

FOR ADMINISTRATIVE USE

CDC INFLUENZA SURVEILLANCE REPORT
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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, the influenza diagnostic laboratories collaborating with the International Influenza Center for the Americas, the National Office of Vital Statistics, and other pertinent sources. Much of it is preliminary in nature and is intended primarily 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

During the one-week interval since the publication of CDC Influenza Surveillance Report No. 52, January 22, 1960, influenza continued to be reported with a sporadic and limited distribution. Although this week marked the first reported outbreaks of influenzal illness from states in the South Atlantic region, many of the previously reported outbreaks, particularly in the eastern half of the United States, appear to be subsiding. California and Texas, however, continue to report extensive outbreaks of influenza-like disease, and the Los Angeles area, as judged by current information, has experienced the most severe outbreak in the nation thus far.

An increased incidence of febrile respiratory disease, or local outbreaks of clinical influenza have been reported from a total of 29 states, including the District of Columbia. Influenza virus, type A₂, has been isolated in a total of 16 states, including the District of Columbia.

Mortality due to influenza and pneumonia, as reported from 108 cities for the week ending January 23rd, continued to rise, and for the third successive week exceeds the "epidemic threshold". This increase is noted in many regions, but is particularly marked in the Pacific region.

The problems inherent in reporting influenza and influenza-like illnesses are discussed, and a detailed presentation of influenza surveillance programs as instituted by California and New York is included.

A statement of the Committee of Investigators of the Surgeon General's Advisory Committee on Influenza Research is presented; this statement seeks to stimulate current and long-range research in influenza, and defines particular problems needing study.

II. Current Status of Influenza in the United States

A. Reports from States

New England:

1. Massachusetts: Dr. F. R. Philbrook, Director, Division of Communicable Diseases, Massachusetts Department of Public Health, reported that the outbreak of clinical influenza in the Greater Boston area was not progressing as had been expected. Absenteeism in schools is currently between 10 - 15%, a figure which is only slightly above the expected seasonal normal. The outbreak in the Charleston Navy Yard, reported in the CDC Influenza Surveillance Report No. 52, January 22, 1960, occurred among shipboard personnel, rather than among civilian workers. No further information on this outbreak has yet been obtained.

Elsewhere in Massachusetts, the outbreak in Pittsfield has declined, and school absenteeism there is now less than 10%. Similarly, Worcester and Fitchburg have reported mild outbreaks of influenza-like disease, but school absenteeism has not risen over 12%.

Laboratory studies are in progress to determine the etiology of the outbreaks in Massachusetts.

Middle Atlantic:

2. New York: According to Dr. R. M. Albrecht, Director, Bureau of Epidemiology and Communicable Disease Control, New York State Department of Health, mild outbreaks of influenza-like disease have occurred in two counties, Wyoming and Genesee. In neither county, however, have schools reported absenteeism over 10%. There is no other indication of influenza activity in New York State at this time.

3. Pennsylvania: Dr. W. D. Schrack, Director, Division of Communicable Disease Control, Pennsylvania Department of Health, stated that there is evidence of continued sporadic activity of influenza within that State. Pittsburgh and Scranton, in particular, report limited outbreaks, although in most cases school absentee rates are only slightly increased.

Dr. J. S. Younger, University of Pittsburgh School of Medicine, reported the isolation of A₂ influenza virus from a second fatal case of pneumonia, again with no bacteriologic complication. This patient, a fifty-year-old male, gave a history of arterio sclerotic cardiovascular disease.

Although no community wave of influenza has been reported from Philadelphia, Dr. Klaus Hummeler, University of Pennsylvania School of Medicine, reports two additional insolation of A₂ influenza virus from personnel of Philadelphia hospitals.

South Atlantic:

4. District of Columbia: A report received through Dr. C. C. Dauer, National Office of Vital Statistics, indicates that an increased incidence of influenza-like disease continues to occur in Washington. Hospitals have reported an unusual number of out-patients with febrile respiratory diseases, although school attendance has been only slightly affected.

