

CDC INFLUENZA REPORT

NO. 11, AUGUST 29, 1957

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Public Health Service

Bureau of State Services

Communicable Disease Center

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SPECIAL NOTE

Information contained in this report is a summary of data reported to CDC by State Health Departments, Epidemic Intelligence Service Officers, collaborating influenza diagnostic laboratories, and other pertinent sources. Much of it is preliminary in nature and is intended for those involved in influenza control activities. Anyone desiring to quote this information is urged to contact the person or persons primarily responsible for the items reported in order that the exact interpretation of the report and the current status of the investigation be obtained. State Health Officers, of course, will judge the advisability of releasing any information from their own states.

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## I. Summary of Information

Appended to this Report are several resolutions adopted by the Association of State and Territorial Health Officers at a meeting in Washington, D. C., held on August 27, 28. Recommendations concerning surveillance and reporting, vaccine use and promotion, community organization and research planning were offered.

Additional data for influenza-like illnesses seen at Charity Hospital in New Orleans are available through mid-August. A slight increase in visits for influenza-like illness is noted.

A further influenza-associated death is reported from California. No laboratory confirmation of influenza infection is available at present. Death was due to massive staphylococcal pneumonia with almost complete bilateral consolidation.

More complete clinical data are presented from the previously reported Mississippi county-outbreak of influenza-like illness. It is noticeable that more than a third of the patients complained of gastrointestinal symptoms. Most of these were in the younger age group.

An impression of increased influenza-like illness is reported from Florida and Texas. In the former, sporadic cases have been confirmed as Asian strain influenza. Influenza-like illness has occurred in a Reserve Unit from Illinois, training at San Diego, and aboard a Coast Guard Cutter in the Gulf of Mexico. The problem of quantitating these impressions here and elsewhere continues to be a very complex one.

## II. Epidemic and Case Reports

### 14-A. ILLINOIS, Northeast

(Reported by Dr. B. Gundelfinger, Medical Research Unit No. 4, U. S. Naval Training Center, Great Lakes, Illinois.)

On July 10 through 12, 39 of 112 members in a U. S. Marine Corps Reserve Unit, in training at San Diego, developed an illness characterized by chills, fever, slight nausea and some stomach cramps. Fevers ranged from 99° to 103.8°F. On July 13 most of the group returned to their homes in northeast Illinois by air. Because of illness 26 men remained at San Diego. Two more men became ill en route to Illinois.

Asian strain influenza had been reported from a large number of recruits in the neighboring Naval Training Center at San Diego (see CDC Influenza Report No. 1-C).

Convalescent blood specimens obtained two weeks after onset were tested by complement fixation with A/Japan/305/57 viral antigen. Antibody titers of 1:32 or greater were obtained in 14 of the 19 specimens tested.

14-B. FLORIDA, Dade, Broward, Palm Beach, Clay, Seminole, and Polk Counties

(Reported by Dr. J. O. Bond, Florida State Board of Health.)

Serologic confirmation of infection with Asian strain influenza virus has been obtained from 16 cases which occurred in the counties noted above. These represent sporadic cases but it appears likely that a slight increase in febrile respiratory disease has occurred in these areas.

14-C. FLORIDA, Madison

(Reported by Dr. J. O. Bond, Florida State Board of Health.)

A children's camp at Madison experienced an outbreak of influenza-like illness in mid-August. Twelve children were hospitalized for from 1--2 days. Infection with Asian strain influenza virus has not yet been confirmed.

At Jacksonville Beach, 16 of 125 hotel employees became ill within two days of each other in mid-August. Investigation revealed an illness with characteristic influenza symptoms. Throat washings and blood specimens are presently under laboratory study.

14-D. TEXAS, Galveston

(Reported by Dr. J. E. Peavy, Texas Department of Health.)

Seventeen patients with influenza-like illness have been admitted to the Public Health Service Hospital, in Galveston, from a Coast Guard Cutter. Symptoms were generally mild but a few had high fever. Appropriate specimens are under laboratory study.

14-E. NEW YORK, Wyoming County

(Reported by Dr. R. M. Albrecht, New York State Department of Health.)

A small farm labor camp located in Wethersfield Township, Wyoming County, experienced an outbreak of influenza-like illness on August 18 and 19. Among the 11 adults and 4 children, 4 cases occurred. This group had arrived in New York State on August 14. Appropriate specimens are under laboratory study.

