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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

Accounts of influenza outbreaks contained in this report continue to come from closed groups. Only two areas have experienced clearly evident community-wide outbreaks. These have been areas of a low socioeconomic level. Secondary cases of influenza associated with laboratory confirmed cases have been remarkably few.

Evidence of infection with Asian strain influenza virus has been obtained in Puerto Rico, where a moderate increase in febrile respiratory disease is reported.

To date 3,705,770 ml. of influenza vaccine containing Asian strain virus have been released for use. In subsequent Reports current and cumulative vaccine production data will be presented.

Some problems in the measurement of community influenza morbidity are emphasized in an appended report concerning two California communities. The frequent discrepancy between impressions of total influenza cases and more realistic enumerations is noticeable.

A resolution adopted by the Association of State and Territorial Health Officers at a special meeting on influenza is also appended. "Community planning for the impact of the epidemic" is dealt with. The paucity of effective control measures outside of immunization is recognized and methods of minimizing disruption of community life are outlined.

Asian strain influenza virus has been isolated from two further influenza-associated deaths. Hemorrhagic pneumonitis and staphylococcal pneumonia with consolidation are so far the most frequent final diagnoses. Two previously reported deaths are presented in some detail, as outlined by the medical personnel involved.

A brief supplementary report on the international spread of influenza is appended.

II. Epidemic and Case Reports

15-A. MICHIGAN, Mio

(Reported by Dr. F. S. Leeder, Michigan Department of Health, and Dr. T. Francis, University of Michigan.)

Asian strain influenza virus has been isolated from throat washings obtained during an influenza outbreak in a Boy Scout camp. No connection with any Jamboree scouts has been established. On August 11 a single case occurred in a dishwasher. Beginning about three days later, 28 cases were reported within a few days of each other. Twenty-five boys and 3 staff members were affected among 77 camp members. Duration of the illness was 3-4 days and coughing persisted for some time after other symptoms subsided. Influenza, with laboratory confirmation, has been reported among migrant workers in the same area.

15-B. ARIZONA, Florence

(Reported by Dr. Keith Maddy, Arizona State Department of Health.)

An outbreak of influenza-like illness appeared among the 800 inmates and 200 guards of the state prison at Florence. Approximate attack rates of 50% were reported for each group, with a peak of cases on August 19-23. Cases occurred throughout the prison, with no concentration in any particular group. Appropriate laboratory specimens are under study. No increase in similar illnesses has been noted in the surrounding community.

15-C. ARIZONA, Santa Cruz County

(Reported by Dr. Keith Maddy, Arizona State Department of Health.)

A sharp increase in the incidence of febrile respiratory disease was noted in this area several weeks ago. Large numbers of migrant workers have passed through the Mexican border town of Nogales in recent weeks. No laboratory confirmation of influenza has been obtained in this or other areas in Arizona.

15-D. CALIFORNIA, Los Angeles

(Reported by Dr. R. M. Moldenhauer, California Department of Public Health, and Dr. J. J. Quilligan, The College of Medical Evangelists.)

During mid-August a cottage of about 50 children, at a State school for the mentally retarded, was affected with influenza. Thirty-eight of the children were ill. Of eight throat washings, Asian strain influenza virus has been isolated from three. No general outbreak involving other children at the school has occurred yet.

15-E. NEW YORK, New York City

(Reported by Dr. Morris Greenberg, New York City Department of Health.)

A group of Argentine students left Buenos Aires by air on August 20, arriving in Lima, Peru, the next day. They continued by air to Miami. Several Guatemalan students also joined the group. On August 21, the 36 students, aged 16-17 years, left Miami, Florida, by bus for New York City. During the trip, 9 became ill with an influenza-like illness. Appropriate specimens were collected in New York City from those who had been ill. These students are destined for private homes in various states.

15-F. NEW YORK, Brooklyn

(Reported by Dr. M. Greenberg, New York City Department of Health.)

About 240 cases of influenza-like illness occurred among 1400 troops aboard a ship from Bremerhaven, Germany. When the ship docked in Brooklyn on August 26, 45 men were still ill. These men were taken to nearby military hospitals for treatment. This is not the previously reported troop transport which experienced an influenza outbreak during passage from the United States to Bremerhaven.

15-G. ILLINOIS, Great Lakes Naval Training Station

(Reported by Dr. B. Gundelfinger, Navy Medical Research Unit.)

Asian strain influenza virus has been isolated from 19 of 25 specimens obtained from recruits who were ill with influenza about August 19.

15-J. WASHINGTON, Gig Harbor

(Reported by Dr. W. R. Giedt, Washington State Department of Health, and Dr. N. Hayner, Epidemic Intelligence Service.)

Four children in a family of 6 became ill with an influenza-like illness within 4 or 5 days of each other. The first case occurred in a 15-year-old boy on August 4. Throat washings collected on August 8 from a sibling yielded Asian strain influenza virus. No marked increase in similar illnesses has been noted in the general community.

15-K FUERTO RICO

(Reported by Dr. G. Arbona, Puerto Rico Department of Health, and Dr. A. Masi, EIS Officer attached to Puerto Rico Department of Health)

A Valley Forge Boy Scout delegation returned to Puerto Rico on July 19 with a few cases of influenza-like illness and since about August 1, Rainey Air Force Base has been experiencing sporadic cases.

