized, placebo-controlled trial study was to assess the clinical and nutritional efficacy of a probiotic and prebiotic functional food for the treatment of severe acute malnutrition in 795 Malawian children (age range 5 to 168 mo). After stabilization with milk feeds, children were randomly assigned to ready-to-use therapeutic food either with (n=399) or without (n=396) Synbiotic 2000 Forte (lactic acid bacteria) for the duration of treatment (median 33 days). Nutritional cure and secondary outcomes were similar in both Synbiotic and control groups.

COMMENTS Addition of synbiotics does not improve the outcome of severe acute malnutrition.

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