Report from Charity Hospital, New Orleans

Patients Seen in the Admitting Room and Number with Influenza-like Illness

(Data provided by Charity Hospital Administration through Dr. J. D. Martin, La. Dept. of Health)

Date	No. seen (negro)	No. ill (negro)	No. seen (white)	No. ill (white)	% influenza-like illness in total cases seen
Aug. 4	304	25	90	1	6.6
Aug. 5	642	35	190	2	4.4
Aug. 6	500	33	150	5	5.8
Aug. 7	470	34	192	8	6.3
Aug. 8	398	33	130	2	6.6
Aug. 9	410	46	130	1	8.7
Aug. 12	710	89	190	4	10.3
Aug. 13	520	52	180	12	9.1
Aug. 14	620	79	170	5	10.6
Aug. 15	560	75	150	7	11.6
Aug. 16	440	86	160	10	16.0
Aug. 19	550	85	170	17	14.2

The above tabulation, when interpreted within the necessary limitations, may over the course of weeks give an estimation of influenza morbidity in New Orleans. Similar figures from other city hospitals might be equally valuable. Patients visiting the Charity Hospital Admitting Room are usually of a low socioeconomic group, a population segment found particularly susceptible to epidemic influenza. Consequently, they provide a sensitive index of influenza in an area. What relationship these figures may have to over-all community morbidity is not easily determined. As absentee reports from schools and industry are available for comparison, this problem may be partially illuminated.

It is apparent that patients visiting the Charity Hospital have experienced a gradual increase in the number of influenza-like illnesses, both in number seen and in percentage of total cases seen during the first three weeks of August.

III. Progress Reports

14-F. MISSISSIPPI, Washington County

(Reported by Dr. A. L. Gray, Mississippi State Board of Health, Mrs. Dorothy Calafiore, Epidemic Intelligence Service Officer, and Staff of Washington County Health Department.)

The Washington County outbreak, noted briefly in CDC Influenza Report No. 13-B, has been studied in some detail. A summary of the preliminary report is presented below. Throat washings and blood specimens are being studied at CDC.

The epidemic of influenza-like illness occurred in the Glen Allan area of the southern part of the county. The community affected consisted of about 2000 people, 200 of whom lived in the village of Glen Allan, the remainder on a large cotton plantation.

Approximately 200 persons or 10% of the community were ill during the middle two weeks of August. Because of the cotton economy, the one negro school in the region was open during the period of the epidemic. The children leave school during the cotton harvest season later in the year. The school enrollment is 300. Sharp absenteeism was first noted in the school on August 15, and many children were still absent on August 20.

A house-to-house survey was conducted as part of the investigation. Fifty-seven patients with influenza-like illness were interviewed in detail. Twenty-nine were male, 28 female; 53 were negro, 4 white (reflecting the local population distribution by race). Half of those interviewed lived in the village and half out on the plantation.

Twenty-five families were interviewed. Thirteen of these had multiple cases; 12 had only single cases. All members of one family of 12 were affected; several families with 6 or 7 members had all but one person affected.

Tabulations presented below are based on the analysis of 57 cases found during the house-to-house survey. The date of onset of the first of these was August 1. An upswing in onsets occurred August 12. The peak for the group occurred August 14-15 and the last case became ill on August 20.

Duration of illness (from onset of initial symptoms to disappearance of last symptom)

	Number cases	
	20 Recovered cases	31 Not yet recovered
7 days or less	13	19
7 - 10 days	7	--
more than 7 days	--	12

Analysis of Symptoms:

<u>Symptom</u>	No. cases	% of cases (based on 57 cases)
Fever (up to 104)	54	95
Headache	49	86
Cough	46	81
Productive	19	33
Non-productive	27	47
Malaise	33	58
Nausea	26	46
Dizziness	25	44
Abdominal pain	22	39
Generalized aching	22	39
Coryza	22	39
Vomiting	20	35
Diarrhea	20	35
Extremity pain and weakness	18	32
Chest pain	16	28
Sore throat	13	23
Chills	11	19
Conjunctivitis	(noted only in one child)	

Age Distribution:

<u>Age group</u>	<u>No. of cases</u>
Less than 1	2
1-4	4
5-9	10
10-14	12
15-19	6
20-24	3
25-29	5
30-34	2
35-39	3
40-44	1
45-49	3
50-54	1
55 or older	5

14-G. HAWAII (see also CDC influenza Report No. 1-E)

(Reported by Dr. J. R. Enright, Chief, Bureau of Epidemiology, Hawaii Department of Health.)

