

FOR ADMINISTRATIVE USE

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CDC INFLUENZA REPORT

NO. 17

SEPTEMBER 17, 1957

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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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Appendix: Influenza Forms and Explanation of Their Purpose

I. Summary of Information

Widespread epidemics of influenza have not occurred since the opening of public schools; but school-centered outbreaks are reported from Georgia, Michigan, Utah, and Louisiana.

The Puerto Rican epidemic continues to increase.

A death due to influenza and pneumonia in a young man is reported.

To date 5,430,442 ml. of influenza vaccine have been released for use.

Details are provided on two deaths associated with influenza vaccine.

Samples of the new influenza forms and an explanation of their purpose is provided in the Appendix.

II. Epidemic and Case Reports

17-A ARKANSAS, Little Rock

(Reported by Dr. A. M. Washburn, Arkansas State Board of Health.)

Diagnosis of Asian strain influenza has been made by paired sera from a 42-year-old Negro male admitted to University Hospital on July 19. His symptoms were chills, fever of 104.8, and diarrhea. There is no known spread from this case.

17-B NEW YORK

(Reported by Dr. Robert W. Bacorn, District Health Officer for Geneva, New York, and Dr. Jerome Klein, Epidemic Intelligence Service.)

Seventeen of 60 migrant workers at Sodus fruit farm, Sodus, New York, developed influenza during the week of September 8. Clinical picture includes temperature of 101-102°, sore throat, headache, myalgia. The workers arrived from Florida in June. Throat washings and paired sera have been obtained.

17-C MASSACHUSETTS

(Reported by Dr. Roy F. Feemster, Massachusetts Department of Public Health.)

Twenty-four cases of influenza-like illnesses have occurred among 157 migrant workers from the Bahamas. Illnesses began the day after arrival. They returned to work in one to three days. Laboratory specimens are under examination. There is, at present, no other evidence of influenza in the state.

17-D MISSOURI, Kansas City

(Reported by Dr. E. A. Belden, Missouri Department of Public Health, and Dr. Tom Chin, Epidemic Intelligence Service.)

A single sporadic case of influenza seen in a Kansas City Hospital recently has been confirmed by HI test as Asian strain. No confirmed outbreaks in Missouri have yet been reported though the Osceola outbreak (see CDC Influenza Report 8-A) of July 25-31 has been identified as type A influenza by CF test.

17-E GEORGIA

(Reported by Dr. W. J. Murphy, Georgia Department of Public Health.)

Two outbreaks of influenza-like disease have occurred in the past week. One is an explosive outbreak among school children at Milledgeville, and the other involves approximately 40 out of 400 children at the State School for the Deaf, at Cave Spring. Preliminary investigations are underway and appropriate laboratory specimens have been obtained. These are the first epidemics reported in Georgia.

17-F WISCONSIN, Cambridge

(Reported by Dr. Milton Feig, Wisconsin State Board of Health, and Dr. Kenneth R. Wilcox, Epidemic Intelligence Service.)

Forty cases of influenza-like disease have occurred at Cambridge. This is the community of residence of an influenza case returned from Grinnell, Iowa. Cases of illness have been characterized by myalgia, fever, headache, photophobia, but no prominent respiratory symptoms. Although photophobia has been observed in several proved flu epidemics, the frequency of this symptom and the inability to obtain adequate CF titers on the first two specimens examined suggest the possibility of etiology other than influenza. There have been several cases of aseptic meningitis in the community, and a common cause is being considered.

17-G MICHIGAN

(Reported by Dr. F. S. Leeder, Michigan State Department of Health.)

Although sporadic cases have been reported in Michigan, there are no confirmed epidemics. Absenteeism in two Saginaw County schools, however, has been high because of influenza-like illness. One school reports 106 out of 650 absent; and the other, 65 out of 600.

17-J LOUISIANA

(Reported by Dr. J. D. Martin, Louisiana State Department of Health.)

Football games in Baton Rouge, Lake Charles, and New Orleans have been cancelled because of outbreaks of influenza-like illness among team members.

17-K UTAH

(Reported by Dr. A. A. Jenkins, State Department of Public Health.)

Influenza has suddenly appeared in several parts of the state. Cypress High at Magna (near Salt Lake City) reports 300% increase in school absenteeism. Dragerton has reported 100 probable cases. Over 65 cases have been reported by private physicians over the state. Throat washings and acute bloods are being obtained at both Dragerton and Magna.