About August 25 a marked increase in cases of febrile respiratory illness became apparent, particularly in San Juan and Arecibo. Schools, universities, and prisons were most heavily affected. The University of Puerto Rico attack rate has been estimated to be about 5%; the San Juan schools about 10%. San Juan industrial absentee rates were running below 5%, however.

Captain Anderson, of the Army Medical Research Unit in Puerto Rico, reports that blood specimens from three members of one family have shown increased titers with Asian strain virus.

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, Louisiana Department 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

Report from Charity Hospital (Cont'd)

Date	No. seen (negro)	No. ill (negro)	No. seen (white)	No. ill (white)	% influenza-like illness in total cases seen
Aug. 19	550	85	170	17	14.2
Aug. 21	620	121	210	15	16.4
Aug. 22	471	119	186	10	19.6
Aug. 23	932	315	220	42	31.0
Aug. 24	757	278	181	46	34.6
Aug. 25	716	275	180	32	34.2
Aug. 26	1105	233	287	38	19.5
Aug. 27	1062	281	247	36	24.2

The number of influenza-like illnesses seen at Charity Hospital increased rapidly in mid-August to a peak on August 24-25. A gradual decline appears to be in progress now.

III. Progress Reports

15-L. NEW YORK, Lake Placid

(Reported by Drs. J. Freitag and E. Whitney, New York State Department of Health.)

Throat washings obtained from cases at the previously reported children's camp (CDC Influenza Report No. 13-A) have revealed no HA agent on several egg passages. Similarly, paired sera have not demonstrated any antibody titer rise to Asian strain influenza.

15-M. LOUISIANA, New Orleans

(Reported by Dr. W. J. Mogabgab, Tulane University, and Dr. L. F. Dietlein, Jr., USPHS, Tulane University.)

Three additional isolations of Asian strain influenza virus have now been made at Tulane University School of Medicine. One of these was from a Tangipahoa Parish resident, who was seen at the Lallie Kemp Charity Hospital in Independence, Louisiana, on August 13. This is the second isolation made from specimens taken in the parish during the period of the community-wide epidemic.

The other two isolations are from New Orleans residents, one of whom is a member of the house staff at Charity Hospital.

15-I. IDAHO, Ketchum (See CDC Influenza Report No. 7-A)

(Reported by Drs. W. W. Benson and D. W. Brock, Idaho State Department of Health.)

Paired sera obtained from children who were ill during this mid-July camp outbreak were found positive for Asian strain influenza infection. Previously performed C-F tests have been confirmed for Asian strain by H-I tests at the CDC Montgomery laboratory.

IV. DEATHS. Deaths Specifically Associated with Influenza.

New Report:

R. I. 1 (Reported by Dr. M. Finland, Thorndike Memorial Laboratory, Boston City Hospital.)

This 15-year-old schoolboy worked in a Newport laundry and became ill on August 19 with chills, sweats, weakness, and anorexia. His symptoms became more severe on August 20, when he took to bed with fever, diffuse chest pain, and a dry cough. On August 21 there was pain on deep inspiration, severe headache, tachycardia, and the patient raised some blood streaked sputum. At 9:30 PM the physician detected signs of consolidation at the base of the right lung and cyanosis of the lips and nailbeds was noted. At 10:15 PM he was hospitalized with a temperature of 105.4°F. In spite of antibiotic therapy the patient's course was steadily downhill, with increasing dyspnea, cyanosis, and extension of the lung findings. He died at 1:00 AM on August 23.

Post-mortem examination performed 10 hours after death revealed grossly edematous, hemorrhagic lungs and a grossly normal heart. Histologic sections revealed a diffuse myocarditis with extensive mononuclear interstitial infiltration, and there was a typical edematous and mononuclear exudate with hyaline membrane formation in the lungs. The first amniotic passage of the lung tissue revealed a hemagglutinating agent.

Revised Reports:

Cal. 1 (Reported by Drs. D. A. DeSanto, R. L. Hippen, and E. M. Kelman through Dr. R. M. Moldenhauer, California State Department of Health.)

This 58-year-old male expired on July 16 with a clinical diagnosis of pneumonia. The anatomical diagnosis at autopsy was pulmonary congestion with bronchopneumonia, RUL and LUL.

"CLINICAL SUMMARY: This 58 year old white male was admitted to the hospital on July 12, 1957 with a chief complaint of fever of two weeks duration and diarrhea and vomiting of about four days duration and a non-productive cough for approximately two weeks. The patient was believed to have caught the flu from a friend who had arrived from Japan about two weeks ago. Three days later, the patient developed slight fever and cough and was given penicillin which temporarily helped lower his elevated temperature. Later, the fever recurred. The patient revealed some history of allergy to chloromycetin and terramycin and was not given any of these drugs. The past history revealed two apparent coronary occlusions in 1949 and 1951. The patient also passed several small ureteral stones. On admission to the hospital, the patient's blood pressure was 100/80 and some cyanosis was noted. Both lungs revealed numerous fine prominent rales. On X-ray examination it was revealed that the patient had a diffuse consolidation, most marked in the right upper lobe consistent with lobar pneumonia. The patient was extremely weak. Laboratory data was as follows: Hemoglobin 15 gms;

white blood count 7,200; an associated 2 plus albumin in the urine and coarse granular casts with 4 to 8 white blood cells per high powered field in the urine. The patient's course was continually poor. He spiked a fever of around 104° and expired on the 16th of July about four days after admission to the hospital."