A brief summary of the epidemic influenza situation in Hawaii is now available. Soon after the first appearance of influenza in the Islands in mid-June, an outbreak started on Kauai. Asian strain influenza was serologically confirmed. Arrangements were made for daily case reporting from this island.

Data from Kauai:

First week of reporting - week ending June 29	649 cases
Peak week - week ending July 13	1274 cases
Last week of reporting - week ending August 10	79 cases
Total Kauai cases through August 20	4203

The population of Kauai is 28,607--the attack rate for the island was over 14%.

Influenza has been reported from all islands except Niihau (population of 228). With less complete reporting than was possible on Kauai, the attack rates elsewhere vary from 6% in rural Oahu to 1% for the city of Honolulu. The peak week for the Territory (with 3213 cases) was that ending July 27.

Through August 17, about 17,500 cases had been reported from the Territory as a whole, with four deaths attributed to influenza. The disease has been mild with recovery in about three days, but weakness has often persisted for another week.

IV. DEATHS. Reports of Influenza-Associated Deaths

Cal. 9 (Reported by Dr. R. Moldenhauer, California Department of Public Health, and Dr. C. I. Leftwich, San Jose.)

This 16-year-old male was attending a children's camp, which

was experiencing a great deal of respiratory disease. On August 14 he complained of fever, tiredness, aching, and he had coryza. He was admitted to the camp infirmary and apparently was doing well until the afternoon of August 16, when he complained of substernal pain. A chest X-ray obtained at this time revealed no pathologic changes. The patient awakened about 5:00 a.m. on August 17 with chest pain and coughing, at which time he had moderate hemoptysis. After being checked by the camp physician, he was admitted to a nearby hospital at 7:30 a.m., acutely ill with cyanosis, dyspnea, symptoms of shock and a temperature of 106°.

Reexamination at 9:30 a.m. revealed moist rales through the right lung and a moderate number of rales in the left lung. Respirations - 60, heart rate - 160, Blood Pressure - 70/?. No cardiac murmurs. On admission, a chest X-ray showed complete consolidation of the right lung and patchy infiltrates through the left lung. An electrocardiogram showed an acute cor-pulmonale pattern. The patient was given penicillin intramuscularly and intravenously; streptomycin intramuscularly and chloromycetin intravenously. He was given levophed and hydrocortisone and ACTH in an effort to revert the shock. He became comatose about 12:30 p.m. and a tracheotomy was performed. Patient was given oxygen continuously by intermittent positive pressure. Despite these measures, the blood pressure slowly fell to zero and respirations became slower and finally ceased at approximately 3:30 p.m.

Complete consolidation of the entire lung, except for the apical posterior segment of the left upper lobe, was seen at autopsy performed about 7 hours after death. The remainder of the gross post-mortem findings was negative. Coagulase positive Staphylococcus aureus was grown from sputum cultures and from specimens taken at autopsy from both right and left lobes. These cultures are presently being phage typed.

VI. Summary Tables - Cases and Outbreaks

TABIE I

Confirmed Outbreaks and Cases of Influenza Due to Asian Strains, United States  
June 1--August 29, 1957