III. Progress Reports

17-H PUERTO RICO

(Reported by Dr. Guillermo Arbona, Puerto Rico Department of Health, and Dr. Alfonse Masi, Epidemic Intelligence Service.)

The influenza epidemic has progressed during the past week.

<u>Week ending</u>	<u>Cases reported</u>
Aug. 24	10
31	314
Sept. 7	4,257
14	14,674

On September 10, the average school absenteeism was 9.9 percent for the island and the average industrial absenteeism was 7.3. The age distribution of 684 influenza cases seen as outpatients at the Rio Grande Health Center in Puerto Rico is as follows:

0-1 yr.	23
1-5	148
6-15	281
16-20	82
21 plus	150
	<u>684</u>

During the week of September 6, there were four deaths reported associated with influenza, ages 1 month, 65 years, 90 years, 74 years. Three were due to pneumonia and the fourth to "general collapse."

Report from Charity Hospital, New Orleans

(Data provided by Hospital Staff and Dr. J. D. Martin, La. Dept. of Health)

Patients seen in the Admitting Room and the number with influenza-like illness.

Week Ending	NEGRO			Week Ending	WHITE		
	Total Patients Seen	Flu-Like Illness	% of Total		Total Patients Seen	Flu-Like Illness	% of Total
Aug. 10	2724	206	7.5	Aug. 10	882	19	2.1
Aug. 17	2850	391	13.6	Aug. 17	850	38	4.5
Aug. 24	3330	918	27.4	Aug. 24	967	130	13.5
Aug. 31	5641	1479	26.0	Aug. 31	1489	206	13.7
Sept. 7	5033	1414	28.0	Sept. 7	1385	207	14.9

IV. DEATHS - Deaths Specifically Associated with Influenza

(See Table VI of Report No. 16 for the list of 14 previously reported deaths.)

Ia. 4 (Reported by Dr. W. J. Rein, Louisiana Department of Health.)

This 28-year-old Negro male expired in late August of pneumonia complicating influenza.

Clinical Summary: Six days prior to admission to the hospital, the patient began to have malaise, muscular ache and low grade fever. He became progressively worse with elevated temperature, chills and shortness of breath. He was expectorating a rusty colored type of sputum. Positive findings were limited to the chest. There was dullness over the right chest with flatness on left to percussion. Breath sounds were almost absent on the left and were distant on the right. A pneumococcal organism was cultured from a blood specimen. The bronchial secretions and lung tissue on culture were all positive for pneumococci. Tissues were plated for viral studies. The patient's wife was hospitalized with a similar illness, and blood studies from her have shown evidence of infection with Asian strain influenza virus.

V. Influenza Vaccine Production and Distribution

No vaccine has been released since the last Influenza Report.

Influenza Vaccine Released
(Totals through September 11, 1957)

<u>Pharmaceutical Concern</u>	<u>Monovalent Asian strain</u>	<u>Polyvalent with Asian strain</u>
Lederle	1,396,390 ml	231,810 ml
Lilly	228,507	----
Merck, Sharpe & Dohme	571,350	----
National Drug	1,249,820	1,292,205
Parke Davis	36,250	----
Pitman Moore	424,110	----

Total released to date: 5,430,442 ml.

Shipping Destination:

Department of Defense	1,818,120 ml
Commercial channels	3,612,322

VI. Miscellany

A. Reports of deaths associated with Asian strain influenza vaccination

Several million doses of the Asian strain vaccine have been administered and it is, therefore, not unusual that deaths have been associated with its use. At the present time, these deaths appear to be entirely coincidental and not directly related to use of the vaccine. However, constant surveillance is necessary, and detailed reports of this sort are invited.

1. (Reported by Dr. N. J. Rose, Illinois Department of Public Health.)

Further details of Chicago vaccine-associated death:

In the early afternoon of September 6 the patient, a 62-year-old male who worked for the Chicago Park District, received lcc. subcutaneously of Asian strain influenza vaccine. "Within a short period of time he complained of dizziness and chills. He went home and shortly after dinner he called a physician because his condition had not improved." His condition worsened rapidly; the physician called an ambulance and the patient was taken to a hospital, where he was dead on arrival.