Two more isolations of A₂ influenza virus have been reported from the Children's Hospital, Washington, D.C. Other viral agents that have been isolated from patients with febrile respiratory diseases during the past month include types I and III parainfluenza viruses as well as several adenoviruses.

5. Florida: Dr. James F. Molloy, Epidemic Intelligence Service Officer assigned to Florida State Board of Health, reported a sharp, localized outbreak of influenza-like illness in Bunnell, Flagler County.

Schools closed there on January 26th, not because of the 20% absentee level that had occurred the day before, but rather because of extensive teacher absence. The overall attack rate for Flagler County was estimated at 15%. Laboratory studies are in progress.

6. Georgia: Dr. W. J. Murphy, Director, Division of Epidemiology Control, Georgia Department of Public Health, stated that limited outbreaks of influenzal disease had occurred among students at Emory University and Georgia Tech. School absentee rates in Fulton County (Atlanta) and adjacent DeKalb County are elevated above the normal seasonal level. Elsewhere, in rural Burke County, a sharply localized outbreak has been reported, with high absenteeism rates in two schools.

7. North Carolina: Dr. R. Darter, Epidemic Intelligence Service Officer, assigned to the North Carolina State Board of Health, has reported extensive outbreaks of clinical influenza in seven counties in that State, particularly in Orange and Gaston Counties. School absenteeism rates in Orange County are reported to be 40% or more, and several influenza-associated deaths have occurred. Epidemiologic and laboratory studies of these outbreaks are in progress.

8. West Virginia: According to Dr. L. A. Dickerson, Director, Preventive Medical Services, West Virginia State Department of Health, an outbreak of clinical influenza has occurred in Grant County, with an attack rate among school-age children of about 50%, resulting in the closure of several schools. Elsewhere in the State, many counties report a generalized mild increase in febrile respiratory illness, although there are no other reported focal, sharp outbreaks.

East North Central:

9. Illinois: Dr. N. J. Rose, Chief, Bureau of Epidemiology, Illinois Department of Public Health, stated that an outbreak of influenza-like disease has occurred in Rock Island County, in the northwest corner of the State. No information as to the extent of this outbreak is yet available.

Dr. D. Hamre, University of Chicago School of Medicine, reported through Dr. Roslyn Q. Robinson, WHO International Influenza Center for the Americas, CDC, Montgomery, the isolation of A₂ influenza virus from several personnel at the University of Chicago. A sharp increase in influenza-like illness has been observed there among hospital personnel, in the pediatric out-patient department, and in the emergency ward.

10. Ohio: In a report from Dr. Winslow Bashe, Chief, Division of Communicable Diseases, Ohio Department of Health, outbreaks of clinical influenza are noted to have occurred in 13 counties. School closures due to excessive absenteeism have recently been reported in Trumbull and Mahoning Counties. In Lucas County (Toledo) and Cuyahoga County (Cleveland) many schools continue to report absenteeism rates of 15 to 20%. It is worthy of note that, unlike the outbreaks reported in 1957, adults appear to be more significantly involved, so that many of the school closures reported have been due to teacher illness rather than excessive student absenteeism.

Isolations of influenza virus, type A₂, have been made in three counties in Ohio, Franklin (Columbus), Butler, and Muskingum. In addition, serologic confirmation of influenza A infection has been made in two state institutions, in Madison and Fairfield Counties. Fifty percent of sera from individuals in Franklin County, submitted for routine Wasserman testing, show titers of 1:16 or greater against influenza A by CF test.

East South Central:

11. Alabama: Dr. W. H. Y. Smith, Director, Bureau of Preventable Diseases, Alabama State Department of Health, reported that a sharp outbreak of influenza-like disease has occurred in a small town in Pickens County. A mild increase in clinical influenza has also been observed in the Montgomery area.