Dates of Outbreaks	Location	Type of Population	Population at Risk	No. Ill	Deaths	Lab. Diagnosis by		CDC Influenza Report Number
						Virus Isolation	Serology	
May 20-- June 18	CALIFORNIA San Francisco	Ships from Orient	c. 9500	800+	1		Yes	1-A
Mid-June	San Diego	Naval Training Station recruits Station personnel	c. 4500 c. 6600	3159 753	0 0	Yes (6-21-57)		1-C
June 5-11	San Diego	Naval vessel crew	130	78	0	Yes		1-C
Late June	Monterey	Fort Ord Army Base Army personnel	?	4000+	1	Yes	Yes	1-H
June 17-25	Davis	High school girls and adult leaders	391 24	343 4	0 1	Yes	Yes	1-G 3-J
June 20-25	San Mateo Co.	Boys camp, 15-17 year olds	53	36	0	Yes	Yes	1-F 6-Note
July 8-12	Los Angeles	City Jail	?	200+	0		Yes	3-F
June 19-23	VIRGINIA Norfolk	Pakistani ship from Newport, R.I.	?	5+	0	Yes	Yes	6-A
Early June	RHODE ISLAND Newport	Crews of several naval vessels	?	Attack rates 18-45%	0	Yes		1-B 2-G
July	HAWAII	Military and general population	?	17,453+	4		Yes	1-E 14-G
Mid-June	OHIO Cleveland	Military man from Far East	Single case		0	Yes		1-D
June 12-16	Cleveland	Hospital orderly Young females	Single case 2 cases		0 0	Yes	Yes	2-A 4-F, 9-C
June 26-- July 2	ICWA Grinnell	College students and adult leaders	1688	200+	0	Yes	Yes	1-J



TABLE I (Continued)

Dates of Outbreaks	Location	Type of Population	Population at Risk	No. Ill	Deaths	Lab. Diagnosis by Virus Isolation	Serology	CDC Influenza Report Number
July 29	MICHIGAN Calhoun County Bay County Coldwater	Adult migrant workers Contact with case from Mexico	66 ? Single case	12 ? Single case	0 0 0	Yes Yes Yes		10-B 12-M 12-C
Mid-July	LOUISIANA Grant Parish	Girl's camp	60	30	0	Yes		4-B
July 31-- Aug. 8	Tangipahoa Parish New Orleans	Entire population Charity Hospital OPD patients	c.60,000 Sporadic cases	4000+ Sporadic cases	1 0	Yes Yes		10-A 11-H
July	NEW JERSEY Burlington Co.	Army camp	Single case	Single case	0	Yes		11-A
July 20-- Aug. 4 Aug. 7	NEW YORK Cayuga County New York City	Migrant workers, families, 2 camps Exchange students, 16-17 yrs. old Arrived by plane Arrived by ship	110 908 44 647	c.75 70 9 c.250	0 0 0 1	Yes  Yes		10-F 12-F 11-B 12-C
Late July	OREGON	Military personnel	2 sporadic cases	2 sporadic cases	0		Yes	12-A
July 14	CALIFORNIA Fresno	County Jail	?	17+	0	Yes		9-A 12-J
July 10-13	ILLINOIS Northeast	Military group at San Diego before return to Illinois	112	41	0		Yes	14-A

TABLE I (Continued)

Dates of Outbreaks	Location	Type of Population	Population at Risk	No. Ill	Deaths	Lab. Diagnosis by		CDC Influenza Report Number
						Virus Isolation	Serology	
July 1-5	UTAH Salt Lake City	High school students Exposed residents	37 64	30 14	0 0	Yes	Yes	1-K
Early July	KANSAS Topeka	Air Force personnel	2 sporadic cases		0		Yes	13-C
Early July	MARYLAND	Boy Scout camp	?	60-70	0	Yes		13-H
July 5	KENTUCKY Louisville	Traveller from the Philippines	Single case		0	Yes		3-A
July 11-13	Morris Fork	Isolated encampment	24	12	0	Yes		4-C 5-E
July 11-18	PENNSYLVANIA Valley Forge	International Boy Scout Jamboree	53,000	c.1000	0	Yes		3-D 5-F
Aug. 12	Lancaster Old Forge	Military personnel	2 sporadic cases		0		Yes	13-D
Early July	TEXAS Corpus Christi Various cities	Naval Air Station Sporadic cases	? ?	33 60 speci- mens	0 0	Yes Yes		5-C 6-B 10-C 11-C
July	Bexar County	2 Air Force Bases	sporadic cases		0	Yes		
July 17	WASHINGTON Seattle	Military transport from Orient	2000	c.320	0		Yes	5-B 6-C
Late June	NEBRASKA Omaha	University faculty member and wife	2 cases		0		Yes	9-D
Mid-June	FLORIDA Jacksonville	Naval Air Station	3 sporadic cases		0		Yes	13-K
July, August	6 counties	Community group	sporadic cases	16	0		Yes	14-B
July 28, Aug. 1	Miami	Air line crewmen (from Chile)	12	5	0	Yes		8-B 10-G
Aug. 13	St. Petersburg	General population	c.16,000	500+	0		Yes	13-E