An autopsy was inconclusive as to cause of death. The physician stated that "in his opinion the patient's death was coincidental and not due to vaccine."

2. (Reported by Mr. Warren Reinier, Director, Mountainside Hospital, Montclair, New Jersey.)

The following is a synopsis of a vaccine-associated death:

As part of a voluntary inoculation program, a 57-plus-year-old Negro male received lcc. of the polyvalent Asian strain vaccine on September 10. He complained of a slight headache the next day and was treated with aspirin. On the third day he reported for work as usual. On the fourth day he was admitted to the hospital with an initial diagnosis of pneumonitis, and expired the following day. Autopsy was performed by the medical examiner of Essex County. Initial gross examination was not remarkable and microscopic examinations are underway.

The patient had a past history of two admissions for pneumonia. Initial EKG showed evidence of an old myocardial infarct. A total of 554 employees were given the vaccine and only 30 reported reactions, all of a minor nature. Only one employee was absent from work. It was the opinion of the attending staff that, although no definite conclusions could yet be reached, the nature of the death made a direct relationship between vaccine and death unlikely.

B. Correction in Report No. 16

Line 3 in the title of Table V should read "See CDC Influenza Report No. 12."

VII. Summary Tables -- Cases and Outbreaks

TABLE I

Confirmed Outbreaks and Cases of Influenza Due to Asian Strains, United States (September 12-17)
 Additions and revisions since Report No. 15 -- See Reports No. 15 and 16 for complete listings

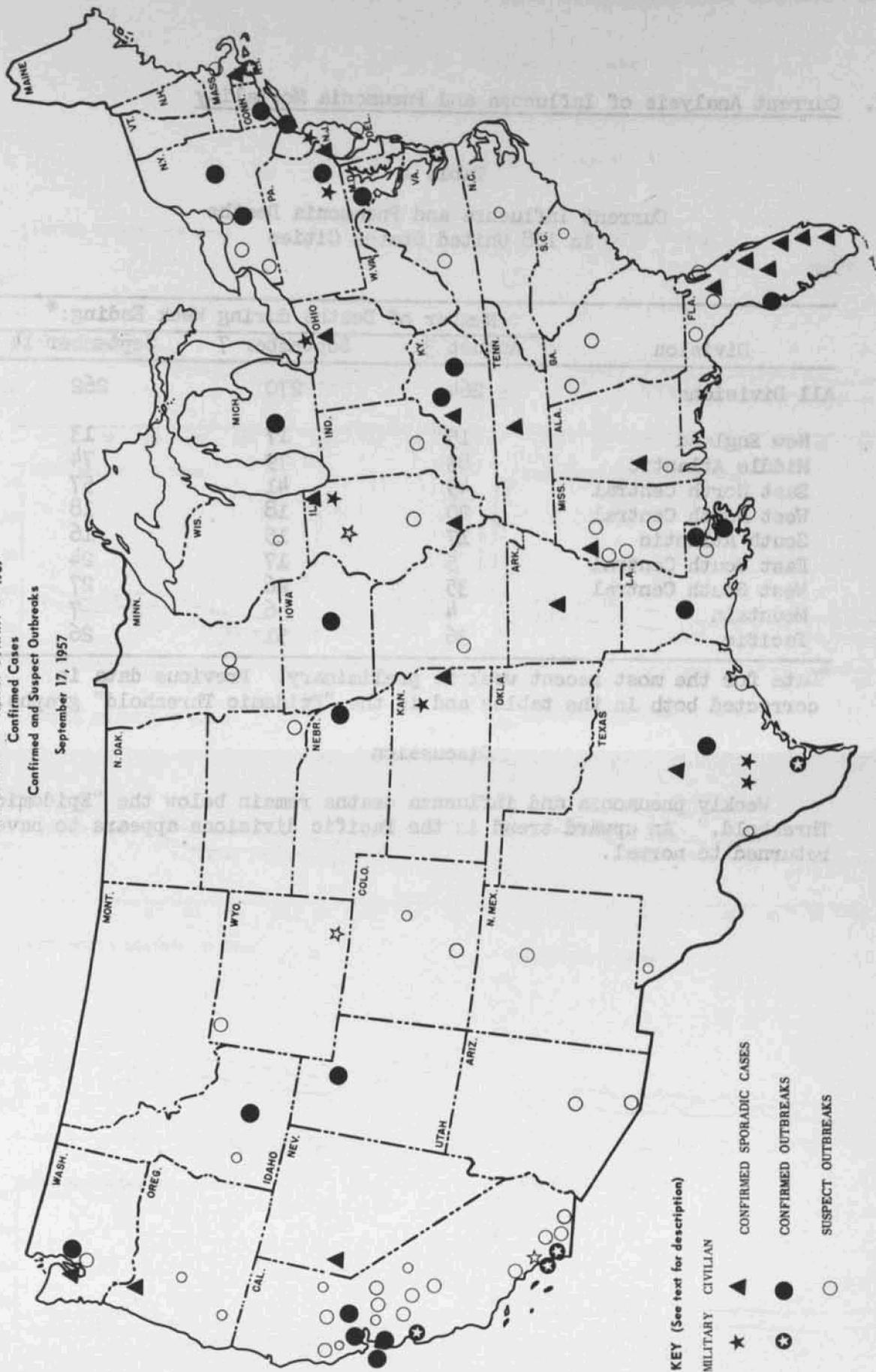
Dates of Outbreaks	Location	Type of Population	Population at Risk	No. Ill	Deaths	Lab. Diagnosis by		CDC Influenza Report Number
						Virus Isolation	Serology	
July 19	ARKANSAS	General	1 Sporadic Case		0		Yes	17-A
July 22	MISSOURI Osceola	Boy Scout Camp	1,200	68	0		Yes (Type A CF)	8-A 17-D
Early Sept.	MISSOURI Kansas City	General	1 Sporadic Case		0		Yes	17-D