Findings at post-mortem examination:

"Lungs: The right lung weighs 920 gms and the left lung weighs 700 gms. Both lungs are markedly congested and filled with a frothy reddish fluid. There is no evidence of emphysema of the lungs or of the mediastinum or subcutaneous tissues. The mediastinal and hilar lymph nodes are somewhat enlarged and softened in consistency. Small foci throughout both lungs show some firm nodularity which is poorly circumscribed from the surrounding lung tissue.

"Kidneys: The kidneys weigh about 190 gms. each. The capsules strip with some difficulty showing some blood based shallow scars on the surfaces of the kidneys. The cortex is poorly differentiated from the medulla. The calyces, pelvis and ureter of each kidney are within normal limits.

"PATHOLOGICAL SUMMARY: The autopsy showed most of the pathology in the chest with very marked pulmonary congestion of both lungs and an apparent bronchopneumonia with fine areas of lumpiness scattered through the lungs. There was some cardiac hypertrophy but no evidence of any previous myocardial infarctions. The gastromalacia was due to postmortem autolysis. The findings in the urine were consistent with pyelonephritis. Death in this case is due to a marked pulmonary congestion with associated bronchopneumonia. Further microscopic studies will be necessary to confirm the exact pathology in the lungs."

Cal. 7 (Reported by Drs. D. A. DeSanto, R. Tanaka, and E. M. Kelman through Dr. R. M. Moldenhauer, California State Department of Health.)

This 33-year-old female expired on July 15 with a clinical diagnosis of bronchopneumonia. The anatomical diagnosis at autopsy was acute hemorrhagic interstitial pneumonitis.

"CLINICAL SUMMARY: This 33 year old white female had suffered with fever, cough and myalgia approximately one week prior to admission to the hospital on July 14, 1957. Three days prior to admission she spiked a fever of 102° and had an injected throat and was placed on streptomycin and penicillin therapy which was also followed with gantrisin for two days. The day before admission her temperature spiked to 104° and she was admitted to the hospital. Examination on admission revealed a somewhat cyanotic obese individual with numerous moist rales throughout the lower lung bases. X-rays of the chest revealed a diffuse bilateral congestion. Blood pressure was 100/60. Urine was 4 plus albumin and loaded with red blood cells. The hemoglobin was 14½ gms with 11,200 white blood cells. The patient's course was progressively poor and she did not respond to any therapy and expired on the day after admission to the hospital."

Findings at post-mortem examination:

"CHEST: The right lung shows some atelectasis and both lungs are markedly edematous with frothy red fluid. The pleura are smooth and glistening and there are no adhesions. Both thoracic cavities contain a small amount of clear yellow, fluid. The mediastinum is normally situated.

"LUNGS: Both lungs are markedly congested. The right lung weighs 980 gms and the left lung weighs 820 gms. Sections through the lungs show no hemorrhage or lumpiness but a diffuse markedly hemorrhagic frothy fluid fills all the lobes. There is no gross evidence of bronchitis or inflammation of the larynx, trachea or bronchioles. Interstitial emphysema is not detected. The hilar and peribronchial lymph nodes are swollen and considerably enlarged and filled with anthracotic pigmentation.

"PATHOLOGICAL SUMMARY: The autopsy revealed pathology in the chest consisting of a mass of congestion and hemorrhagic fluid involving both lungs. This type of pneumonic involvement is similar to that reported in the influenza epidemics of 1918. The generalized hyperplasia of the lymph nodes is consistent with a viral pneumonia. The hyperplasia of the uterus and sclerocystic ovaries is compatible with a pluriglandular syndrome. The swelling of the cortical surfaces may be due to acute cortical swelling of a "shock" type of kidney. Death in this case is due to acute hemorrhagic interstitial pneumonitis similar to influenzal pneumonitis."

V. Influenza Vaccine Production and Distribution

Influenza Vaccine Released

(Totals through September 4, 1957)

<u>Pharmaceutical Concern</u>	<u>Monovalent Asian strain</u>	<u>Polyvalent with Asian strain</u>
Lederle	565,300 ml.	155,150 ml.
Pitman Moore	219,000	
National Drug	2,134,970	60,000
Merck, Sharpe and Dohme	571,350	

Total released to date: 3,705,770 ml.