TABLE II

Unconfirmed Influenza-like Illness, Outbreaks - United States  
June 1--August 29, 1957

Dates of Outbreaks	Location	Type of Population	Population at Risk	No. Ill	Deaths	Specimens Obtained		CDC Influenza Report Number
						Throat Washings	Blood	
May 29-- June 7	CALIFORNIA Solano Co.**	Mare Island Naval Yard - Marines	75	38	1	Yes	Yes	1-I
June 16		Naval vessel crew	?	187	0	Yes	Yes	2-D
June 22-- Early July	Oceanside**	Camp Pendleton Marine recruits	40,000	2511+	0	Yes	Yes	3-E
Mid-July	Fresno, Sonoma, Los Angeles Cos.	Three summer children's camps	800	c.100	0	Yes	Yes	13-J
July 4-26	Santa Barbara	Housing development	136	16	0	Yes	Yes	4-A
July 8	Santa Clara**	Teenagers	60	3+	0	Yes	Yes	6-F
Mid-July	Monterey & Sonoma Cos.	Migrant farm workers	?	50+	0	Yes	Yes	7-B
July	Marin Co.	Air Force Base personnel	?	300-500	0	Yes	Yes	9-F
Late July-- Early Aug.	Santa Clara & Calaveras Cos.	Children's camps	500	130	0	Yes	Yes	9-G
Late July Early Aug.	Butte Co.	Air Force Reservists	500	120	0	Yes	Yes	9-K
Late July-- Early Aug.	Sonoma Co.	Mental Hospital	?	c.100	0	Yes	Yes	10-E
Aug. 1-6	LOUISIANA Plaquemine Parish	Fishery workers, adult males	c.950	c.75	0	Yes	Yes	4-D
June 26- Early July	ILLINOIS Champaign Co.	Air Force Base	?	610+	0	Yes	Yes	5-A
July 4-19	WASHINGTON Fort Lewis	Military personnel	?	1200+	0	Yes	Yes	

\*\*Identified as Type A influenza by C-F test.

TABLE II (Continued)

Dates of Outbreaks	Location	Type of Population	Population at Risk	No. Ill	Deaths	Specimens		CDC Influenza Report Number
						Throat Washings	Obtained Blood	
July 11	IDAHO Ketchum	Children's camp	?	39	0	Yes	Yes	7-A
July 25-31	MISSOURI Osceola**	Boy Scout Camp	1200	100+	0	Yes	Yes	8-A
Aug. 4, 5	INDIANA Wabash	Migrant workers, adults	62	15	0	Yes	Yes	10-D
July 29- Aug. 6	OREGON Delake	Girl's camp aged 8-13	161	50+	0	Yes	Yes	12-B
Aug. 13, 14	LOUISIANA Livingston Parish	School group	450	143+	0	Yes	Yes	12-D
Aug. 14	Baton Rouge	Orphanage	?	61	0	Yes	Yes	12-L
Aug. 19	NEW YORK Lake Placid	Children's camp aged 10-13	79	22	0	Yes	Yes	13-A
Aug. 21	MISSISSIPPI Carroll Co.	School children	2100	c.800	0	?	?	13-B
Aug. 12	WASHINGTON Co.	Plantation population	c.2000	c.200	0	Yes	Yes	13-B, 14-F
Aug. 21	TEXAS Eagle Pass	Persons crossing border from Mexico	?	5+	0	?	?	13-F
Aug. 21	VIRGINIA Roanoke	Contacts of Boy Scouts from the Jamboree	7 sporadic cases		0	Yes	Yes	13-G
Aug. 14	FLORIDA Madison	Children's camp	?	12	0	?	?	14-C
Early Aug.	TEXAS Galveston	Coast guard cutter crew	?	17	0	Yes	Yes	14-D
Aug. 21	NEW YORK Wyoming Co.	Farm labor camp	15	4	0	Yes	Yes	14-E

\*\*Identified as Type A influenza by C-F test.