TABLE II

Unconfirmed Influenza-like Illness, Outbreaks - United States (September 12-17)
 Additions since Report No. 15 - See Reports No. 15 and 16 for complete listings

Dates of Outbreaks	Location	Type of Population	Population at Risk	No. Ill	Deaths	Specimens Obtained		CDC Influenza Report Number
						Throat Washings	Blood	
Sept. 8	NEW YORK Sodus	Migrant Workers	60	17	0	Yes	Yes	17-B
Sept. 6	MASSACHUSETTS	Migrant Workers	157	24	0	Yes	Yes	17-C
Sept. 13	GEORGIA Cave Spring	Deaf School	400	40	0	Yes	Yes	17-E
Sept. 13	GEORGIA Milledgeville	School	—	—	0			17-E
Sept.	WISCONSIN Cambridge	General	—	40	0	—	Yes	17-F
Early Sept.	MICHIGAN Saginaw	Schools	650 600	150 65	0 0			17-G

INFLUENZA - ASIAN STRAIN - 1957
 Confirmed Cases
 Confirmed and Suspect Outbreaks
 September 17, 1957



KEY (See text for description)

- MILITARY CIVILIAN
- ★ ▲
- ○
- ☆ ○
-

VIII. Current Analysis of Influenza and Pneumonia Mortality

Table 1

Current Influenza and Pneumonia Deaths
in 108 United States Cities

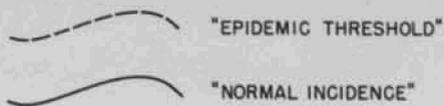
Division	Number of Deaths during Week Ending:*		
	August 31	September 7	September 14
All Divisions	264	270	262
New England	15	17	13
Middle Atlantic	83	79	74
East North Central	49	41	57
West North Central	20	18	18
South Atlantic	17	15	16
East South Central	5	17	24
West South Central	35	26	27
Mountain	4	6	7
Pacific	36	51	26

*Data for the most recent week is preliminary. Previous data is corrected both in the tables and in the "Epidemic Threshold" graphs.