Influenza Vaccine Shipped To:

(Totals through September 4, 1957)

Volume

Department of Defense
Commercial channels

1,431,720 ml.
2,274,050

VI. Summary Tables - Cases and Outbreaks

TABLE I

Confirmed Outbreaks and Cases of Influenza Due to Asian Strains, United States
June 1--September 5, 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 Mid-June	CALIFORNIA San Francisco San Diego	Ships from Orient Naval Training Station recruits Station personnel	c.9500 c.4500 c.6600	800/ 3159 753	1 0 0		Yes	1-A 1-C 1-C
June 5-11 Late June	San Diego Monterey	Naval vessel crew Fort Ord Army Base Army personnel	130 ?	78 4000/	0 1	Yes Yes	Yes	
June 17-25	Davis	High school girls and adult leaders	391 24	343 4	0 1	Yes Yes	Yes	1-H 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 July 14	Los Angeles Fresno	City Jail County Jail	? ?	200/ 17/	0 0		Yes	3-F 9-A 12-J
Mid-June	FLORIDA Jacksonville 6 counties	Naval Air Station Community group	3 sporadic cases sporadic cases		0 0		Yes Yes	13-K 14-B
July, August July 28, Aug. 1	Miami	Air line crewmen (from Chile)	12	5	0	Yes		8-B 10-G
Aug. 13 July	St. Petersburg HAWAII	General population Military and gen- eral population	c.16,000 ?	500/ 17,453/	0 4	Yes Yes	Yes	13-E 1-E 14-G
July 10-13	ILLINOIS Northeast	Military group at San Diego before return to Illinois	112	41	0	Yes	Yes	14-A
June 26-- July 2	IOWA Grinnell	College students and adult leaders	1688	200/	0	Yes	Yes	1-J

TABLE I (Cont'd)

Dates of Outbreaks	Location	Type of Population	Population at Risk	No. Ill	Deaths	Lab. Diagnosis by		CDC Influenza Report Number
						Virus Isolation	Serology	
Early July	KANSAS Topeka	Air Force personnel	2 sporadic cases		0		Yes	13-C
July 5	KENTUCKY Louisville	Traveler from the Philippines	single case		0	Yes		3-A
July 11-13	Morris Fork	Isolated encampment	24	12	0	Yes		4-C 5-E
Mid-July	LOUISIANA Grant Parish	Girl's camp	60	30	0	Yes		4-B
July 31-- Aug. 8	Tangipahoa Parish	Entire population	c.60,000	6000+	1	Yes		10-A
Early Aug.	New Orleans	Charity Hospital OPD patients	Sporadic cases		0	Yes		11-H 15-M
Early July	MARYLAND	Poy Scout camp	?	50-70	0	Yes		13-H
July 29	MICHIGAN Calhoun County Bay County	Adult migrant workers	66	12	0	Yes		10-B 12-M
Early Aug.	Coldwater	Contact with case from Mexico	?	?	0	Yes		12-C
Late June	NEBRASKA Omaha	University faculty member and wife	2 cases		0		Yes	9-D
July	NEW JERSEY Burlington Co.	Army camp	single case		0	Yes		11-A
July 20-- Aug. 4	NEW YORK Cayuga County	Migrant workers and families, 2 camps	110	c.75	0	Yes		10-F 12-F
Aug. 7	New York City	Exchange students, 16-17 years old	908	70	0			
		Arrived by plane	44	9	0	Yes		11-B
		Arrived by ship	647	c.250	1			12-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		0	Yes		2-A 4-F, 9-C
Late July	OREGON	Military personnel	2 sporadic cases		0		Yes	12-A

TABLE I (Cont'd)

Dates of Outbreaks	Location	Type of Population	Population at Risk	No. Ill	Deaths	Lab. Diagnosis by Virus Isolation	CDC Influenza Report Number
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 June	RHODE ISLAND Newport	Crews of several naval vessels	?	Attack rates 18-45%	0	Yes	1-B 2-G
Early July	TEXAS Corpus Christi Various cities	Naval Air Station Sporadic cases	?	33 60 specimens	0	Yes	5-C 6-B 10-C
July 1-5	UTAH Salt Lake City	2 Air Force Bases High school students Exposed residents	sporadic cases 37 64		0	Yes	11-C 1-K
June 19-23	VIRGINIA Norfolk	Pakistani ship from Newport, R. I.	?	57	0	Yes	6-A
July 17	WASHINGTON Seattle	Military transport from Orient	2000	c.320	0	Yes	5-B 6-C
Aug. 11-15	MICHIGAN Mio	Boy Scout Camp	77	28	0	Yes	15-A
Mid-August	CALIFORNIA Los Angeles	School for mentally retarded children	?	38	0	Yes	15-D
June 22-- July	Oceanside	Camp Pendleton Marine recruits	40,000	25007	0	Yes	2-D 15-H
July 11	IDAHO Ketchum	Children's camp	?	39	0	Yes	7-A 15-I
Aug. 19	ILLINOIS	Naval Training Station	?	257	0	Yes	15-G
Aug. 8	WASHINGTON Gig Harbor	Family	6	4	0	Yes	15-J