TABLE III

Outbreaks of Febrile Respiratory Disease - Etiology Other Than Influenza or No Specimens Obtainable  
June 1--August 29, 1957

Omitted from this Report

No additions or changes since Report No. 13

TABLE IV

Reported Influenza-like Illness Among Returning Delegates from Grimmell (Iowa) Conference  
Through August 29, 1957

Omitted from this Report

No additions or changes since Report No. 13

TABLE V

Reported Outbreaks of Influenza-like Illness Among Boy Scouts  
Returning from the Jamboree

Omitted from this Report

No additions or changes since Report No. 12

TABLE VI

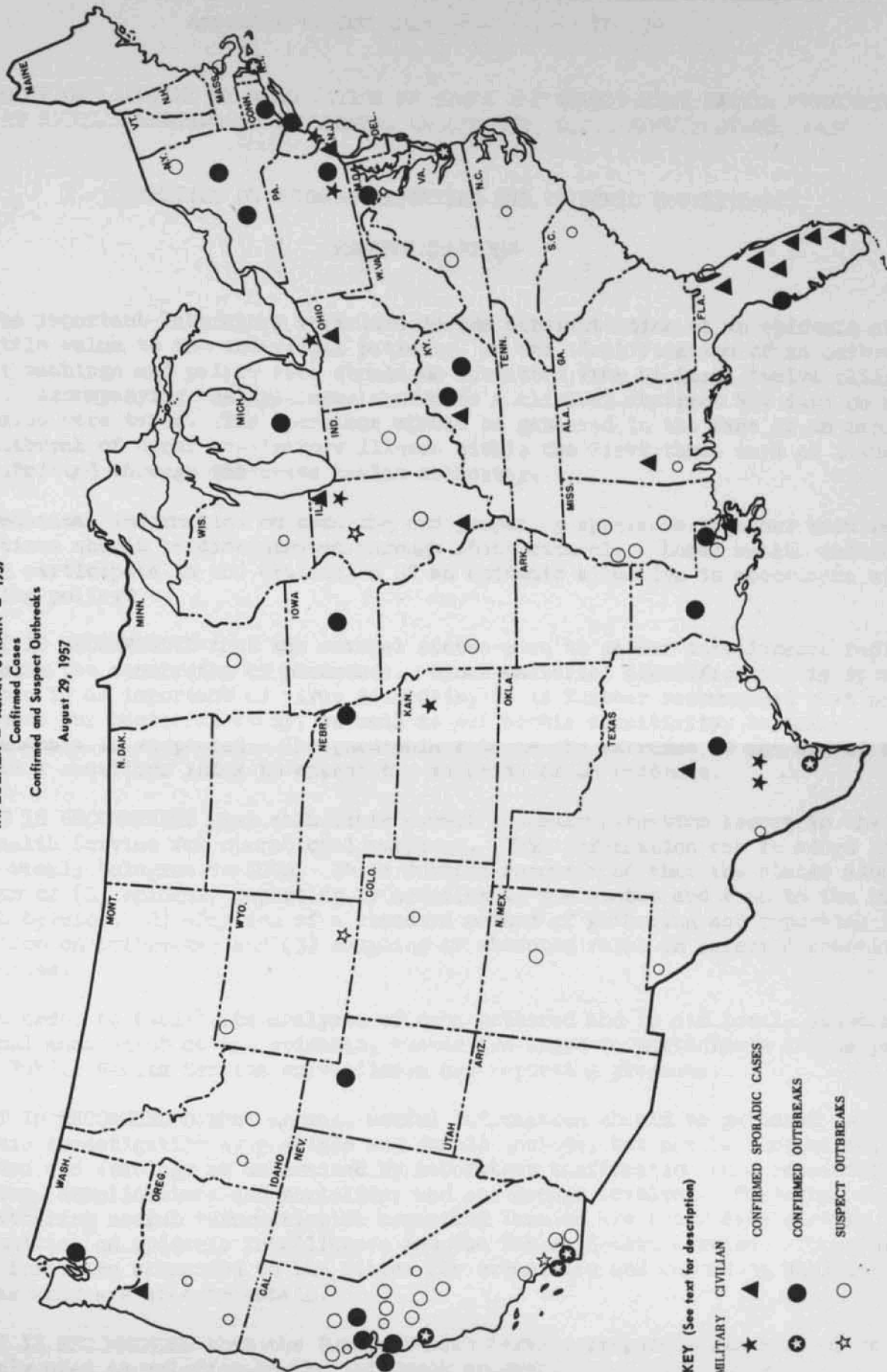
## DEATHS

Reported Instances of Influenza Associated Deaths, United States  
June 1, 1957 through August 29, 1957