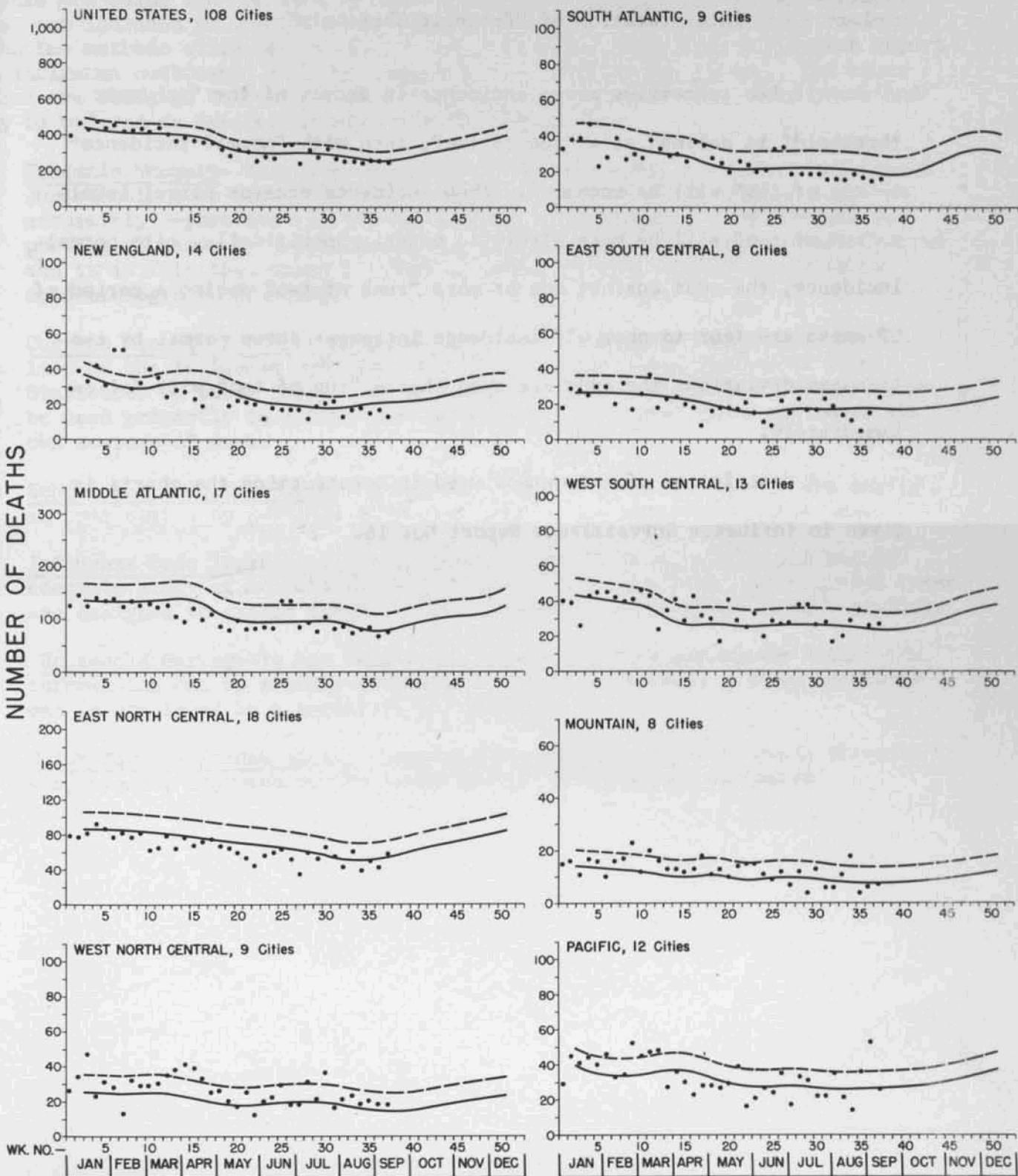
Discussion

Weekly pneumonia and influenza deaths remain below the "Epidemic Threshold." An upward trend in the Pacific divisions appears to have returned to normal.

WEEKLY PNEUMONIA AND INFLUENZA DEATHS



(SEE EXPLANATION ON BACK OF SHEET)



Interpretation of "Epidemic Threshold"

If two successive weeks incidence in excess of the "epidemic threshold" is defined as a "run of two", then with "normal incidence" a "run of two" will be uncommon. When incidence exceeds normal levels a "run of two" will be more likely to occur. Specifically, with normal incidence, the odds against one or more "runs of two" during a period of 52 weeks are four to one. If incidence increases above normal by two standard deviations the odds are even that a "run of two" will follow immediately.

A description of the method used in constructing the charts is given in Influenza Surveillance Report No. 16.

EXPLANATION OF THE INFLUENZA FORMS

Five different influenza forms and a guide for the epidemiologic investigation of influenza are appended. Copies of the forms and a number of order blanks are being sent to each of the 53 State and Territorial Health Officers. They are included in the influenza report this week to acquaint other readers with the methods which may be used to collect data. Only Form B (Current report on influenza outbreaks) will be submitted regularly by the states. The other forms are designed to facilitate various sorts of studies within the state and may be ordered as desired by state health departments.