12. Kentucky: Dr. R. L. Hectorne, Acting State Epidemiologist, Kentucky State Department of Health, reports that there had been a generalized increase in the reporting of influenza-like illnesses from all counties of Kentucky, but that the frequency of such illnesses now seems to be subsiding. No focal outbreaks have been reported.

13. Mississippi: Dr. Durward Blakey, Director, Division of Preventable Disease Control, Mississippi State Board of Health, stated that an increased incidence of febrile respiratory disease continues to be reported from several counties there, principally in the central portion of Mississippi. This increase is not marked, and is part of a mild state-wide increase in reporting of such illness. No localized outbreaks of clinical influenza have been reported.

14. Tennessee: Dr. C. B. Tucker, Director, Division of Preventable Diseases, Tennessee Department of Public Health, reported that in Tennessee, as in other states in the East South Central region, moderate generalized increases in influenza-like illnesses have been reported from many counties, but with no sharp localization.

West North Central:

15. Iowa: Dr. Ralph H. Heeren, Director, Division of Preventable Diseases, Iowa State Department of Health, reports a state-wide increase in the incidence of febrile respiratory disease, with no marked localizations. Schools throughout the State have reported absenteeism rates of from 5 - 10%, which is only slightly above the expected seasonal normal level.

West South Central:

16. Arkansas: According to Dr. J. T. Heeron, State Health Officer, Arkansas State Board of Health, scattered, small outbreaks of clinical influenza have occurred in that State. Several schools have been closed in Sebastian County. Mild increases in influenza-like illnesses have been noted on a state-wide basis. There has been no generalized community wave in the Little Rock area.

17. Louisiana: Dr. Ben Freedman, Acting Director, Division of Preventive Medicine, Louisiana State Board of Health, reported that sporadic cases of influenza-like disease have occurred throughout the State; no localized outbreaks have been reported, however.

18. Texas: Dr. Howard Smith, Director, Division of Communicable Disease Control, Texas State Department of Health, stated that influenza continues to occur in Texas with a state-wide distribution, and with many continuing, sharp urban outbreaks. In general it was noted that the outbreaks in the lower Rio Grande Valley are now subsiding, and that outbreaks in the large area of Central Texas are now reaching their peak. Approximately 35 counties, most of them in Central Texas, are reported to have sharp outbreaks of clinical influenza. Cities in that area, including Dallas, Fort Worth, and Austin, report many schools closed as a result of pupil absenteeism rates from 25 - 33%. The outbreaks in Corpus Christi and El Paso are similarly reported to be at their peak; the outbreak in San Antonio, however, is waning.

Mountain:

19. Colorado: In a report from Dr. C. S. Mollohan, Chief, Epidemiology Section, Colorado State Department of Public Health, an increased incidence of clinical influenza is noted in several counties there, particularly Pueblo, Boulder, and Grand. Mild increases in febrile respiratory diseases have also been noted in Denver, although school or industrial absenteeism is not elevated.

Dr. Gordon Meiklejohn, University of Colorado Medical School, reported the isolation of A₂ influenza virus from 4 individuals with clinical disease at a hospital in Denver.

Pacific:

20. California: Dr. Henry Renteln, Influenza Surveillance Unit, Bureau of Acute Communicable Diseases, California State Department of Public Health, reported that scattered increases in clinical influenza have been noted in certain hospitals and universities in the San Francisco Bay area. Several schools in Alameda County have reported abnormally elevated school absenteeism rates. In the remainder of the San Francisco Bay area, school absenteeism rates are slightly higher than normal.

In the Los Angeles area, influenza continues to occur in epidemic proportions, with many schools reporting absenteeism rates of 25% or more.

Mortality due to influenza and pneumonia has also risen sharply in California during the past two weeks, particularly in the Los Angeles area. It was noted that influenza and pneumonia mortality in California for the week ending January 23rd exceeded that recorded during any single week in 1957-58.