State and No.	Locale of Death	Age	Sex	Date of Onset	Date of Death	Diagnosis of Influenza	Contributory Factors and/or Reported Cause of Death	CDC Influenza Report Number
Cal. 1	San Diego	58	M	July 7	July 16	Clinical (CF Test 1:64)	Bronchopneumonia**	9
Cal. 2	San Diego	44	M	July 17	July 21	Clinical	Coronary occlusion	9
Cal. 5	Davis	57	F	June 29	July 4	Clinical	Acute Toxic Myocarditis**	1-G 3-J 9
Cal. 6	Mare Island	20=	M	June 10	June 13	Clinical	Bilateral Lobar Pneumonia with Consolidation (etiol. M. pyogenes var. aureus)**	9
Cal. 7	San Diego	34	F	?	July 15	Clinical	"Fulminating Influenzal Pneumonia" (Hemolytic Streptococci also cultured)**	9
La. 1	Tangipahoa Parish	2	M	July 30	July 31	Clinical (Family outbreak)	DOA - Febrile Respiratory Illness	11
Cal. 8	Monterey	21	M	July 21	July 24	Virus Isolation	Bilateral lobar Pneumonia with Consolidation (etiol. M. pyogenes var. aureus)**	12, 13
N. Y. 1	New York City	18	M	Aug. 13	Aug. 14	Virus Isolation	Hemorrhagic Pneumonitis**	12, 13
Cal. 9	San Jose	16	M	Aug. 14	Aug. 17	Clinical	Bilateral Lobar Pneumonia with Consolidation (etiol. M. pyogenes var. aureus)**	14

\*\*Post-mortem examination performed.

**INFLUENZA - ASIAN STRAIN - 1957**  
 Confirmed Cases  
 Confirmed and Suspect Outbreaks  
 August 29, 1957



**KEY (See text for description)**

MILITARY	★	CONFIRMED SPORADIC CASES
CIVILIAN	○	CONFIRMED OUTBREAKS
	★	SUSPECT OUTBREAKS
	●	
	○	
	▲	
	▲	

RESOLUTIONS ADOPTED BY ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICERS  
AT SPECIAL MEETING ON INFLUENZA, WASHINGTON, D.C., AUGUST 27-28, 1957

I. COMMITTEE ON DISEASE REPORTING AND EPIDEMIC SURVEILLANCE.

RECOMMENDATIONS

1. The important laboratory work lies in the substantiation of an epidemic and is of little value to the individual patient. In the identification of an outbreak, throat washings and paired sera should be submitted from at least twelve clinical cases. Accompanying the specimens should be a clinical abstract and data on how specimens were taken. The specimens should be gathered in the face of an explosive outbreak of upper respiratory illness within the first three days of illness and submitted through the state health authority.

Technical information on securing and preparing specimens together with restrictions should be disseminated through state channels. Local health authorities should participate in the evaluation of an epidemic situation in accordance with existing policy.

2. IT IS RECOMMENDED that the several states plan to gather intelligence rapidly regarding the occurrence of pneumonia. Since bacterial identification by sputum specimen is as important as virus diagnosis, it is further recommended that sputum specimens for bacterial study, as well as antibiotic sensitivity, be taken as soon as pneumonia is suspected. The pneumonia rate in the extremes of age should be used as a sensitive index to assess the severity of an epidemic.

3. IT IS RECOMMENDED that each state submit a weekly situation report to the Public Health Service for operational purposes. This information can be added to the usual weekly telegram to NOV5. It is further recommended that the states adopt a program of (1) epidemic reporting by counties to the states and then to the Public Health Service; (2) adoption of a standard method of gathering and reporting information on outbreaks; and (3) sampling of absentee rates in selected schools and industries.

In order to facilitate analysis of data gathered and to aid local, state and national management of the epidemic, states are urged to participate in the proposed Public Health Service surveillance and reporting programs.