- A. Epidemic Summary--This form may be distributed by the state to local health jurisdictions so that persons not necessarily trained in epidemiology can accurately report the significant details of an epidemic. Individual reporting of cases by physicians tends to break down during an epidemic period and it is felt that careful epidemic summaries will yield more reliable epidemiologic information.
- B. Current Report of Influenza Outbreaks--Each Friday the states will send a list of the influenza outbreaks to CDC and the National Office of Vital Statistics on these forms. It is suggested that the Epidemic Summary forms be used primarily to gather this information, but each state will have its own sources of data.
- C. School and Industry Survey--Information can be acquired rapidly and easily in some states by periodic surveys of school and industry absenteeism.
- D. Influenza Case Investigation--In certain situations a careful and highly accurate study of an outbreak may be desirable. The case investigation forms are designed to enable inexperienced persons to participate in such studies.
- E. Household Survey--It has been found that in certain schools or industries, information can be rapidly gathered by household surveys. Often the forms can be completed by a member of the family.

Guide for the Epidemiologic Investigation of Influenza--The guide presents a step-by-step approach to the investigation of influenza epidemics.

First Report

Supplemental

Report No. _____

INFLUENZA EPIDEMIC SUMMARY

(For transmittal from county, city, or other local health jurisdiction
to the State or Territorial Health Department.)

POPULATION GROUP INVOLVED:

(City, county, or health jurisdiction)

STATE _____

ESTIMATED POPULATION _____

ESTIMATED NO.

CASES TO DATE _____

TIME LIMITS OF EPIDEMIC:

Date recognized _____

Date began (estimated) _____

Date of peak _____

Date terminated _____

WHAT LED TO RECOGNITION OF THE EPIDEMIC:

(Newspaper remarks, hospital crowding, absenteeism, reports from physicians, other)

MEASURES OF INCIDENCE:

(Describe unusual absenteeism in any special group (school, industry, other). Give incidence rates whenever possible.)

GENERAL NATURE OF ILLNESS:

(Onset, symptoms, duration, severity, complications)

DETAILS ON ANY DEATHS:

(Submit copy of autopsy report when possible)

LABORATORY SPECIMENS:

(Where sent if collected; results if available)

COMMENTS:

Signed _____ Title _____ Date _____

(See Reverse)

In anticipation of probable widespread epidemic influenza in the United States during the fall and winter of 1957-1958, these forms have been proposed to serve as a relatively simple procedure for summarizing the main qualitative features of epidemics in specific health jurisdictions. It is suggested that these forms be used for relaying this information to the State or Territorial Health Departments. Review of the forms as they are received will provide the States with a current picture of the scope of the influenza problem within their borders. In turn the States will summarize these reports and submit essential data in tabular form to the Communicable Disease Center and the National Office of Vital Statistics. These data will become part of the National Influenza Surveillance Program which has been established to provide ready recognition of any unusual change in the characteristics of the disease. Supplementary reports are indicated when unusual observations are made relating to ages of individuals attacked, severity, duration, symptoms, and complications in the individual influenza epidemics.

CURRENT REPORT OF INFLUENZA OUTBREAKS

STATE _____
 Week _____
 ending _____

Reports should be sent each Friday to:
 1. Influenza Surveillance Unit, CDC, BSS, PHS, DHEW
 50 Seventh Street, N. E., Atlanta 23, Georgia
 2. The National Office of Vital Statistics.

Health Jurisdiction City, County, Other	Estimated Population 1957	Estimated Dates of Epidemic*			Number of Cases (Estimated)	Laboratory Confirmation If Available	Remarks (Notes on severity, complications, attach rates, significant deaths) Indicate if First or Supplemental Report
		First Recog- nized	Peak	Ter- mina- tion			

*Subject to revision in subsequent reports.

This form has been prepared for use during the anticipated influenza epidemic in the fall and winter of 1957-1958. Weekly reporting on this form will provide the Public Health Service and the National Office of Vital Statistics with current regional data which will be of considerable value in the National Influenza Surveillance Program. Of particular importance in this program will be information relating to severity of the disease, frequency of complications, secondary bacterial agents, and influenza associated deaths. Supplementary reports relating to these items should be appended whenever possible.