TABLE II

Unconfirmed Influenza-like Illness, Outbreaks - United States
June 1--September 5, 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 Mid-July	Fresno, Sonoma Los Angeles Cos.	Naval vessel crew Three summer children's camps	? 800	187 c.100	0		Yes	3-E
July 4-26	Santa Barbara	Housing development	136	16	0		Yes	13-J
July 8	Santa Clara**	Teenagers	60	34	0	Yes	Yes	4-A
Mid-July	Monterey** and Sonoma Cos.	Migrant farm workers	?	504	0	Yes	Yes	6-F
July	Marin Co.	Air Force Base personnel	?	300-500	0	Yes	Yes	7-B
Late July-- Early Aug.	Santa Clara & Calaveras Cos.	Children's camps	500	130	0		Yes	9-F
Late July Early Aug.	Butte Co.	Air Force Reservists	500	120	0		Yes	9-G
Late July-- Early Aug.	Sonoma Co.	Mental Hospital	?	c.100	0	Yes	Yes	9-K
Aug. 1-6	LOUISIANA Plaquemine Parish	Fishery workers, adult males	c.950	c.75	0	Yes	Yes	10-E
June 26-- Early July	ILLINOIS Champaign Co.	Air Force Base	?	6104	0	Yes	Yes	4-D
July 4-19	WASHINGTON Fort Lewis	Military personnel	?	12004	0	Yes	Yes	5-A
July 25-31	MISSOURI Osceola**	Boy Scout Camp	1200	1004	0	Yes	Yes	8-A

**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 Obtained		CDC Influenza Report Number
						Throat Washings	Blood	
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	504	0		Yes	12-B
Aug. 13, 14	LOUISIANA Livingston Parish	School group	450	1434	0	Yes	Yes	12-D
Aug. 14	Baton Rouge	Orphanage	?	61	0	Yes	Yes	12-L
Aug. 21	MISSISSIPPI Carroll Co.	School children	2100	c.800	0	?	?	13-B
Aug. 21	Washington Co.	Plantation population	c.2000	c.200	0	Yes	Yes	13-B, 14-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
Mid-August	ARIZONA Florence Nogales	Prison	c.1000	c.500	0	Yes	Yes	15-B
August		General population migrant workers	?	?	0	---	---	15-C
August 20- 24	NEW YORK New York City	Foreign Exchange Student, So. America	36	9	0	Yes	Yes	15-E
August 26	Brooklyn	Troop transport from Germany	1400	240	0	?	?	15-F

TABLE III

Outbreaks of Febrile Respiratory Diseases --- Etiology Other Than Influenza or No Specimens Obtainable
June 1 - September 5, 1957

Date of Outbreaks	Location	Type of Population	Population at Risk	No. with Influenza-like illnesses	Deaths	Specimens Obtained		CDC Influenza Report Number
						Throat Washings	Blood	
Early July	MISSOURI Columbia	Townspeople	?	200 f	0	Yes	Yes	1-L
Late June through Mid-July	CALIFORNIA 14 Counties throughout the State	25 or more Children's Summer Camps	2500 f	400 f	0	0	0	1-M 4-E
July 5 - July 9	LOUISIANA New Orleans		Sporadic Case		0	Yes	Yes, influenza A-Prime A-154	12-E
Late June - Early July	WYOMING Warren Air Force Base	Air Force Personnel	?	300 f	0	Yes	Yes, influenza A-Prime	13-I
Aug. 9	NEW YORK Lake Placid	Children's Camp Ages 10-13	79	22	0	Yes	Yes Negative for Influenza	13-A 15-L
Aug. 12	TEXAS Eagle Pass	Persons from Mexico	?	5 f	0	0	0	13-F

TABLE IV

Reported Influenza-like Illness Among Returning Delegates from Grinnell (Iowa) Conference

Omitted from this Report

TABLE V

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

Omitted from this Report

TABLE VI

DEATHS

Reported Instances of Deaths Specifically Associated with Influenza, United States
June 1, 1957 through September 5, 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, 15
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	33	F	July 8	July 15	Clinical	Hemorrhagic Interstitial Pneumonitis**	9, 15
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	Virus Isolation	Bilateral Lobar Pneumonia with Consolidation (etiol. M. pyogenes var. aureus)**	14
R.I. 1	Newport	15	M	Aug. 19	Aug. 23	Virus Isolation	Hemorrhagic Pneumonitis, Diffuse Interstitial Myocarditis	15
La. 1	Tangipahoa Parish	2	M	July 30	July 31	Clinical (fam-ily outbreak)	DOA - Febrile Respiratory Illness	11, 13

**Post-mortem examination performed.

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

III. COMMITTEE ON COMMUNITY PLANNING FOR IMPACT OF EPIDEMIC

Because conditions, resources and community organizations vary so much in different States and different local communities, the Committee on Community Planning for Impact of Epidemic believes it can be most helpful by presenting the following general principles for the guidance of State and local planning groups:

1. The Health Officer has the responsibility by law for the control of all communicable diseases in his area and must be the person primarily responsible for directing the anti-influenza campaign in his area.
2. The potentialities of an extensive and explosive outbreak in a community affect so many segments of the community that the Health Officer must get the support of other community groups in planning and conducting his campaign.
3. The Health Officer should estimate the possible effect of such an epidemic on his community and determine the current or potential resources to meet the problems which may be created in his area, keeping in mind that the problem will involve the following aspects:
 - a. Prevention, which in the absence of effective means to stop the spread of infection resolves itself into an immunization program.
 - b. Care of the patient and his family, including:
 - (1) Medical and nursing care of the patient at home;
 - (2) hospitalization of complicated or other special cases;
 - (3) homemaking and feeding programs in households where the mother is the patient or all members of the household are so ill at the same time that there is no one in the household to care for others.
 - c. Serious disruption of essential community services:
 - (1) Public safety personnel (police, fire, etc.)
 - (2) Public utilities (light and power, telephone, etc.)
 - (3) Transportation
4. On the basis of these considerations, he should outline a plan for his community in cooperation with the Medical Society.
5. The next step would then be to bring into the campaign other community groups concerned, or which have resources that might prove useful in the emergency. If there exists in the community a well organized, effectively operating

voluntary health council this probably would be the group to bring into the picture at this time. If not, a special ad hoc community committee probably should be established, which may be the basis for a continuing local health council in the future. Some of the agencies or groups which might be involved, in addition to the Medical Society, are:

- a. Welfare department
- b. Hospital department (if separate from the Health Department)
- c. Education department
- d. Civil defense organizations
- e. Local hospital association
- f. Local nursing organizations
- g. Local pharmacy organizations
- h. Mass information media, representing press, radio, television, etc.
- i. Local American Red Cross
- j. Tuberculosis associations and other voluntary health organizations with resources for health education of the public and services of volunteers

Etc.

6. With regard to maintenance of essential community services, the Health Officer should confine his activities to those for which he is legally responsible. As to other essential community services, he should advise the head of his government of the possible effect on such services so that the head of his government can take the steps that will assure minimum disruption of community life. The Health Officer should stand ready to advise and act on the health aspects of community problems precipitated by the epidemic referred to him by other existing governmental agencies.
7. The Committee recommends that the opening of schools and the holding of public gatherings not be delayed or curtailed on the basis of prevention and control of Asian influenza. The Committee feels that there is no practical advantage in the closing of schools or the curtailment of public gatherings as it relates to the spread of this disease. However, in some instances there may be administrative reasons for closing schools due to illness of teachers, bus drivers, large absentee rates, etc.
8. The Committee recommends that each community make full use of existing local facilities and services such as: Home nursing service, homemaker service and personnel trained in first aid and care of the sick to supplement the care needed for ill patients in the home, and to relieve the demand on the hospital for the care of uncomplicated cases of influenza. It is emphasized that such service should be developed in every community for non-epidemic situations such as the care of the aged and chronically ill and in time of disaster (as outlined in civilian defense planning). This will require the maximum utili-

zation of non-practicing health, medical and related personnel in the community. Civil defense resources are available for use where the situation warrants.

9. The uncomplicated case of influenza runs less risk of acquiring cross infection if cared for at home rather than in the hospital. The Committee recommends that maximum reliance be placed upon home care of those ill and that hospital admissions be limited as far as possible to those cases of influenza with complications, or to those with other diseases which might be aggravated by influenza.
10. The Committee recommends that the Public Health Service continue to supply epidemiological information as to the total national situation, and by each particular State. In addition, information concerning the vaccine available and the amount released both as to totals and by allocation to the States. If possible, invoices of shipments from the pharmaceutical houses should be sent to the individual States in which releases have been made.

Finally, press releases issued by the Public Health Service concerning this topic should be expedited by being sent directly to the State at the same time that it is sent to the Regional Office.

INFLUENZA IN THE GENERAL POPULATION OF TWO COMMUNITIES IN CALIFORNIA

During the last week of July, the California State Health Department began to receive reports from several counties that influenza was occurring in the general population. Methods permitting a measurement of the degree of involvement in these communities, were not readily available. It was felt to be of utmost importance to determine the extent of influenza currently present in the general population in these areas as well as to study the applicability of techniques of measurement which might be used in similar situations in other areas.

According to reports from a county (County "A") in the central California valley and another county on the Pacific Coast (County "B"), private physicians had been seeing cases of influenza in the general population of the communities since mid-July. During July, laboratory confirmed outbreaks of influenza had occurred in closed populations such as summer camps and military establishments in both these counties.

There were several moderate-sized industries in each county, but none had absentee records which could be used for measuring illness in July, 1957. Local schools were in summer recess.

One of the pediatricians in County "A" who had reported approximately two cases of influenza each day in his practice was contacted, and agreed to a review of his records. His appointment book showed that he was seeing approximately 15 office visit patients per day. Charts of each patient seen in his office on Tuesday for 10 weeks -- June 11 to August 13 -- were examined to determine if any changes could be detected in the types of illness occurring in his practice. No trend could be demonstrated in the frequency of respiratory infections. Only two cases with a recorded diagnosis of influenza were discovered in this manner.

A resident physician at the County Hospital had reported that 50% of the pediatric patients seen on the emergency service had influenza. Records of all patients examined on the emergency service on representative days during the past eight weeks were studied (Table 1). Illnesses diagnosed as influenza or influenza-like, as well as clinically related illnesses have been tabulated. It can be seen that there was no consistent trend in the frequency of undiagnosed fever and upper respiratory infections during the period studied. A few diagnoses of "influenza-like" illness appeared after mid-July. Whether this represents the appearance of a new type of illness or merely increased awareness of this diagnosis is not clear.