4. IT IS RECOMMENDED that as much useful information should be gathered in an epidemic investigation as possible and should include, but not be limited to, symptoms and etiology as determined by laboratory confirmation on a representative sampling, complications and mortality, and age groups involved. Suggested forms for gathering useful information in organized fashion are being developed by the subcommittee on epidemic intelligence and the Public Health Service. Therefore, these forms are commended to the States for organizing and reporting such information as they are able to obtain.

5. IT IS RECOMMENDED that the Public Health Service prepare a glossary of terms commonly used in relation to the influenza program.



6. IT IS RECOMMENDED that assistance from the Public Health Service in support of virus laboratories in State health departments to include diagnostic materials and training of laboratory personnel be provided. Further, the providing of aid by the Public Health Service to the States at the latter's request in epidemiological personnel is recommended. The Public Health Service should assist the States by planning for future conferences concerning epidemic progress as seem to be needed.

## II. COMMITTEE ON VACCINATION PROMOTION

What should be the primary objectives emphasized in vaccination promotion programs?

The primary objective in promoting vaccine programs is to prevent illness and death from epidemic influenza within the limits of available vaccine.

Should there be a system of interstate allocation of influenza vaccine?

We recommend that there be a system of interstate allocation of vaccine based on a voluntary agreement with the manufacturers.

What priorities, if any, should be established for influenza vaccination and how and by whom should these be determined?

- a. That recommendations be established for the use of influenza vaccine.
- b. Whereas a complete study of the nature and history of influenza indicates the U. S. may be faced with an epidemic of major proportions, and

Whereas influenza vaccine is being manufactured and will become increasingly available but is not yet available for everyone

Now, therefore, be it resolved that the Surgeon General of the Public Health Service recommend to civilian physicians that they give priority to:

- (1) those individuals whose services are necessary to maintain the health of the community
- (2) those individuals necessary to maintain other basic community services
- (3) persons with tuberculosis and others who in the opinion of the physician constitute a special medical risk;

and be it further resolved that the Committee on Influenza of the AMA take such action as necessary to assist in implementation of these recommendations.

- c. Whereas other basic community services vary from place to place, be it resolved that each level of government be encouraged to establish advisory committees broadly representative in nature to consider which groups are deemed essential to maintain necessary services.

What recommendation should be made regarding vaccination of children?

Administration of influenza virus vaccine containing the Asian strain is approved for use in children and that this may be initiated at about three months of age. From experience with earlier vaccines evidence has been obtained that a somewhat better antibody response can be obtained in children if the vaccination is given in two injections instead of one. The doses recommended are as follows:

For pre-school children (3 months to 5 years) - 0.1 cc. intracutaneously or subcutaneously, repeated after an interval of one to two weeks.

For children 5 to 12 years of age - 0.5 cc. subcutaneously, repeated after an interval of one to two weeks.

For children of 13 years of age and older, the dose for adults (1.0 cc. subcutaneously in a single injection) may be used.

How can activities of national agencies, news media, magazines, etc., be successfully coordinated with State and local vaccination promotion plans?

We commend the FHS and all the other interested national organizations for the excellent manner in which they have transmitted publicity and urge them to continue this fine effort.

Special aspects to be considered in promoting the influenza vaccine in relation to the Salk vaccine.

That the polio vaccination program and the influenza vaccination program be continued as independent and parallel programs.

### III. COMMITTEE ON COMMUNITY PLANNING FOR THE IMPACT OF THE EPIDEMIC

This resolution will be included in the next CDC Influenza Report.

### IV. RESEARCH AND PROGRAM EVALUATION COMMITTEE

#### Recommendation No. 1

That the Surgeon General appoint a national commission on influenza to identify research and other needs relating to the effect of influenza on the civilian population of the nation, and to encourage, support, and coordinate through existing channels, the planning and execution of research and other activities designed to meet these needs. This commission should consider not only the urgent problems in connection with the current epidemic but also the long range problems associated with the behavior of the Asian and other strains of influenza virus in the population during the next decade in anticipation of the emergence of new strains sometime in the future. It is suggested that this group be similar in function to the Armed Forces Epidemiological Board but directed more specifically to the consideration of problems of influenza affecting the civilian population.

Recommendation No. 2

That the Surgeon General (1) establish procedures to study systematically serious complications of influenza, particularly deaths and the methods of their prevention, and (2) report these findings to all interested groups.