INFLUENZA CASE INVESTIGATION

Case No. _____

NAME _____ SEX _____ AGE _____

HOME ADDRESS _____
ST. OR ROUTE NO. CITY OR TOWN COUNTY STATE OR TERRITORY

OCCUPATION OR SCHOOL (and grade) _____

DATE OF ONSET OF ILLNESS _____ DURATION OF ILLNESS _____
MONTH DAY DAYS

MD CONSULTED? _____ NAME _____ ADDRESS _____

HOSPITALIZED? _____ DATES _____ HOSPITAL NAME _____

NO. DAYS IN BED _____ NO. DAYS ABSENT FROM SCHOOL OR WORK _____

NO. OF OTHER HOUSEHOLD MEMBERS _____ NO. OF THESE ILL _____

CLINICAL FINDINGS:	LABORATORY SPECIMENS:																																																			
Onset: Sudden _____ Gradual _____	Laboratory _____																																																			
First Symptom _____	Throat washings: Result: _____																																																			
Symptoms (✓ present 0 absent)	Date _____																																																			
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:70%;"></th> <th style="width:10%; text-align: center;">✓ or 0</th> <th style="width:20%; text-align: center;">duration (days)</th> </tr> </thead> <tbody> <tr><td>cough</td><td></td><td></td></tr> <tr><td>malaise</td><td></td><td></td></tr> <tr><td>coryza</td><td></td><td></td></tr> <tr><td>diarrhea</td><td></td><td></td></tr> <tr><td>sore throat</td><td></td><td></td></tr> <tr><td>fever (_____° max.)</td><td></td><td></td></tr> <tr><td>headache</td><td></td><td></td></tr> <tr><td>myalgia</td><td></td><td></td></tr> <tr><td>nausea</td><td></td><td></td></tr> <tr><td>dizziness</td><td></td><td></td></tr> <tr><td>abdom. pain</td><td></td><td></td></tr> <tr><td>vomiting</td><td></td><td></td></tr> <tr><td>sore eyes</td><td></td><td></td></tr> <tr><td>chills</td><td></td><td></td></tr> <tr><td>nose bleed</td><td></td><td></td></tr> <tr><td>other</td><td></td><td></td></tr> </tbody> </table>		✓ or 0	duration (days)	cough			malaise			coryza			diarrhea			sore throat			fever (_____° max.)			headache			myalgia			nausea			dizziness			abdom. pain			vomiting			sore eyes			chills			nose bleed			other			Blood Specimens: *Titers: _____ CF HI Date _____ Date _____ Date _____ *Indicate antigens used.
	✓ or 0	duration (days)																																																		
cough																																																				
malaise																																																				
coryza																																																				
diarrhea																																																				
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nose bleed																																																				
other																																																				
Complications: (If any describe)	Remarks:																																																			
	Note: Record additional data on bacteriological studies on sputum, autopsy findings of fatal cases, and other significant information on back.																																																			

INVESTIGATOR _____ DATE _____

This form has been prepared for use in investigations of individual cases of influenza-like illness during the fall and winter months of 1957-1958 when it is anticipated that epidemic influenza may be present in many communities of the United States. Used in conjunction with several other types of epidemiologic data, information collected on these forms may be helpful in obtaining systematic data.

INFLUENZA HOUSEHOLD SURVEY

No. _____

NAME OF HEAD OF HOUSEHOLD _____

ADDRESS _____ STREET OR ROUTE NUMBER _____ CITY OR TOWN _____ COUNTY _____ STATE OR TERRITORY _____

HOUSEHOLD MEMBERS (Including Head of Household)	Name	Age	Check		School or Occupation	Asian Flu Vaccination		Vaccination Date		Flu-like Illness in Past Weeks		Date of Onset of Illness			Remarks
			Male	Female		Yes	No	Month	Day	Yes	No	Weeks	Month	Day	
1	HH		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>				
2			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>				
3			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>				
4			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>				
5			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>				
6			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>				
7			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>				
8			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>				
9			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>				
10			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>				
11			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>				
12			<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>				

(If Additional Space Is Needed Use Other Side)

This form has been prepared for use during the anticipated influenza epidemic in the fall and winter of 1957-1958. A household survey, in a properly selected community or segment thereof, provides precise epidemiological data of a type not usually available through other modes of investigation. Such a survey should not be established however without careful consideration of the objectives of the study and the composition of the study group. In addition, a standardized definition of "flu-like illness" will have to be established and used, depending on the circumstances of the individual epidemic.