Rural clinics serve the farm laborers and their families in the western area of the county. Influenza-like illness was reported by one of them to the County Health Department. The records of five of these clinics, which are held at varying intervals of one to three weeks, were analyzed with respect to clinical diagnoses of influenza and upper respiratory infections (Table 2). There appear to be more upper respiratory infections diagnosed in early August than in preceding weeks or in a comparable period for 1956.

In one clinic, a diagnosis of influenza was made for eight patients in early August.

Sick leave rates for civil service employees were studied to determine if the increase in influenza-like illness reported to be present in the community was reflected in this crude morbidity measurement (Table 3). The total number of county employees taking sick leave during July 1957 was approximately double that of July 1955 or 1956, or June 1957, despite an essentially constant number of employees. Further analysis of July 1957 sick leave did not demonstrate any marked concentration of leave during a single week, except for a suggested increase during the last week of July. For city employees, the July 1957 sick leave rate was also higher than 1956, although the difference was not as marked.

A large local beauty parlor had reported to the County "A" Health Department that during the week of July 22 to 27, "half" of their appointments were cancelled "because of flu." A review of the appointment book showed that the cancellation rate was approximately 10% during early July and 15% during the week of July 22 to 27 (Table 4). It was the impression of the owner that cancellations during this particular week were more specifically related to influenza, but there was no apparent way in which to measure this impression.

County Hospital emergency service records of County "B" were also analyzed (Table 1). In July 1956 and June 1957, the diagnosis of influenza was not being made. About 10% of patients seen had upper respiratory infections or undiagnosed fevers. During July 1957, this percentage remained at 10% and a diagnosis of influenza was made on an additional six percent. The percent of patients falling within the clinical categories of influenza, upper respiratory infection, and undiagnosed fever remained somewhat higher during early August 1957. It is noted that the appearance of recorded influenza was not accompanied by a decrease in use of related diagnostic clinical labels.

Tabulation of monthly sick leave for County "B" civil service employees demonstrated a moderate seasonal trend of more sick leave taken in the winter than in the summer (Table 3). The number of persons taking leave during July 1957 is high, in relation to July of other years, and is higher than any of the preceding 12 months.

Much caution must be exercised in interpreting the results of this preliminary study. However, the data presented suggest an increase in incidence of influenza-like illness among the general population of the two communities under study. No quantitation of this impression was possible. Nevertheless, consistent discrepancy between the degree of illness reported to have occurred and the degree indicated by recorded information should be noted. The data recorded appear not to be consistent with a sharp widespread outbreak of any illness affecting a large percentage of the general population in these communities.

TABLE 1

**"Influenza" and Clinically Related Illnesses in Emergency Service Patients
At County "A" Hospital**

<u>Date</u>	<u>Total Number of Patients</u>	<u>"Influenza"</u>		<u>Undiagnosed Fever and Upper Resp. Infections</u>	
		<u>Number</u>	<u>% of Total</u>	<u>Number</u>	<u>% of Total</u>
June 18, 25	131	0	0%	8	6%
July 2, 10	143	0	0%	18	13%
July 16, 23	146	1	1%	19	13%
July 26, 30	143	4	3%	15	11%
August 2, 6	183	3	2%	13	7%

At County "B" Hospital

<u>Month</u>	<u>Number of Days Sampled</u>	<u>Average No. of Patients Per Day</u>	<u>"Influenza"</u>		<u>Undiagnosed Fever and Upper Resp. Infections</u>	
			<u>Number Per Day</u>	<u>% of Patients</u>	<u>Number Per Day</u>	<u>% of Patients</u>
July 1956	9	26	0	0%	2.4	10%
June 1957	6	27	0	0%	3.0	11%
July 1957	9	36	2.1	6%	3.7	10%
August 1957 (first 2 weeks)	4	38	1.0	3%	5.5	16%

TABLE 2

**"Influenza" and Upper Respiratory Infections
Seen at Five Rural County "A" Clinics Serving Farm Labor Families**

<u>Illness</u>	<u>Date</u>								
	<u>1956</u>			<u>1957</u>					
	<u>7/1-15</u>	<u>7/16-31</u>	<u>8/1-15</u>	<u>6/1-15</u>	<u>6/16-30</u>	<u>7/1-15</u>	<u>7/16-31</u>	<u>8/1-15</u>	
Total Visits	39	130	131	109	215	160	311	208	
"Influenza"	0	0	0	0	0	0	0	8	
U.R.I.	8	11	14	20	23	17	41	46	
Percentage of visits for respira- tory illness	20	8.5	11	18	11	11	13	26	

TABLE 3

COUNTY "A" CIVIL SERVICE SICK LEAVE

County Employees (2,500 persons)

<u>Number of Persons Taking Sick Leave, By Month</u>				<u>Number of Sick Leave Absences* Taken During July 1957, By Week</u>	
<u>Year</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>Dates</u>	<u>Sick Leave Absences</u>
1955	---	---	175	July 1-7	71
1956	---	---	195	" 8-14	89
1957	276	207	381	" 15-21	97
				" 22-27	87
				" 28-30	62**

*Some employees took more than one sick leave during July.