Additional isolations of A₂ influenza virus have been made in Alameda and San Diego Counties; the former from students at the University of California at Berkeley, and the latter from a fatality in a San Diego hospital.

21. Washington: According to Dr. W. R. Giedt, Chief, Division of Epidemiology, Washington State Department of Health, mild increases have occurred in the reporting of influenza-like disease in Seattle and Spokane. School and industrial absenteeism have not been affected, however, as yet.

Dr. R. T. Ravenholt, Epidemiologist, Seattle-King County Health Department, reported the isolation of A₂ influenza virus from 4 students with clinical influenza at the University of Washington. An epidemiological note concerning these students had been reported in the CDC Influenza Surveillance Report No. 51, January 15, 1960.

22. Alaska: Dr. H. V. Gibson, Commissioner of Health, Alaska Department of Health, reported that a widespread outbreak of clinical influenza is in progress in southeastern Alaska. Although the number of cases is unknown, it is estimated to be quite large; and an unusually high incidence of secondary lobar pneumonia is reported. Laboratory studies are now in progress.

B. Other Reports

According to Dr. C. C. Dauer, National Office of Vital Statistics, several outbreaks of clinical influenza have been reported from Minnesota. In Stearns County, several schools have reported absenteeism of 25%. Mild outbreaks have also been noted in Duluth and Minneapolis, although school absenteeism has been little affected. A₂ influenza virus has been isolated from patients with clinical disease at a hospital in Minneapolis.

Sporadic cases of influenza-like illness have been noted in the Baltimore area, according to Dr. W. Prin, Epidemic Intelligence Service Officer, assigned to the Maryland State Department of Health.

The isolation of A₂ influenza virus has also been reported by Dr. C. F. Hunter, Public Health Laboratory, Kansas State Board of Health.

C. International Report

Dr. C. C. Dauer reports that A₂ influenza virus has been isolated from patients in Italy. Serologic confirmation of influenza A infection has also been obtained from individuals in Bremerhaven, Germany.

The pattern of reported influenza thus remains much the same as in previous weeks. Although it has now appeared in the Southeastern United States as well, with only two exceptions reported outbreaks are scattered, limited in distribution, not notably severe, and apparently subsiding in many states. The exceptions are Texas, where reported influenza remains widespread, although not markedly severe, and California, In the latter State, particularly in the Los Angeles area, the outbreak must be considered to be quite severe as judged by current information, with respect to both morbidity and mortality.

A summary of states reporting outbreaks of clinical influenza this season and/or isolations of influenza virus follows.

<u>Area</u>	<u>State</u>	<u>Reported Outbreak of clinical influenza</u>	<u>Isolation of influenza virus</u>
<u>New England</u>	Massachusetts	x	-
<u>Middle Atlantic</u>	New York	x	-
	Pennsylvania	x	A ₂
<u>South Atlantic</u>	D. C.	x	A ₂
	Florida	x	-
	Georgia	x	-
	Maryland	x	-
	North Carolina	x	-
	West Virginia	x	-
<u>East North Central</u>	Illinois	x	A ₂
	Michigan	x	A ₂
	Ohio	x	A ₂
<u>East South Central</u>	Alabama	x	-
	Kentucky	x	-
	Mississippi	x	A ₂
	Tennessee	x	-
<u>West North Central</u>	Iowa	x	A ₂
	Kansas	-	A ₂
	Minnesota	x	A ₂
	Missouri	-	A ₂
<u>West South Central</u>	Arkansas	x	-
	Louisiana	x	B
	Texas	x	A ₂
<u>Mountain</u>	Arizona	x	-
	Colorado	x	A ₂
	Nevada	x	-
	Utah	x	A ₂
<u>Pacific</u>	California	x	A ₂
	Washington	x	A ₂
	Alaska	x	-
	Hawaii	x	A ₂

Totals

29 states

A₂ - 16 states
B - 1 state

III. Current Analysis of Influenza and Pneumonia Mortality (1)

For the third successive week the number of pneumonia and influenza deaths in the United States has shown a steady increase. The current experience when compared with that of recent years (excluding 1957-58) is well above normal levels as shown in Figure 1.