GUIDE FOR THE EPIDEMIOLOGIC INVESTIGATION OF INFLUENZA

Basic information which might be collected in a wide variety of epidemic influenza situations is presented below in outline form. While this is primarily intended as a guide to investigation, spaces have been provided so that these sheets may be used for actual recording if so desired.

- I. 1. LOCATION OF THE EPIDEMIC (State or territory; county; city, town).
 2. APPROXIMATE POPULATION OF THE EPIDEMIC AREA.
 3. APPROXIMATE NUMBER OF PERSONS AFFECTED.
 4. COMMENTS ON THE TYPE OF POPULATION AFFECTED.
 - a. School, industry, camp, other.
 - b. Predominant socioeconomic group.
 5. DESCRIPTION OF THE AREA OF THE EPIDEMIC (Geography, climate, economy, etc.).
 6. DESCRIPTION OF METHODS USED TO OBTAIN THE EPIDEMIOLOGIC DATA (Community survey, etc.).
 7. APPROXIMATE EPIDEMIC DATES.
 - Onset:
 - Peak:
 - Termination:
 8. MODES OF INTRODUCTION OF THE DISEASE INTO THE AREA (Recent arrivals from other areas, etc.).
- II. 9. LABORATORY STUDIES:
- a. Virology: (What and how many specimens collected? When collected? Where sent? Results, if available.)
 - b. Serology: (How many specimens? Collected when? Where sent? Results?)

c. Bacteriology:

Studies arising from complicating illness in the affected group. (Bacterial identifications? From what source? Where have specimens been sent? Phage typing of staph?)

III. 10. ASIAN STRAIN VACCINE STATUS OF THE GROUP UNDER STUDY:

(Any special groups vaccinated? Percentage of the group or population vaccinated. Attack rates among vaccinated and unvaccinated persons in otherwise comparable groups.)

IV. 11. EPIDEMIC CURVE: (List number of cases by day for the population.

Specify the population used. Data which can be utilized for deriving epidemic curves include: school or industry absentee figures, physician's records, hospital crude admission or OPD visit figures, etc.)

12. INFORMATION ON SCHOOL, INDUSTRY, OR OTHER ABSENTEEISM.

13. HOUSEHOLD SURVEY INFORMATION (Abstract of results).

(A survey should not be attempted without careful consideration of objectives and resources for such a study. Care in selection of the population for study, and care in selecting a standardized definition of the illness, are essential.)

ATTACK RATES BY AGE GROUP

Age Groups	Number		Number Ill	
	Males	Females	Males	Females
0-4				
5-14				
15-24				
25-44				
45-64				
65+				

V. 14. CLINICAL DATA.

(Description of the group under study. Description of the criteria used in selecting the group for study. Details of the study.)

Generalizations, summaries, and averages based on the entire group in the clinical study.

Duration of illness:

Description of onset:
(gradual or sudden)

Crude measure of severity:
(mild, moderate, severe)

Most common initial symptom(s):

Findings on physical examination:

Details of any hospitalizations:
(Therapy, X-ray findings, diagnostic studies)

Number of days absent from school or work:

<u>No. days absent</u>	<u>No.</u>	<u>% of total group</u>
1 or less		
2-3		
4-7		
8 or more		

Number of days in bed:

<u>No. days in bed</u>	<u>No.</u>	<u>% of total group</u>
1 or less		
2-3		
4-7		
8 or more		

Details of complications:

<u>Symptoms:</u>	<u>No. with</u>	<u>% of total with</u>
headache		
cough		
productive		
non-productive		
malaise		
myalgia		
generalized		
limbs		
low back		
nausea		
dizziness		
abdominal pain		
coryza		
vomiting		
diarrhea		
sore throat		
conjunctivitis		
chills		
chest pain		
with coughing		
epistaxis		
other		

<u>Fever (maximum)</u>	<u>No. with</u>	<u>% of total with</u>
less than 100°		
100° - 103°		
greater than 103°		

VI. 15. In addition to the above data there will usually be supplemental information available in local epidemic occurrences. These data may prove valuable in defining the individual epidemic.