**Three day period.

City Employees (1,150 persons)

Number of Persons Taking Sick Leave

July 1956	67
" 1957	83

COUNTY "B" CIVIL SERVICE SICK LEAVE

(Approx. 900 persons)

<u>Month</u>	<u>Year</u>		
	<u>1955</u>	<u>1956</u>	<u>1957</u>
January	---	---	128
February	---	---	104
March	---	---	127
April	---	---	115
May	---	---	117
June	---	---	87
July	92	90	139
August	---	83	---
September	---	62	---
October	---	120	---
November	---	100	---
December	---	132	---

TABLE 4

CANCELLATION OF APPOINTMENTS AT BEAUTY PARLOR IN COUNTY "A"

<u>Date</u>	<u>No. Customers</u>	<u>No. Cancellations</u>	<u>Rate of Cancellation</u>
July 1-6	176	19	11%
July 8-13	214	21	10%
July 15-20	198	17	9%
July 22-27	145	22	15%
July 29-August 3	188	13	7%

Appendix C: CDC Influenza Report No. 15

Supplementary Report on the International Spread of Asian Strain Influenza
Through the First Week of September 1957

(See CDC Influenza Report No. 8, International Summary)

The detailed summary in CDC Influenza Report No. 8 outlined the progress of the influenza pandemic through late July. A considerable amount of information on the activity of the disease during July became available after that report was prepared. This material is briefly reviewed below.

In EARLY JULY Bolivia and Ecuador became the first South American countries involved in the pandemic. High attack rates in Ecuadorian schools were reported during the period July 8-15. La Paz, Bolivia, first noted influenza about July 7. By the end of the month the city had experienced some 200,000 cases. At that time, the La Paz epidemic was declining but influenza was still widespread in other areas of the country.

In MID-JULY, in addition to French Somaliland and Sudan, South Africa became heavily involved. By early August influenza was widespread in South Africa's country districts.

In the LAST THIRD OF JULY, Chile and Colombia began to report epidemic influenza and, in Africa, Egypt noted the onset of epidemic disease. In early August a vigorous epidemic was in progress in Cairo. Mexico, especially Mexico City, also noted outbreaks of influenza toward the end of the month.

The Chilean epidemics were particularly heavy. The largest cities, Santiago and Valparaiso, were invaded first. By mid-August the disease had subsided in these cities but had become widespread throughout the rest of the country. A country-wide decline was apparent only in early September. An Influenza Study Group of the Armed Forces Epidemiological Board was present in Chile during the epidemic period. Dr. F. M. Davenport, of this group, summarized the epidemiological data as follows: ". . . it would appear that a widespread outbreak has occurred involving between 25 and 30% of the population. The attack rate probably follows the usual pattern being highest in childhood. During the epidemic the death rate [from all causes] has doubled. The extremes of life have accounted for the greatest proportion of the deaths. Pneumonia, complicating or as a sequel to influenza, probably accounts for a large share of the increased mortality."

Other events during July included the identification of Asian strain virus in several parts of the Soviet Union; definite spread (with local outbreaks) of influenza in several parts of Asutralia; and the widespread appearance of influenza in Afghanistan.

In EARLY AUGUST new outbreaks of influenza appeared in the Fiji Islands, Argentina, and Italy. A late July build-up of influenza-like illness apparently reached epidemic proportions in Ethiopia by the first week of August. New evidence of influenza activity in Alaska includes the report of a prison camp outbreak and cases in the Anchorage jail.

In Argentina influenza first appeared in Buenos Aires. Early reports suggested a massive wave of the disease but these have not been confirmed. School absenteeism of 10% was reported from Buenos Aires and high attack rates from Mendoza.

In Italy the NATO base at Naples reported about 100 cases of influenza among its personnel in the first week of August. Since then the disease has apparently become established in the Naples area, though not in major epidemic form.

In MID-AUGUST El Salvador reported a sharp outbreak of influenza-like illness and by the first of September the country had reported 15,000 cases. Panama also reported school outbreaks (some with high attack rates) during August. A few influenza-like illnesses were noted in Panama in the last week of July. British Guiana noted the appearance of influenza-like disease in Georgetown starting about August 16.

During the LAST TEN DAYS OF AUGUST the most notable influenza spread occurred in South America. Lima, Peru, reported its first small outbreaks; southern Brazil experienced a sharp outbreak of some 3000 cases; Sao Paulo identified Asian strain virus from sporadic cases within the city; and Uruguay experienced an epidemic attacking an estimated 19,000 persons. School and industrial absentee rates generally varied between 30-45%.

Trinidad, British West Indies, reported an outbreak affecting 5% of the U. S. military personnel stationed on the island. Nigeria, particularly Lagos, became the first country of West Africa to report epidemic influenza. U. S. Air Force personnel in Britain were reported to be heavily hit by influenza at month's end. No reports of sizable outbreaks in the civilian population of Britain have appeared to date.

About August 25 an upswing of absenteeism in schools and industries in San Juan, Puerto Rico, indicated that epidemic influenza had reached the island. Sporadic influenza-like illness had apparently been present since late July, however. (See also CDC Influenza Report No. 15-K, the present report.) Except for Puerto Rico and Trinidad, the Caribbean area remains unaffected to date.