Table 1 compares pneumonia-influenza deaths in the 108 cities during the last six weeks with "expected" levels and with experience of the last two years. In middle December of 1959 mortality was lower than expected but since late December has been above "expected" levels. During the last two weeks deaths have exceeded those reported in the corresponding week of a year ago and have also exceeded the corresponding weekly totals of the "second wave" of the 1957-58 epidemic.

Table 1. Pneumonia and Influenza Deaths, 108 Cities, 1959-60 Compared with Previous Years

Week Ending 1959-60	1959-60		Deaths in Corresponding Week** of Previous Years	
	"Expected" Deaths*	Observed Deaths	1958-9	1957-8
Jan. 23	509.6	754	546	675
16	503.5	662	564	651
9	496.1	625	591	633
2	487.6	499	516	532
Dec. 26	478.1	397	402	483
19	467.8	445	514	565
6-Week Total	2942.7	3382	3133	3539

* Trend line values of Figure 1.

** Nearest calendar date.

(1) Prepared by the Statistics Section, Communicable Disease Center

The increase is general, but quite marked in the Pacific States (Figure 1 and Table 2). Moderate increases continue in the East and West North Central States as well as in the East and West South Central States. The Middle Atlantic States, although not exceeding the epidemic threshold, showed an appreciable increase.

Table 2. Current Influenza and Pneumonia Deaths in 108 United States Cities by Geographic Divisions

Division	Deaths (including estimates*) during Weeks Ending:						
	12/19 108 Cities	12/26 108 Cities	1/2/60 108 Cities	1/9 108 Cities	1/16 108 Cities	1/23 106 Cities	No Cities Reporting this week
U.S.	445	397	499	625	662	754	106
NE	33	24	47	49	41	41	14
MA	138	118	128	164	153	188	17
ENC	89	73	126	140	154	166	18
WNC	36	33	23	34	35	41	8
SA	30	29	42	54	47	41	9
ESC	29	28	23	47	39	51	8
WSC	31	45	45	69	73	83	13
Mt	15	14	13	19	27	20	7
Pac	44	33	52	49	93	123	12

* The number of deaths given includes estimates for cities not reporting in a given week. The table is corrected for preceding weeks after receipt of late reports.

Table 3. Six Week Totals for Selected Cities in Areas Showing an Increase

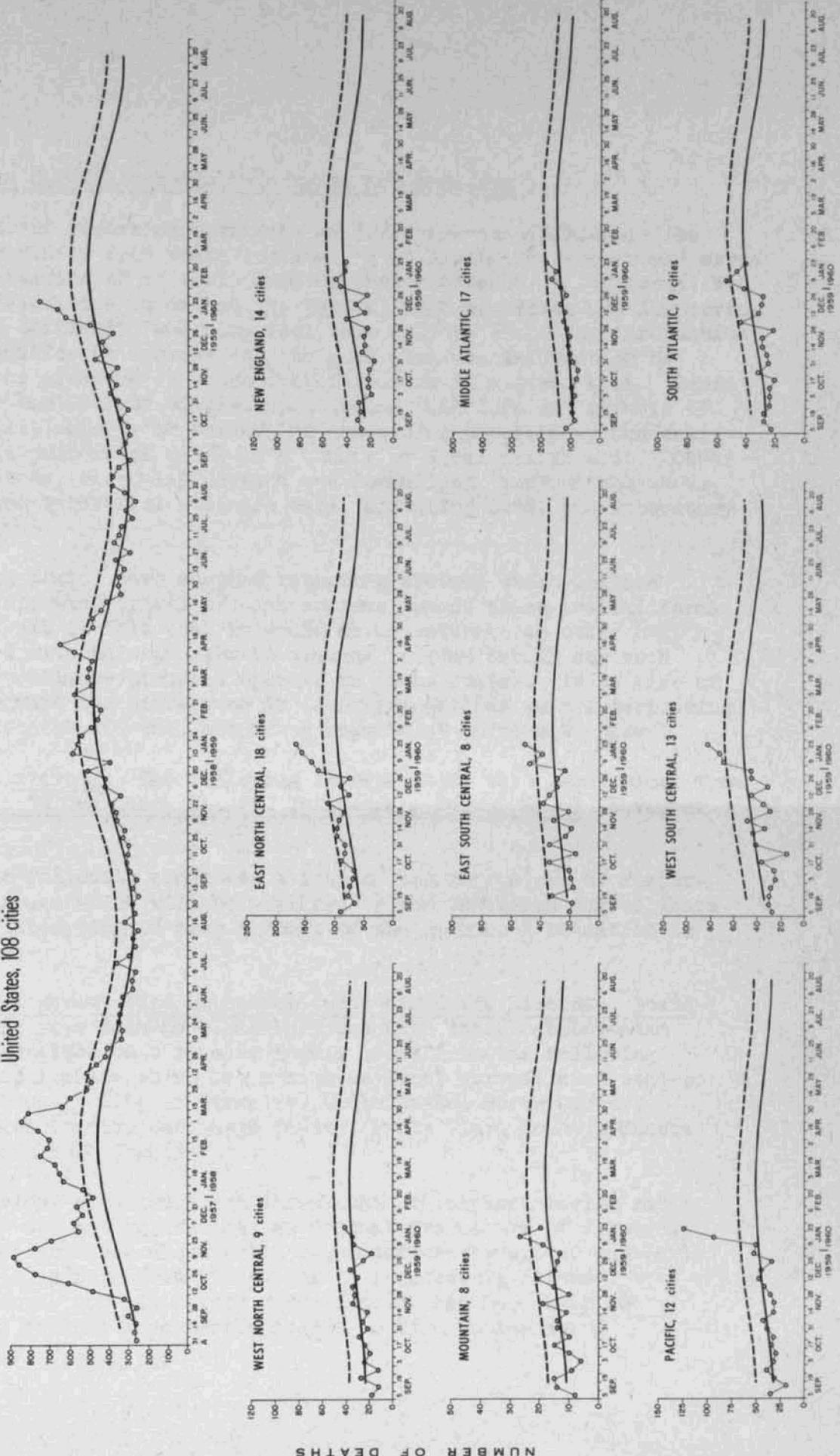
	12/19	12/26	1/2/60	1/9	1/16	1/23	
Pacific							
Los Angeles		18	14	21	14	49	64
San Diego		3	0	3	8	8	17
East North Central							
Chicago		40	33	63	63	69	64
Detroit		13	9	16	27	24	49
West South Central							
San Antonio		8	1	7	18	20	19
Little Rock		5	5	1	12	5	14
Middle Atlantic							
Pittsburgh		6	8	7	7	17	28
New York		68	59	69	83	74	86

FIG. 1 WEEKLY PNEUMONIA AND INFLUENZA DEATHS



--- EPIDEMIC THRESHOLD
 — NORMAL INCIDENCE

United States, 108 cities



NUMBER OF DEATHS

IV. Influenza Surveillance in California and New York

Methods of reporting outbreaks of influenza and influenza-like diseases vary widely from state to state. Most health officers would agree that the acquisition of reliable data on the occurrence of influenza, with its usual difficulties in diagnosis, typical high morbidity and low mortality, is most difficult, and many feel that only by combining information from several different sources can the most accurate information be obtained on the presence or absence of influenza in a given area. Basic reporting systems include simple, spontaneous, and informal reports of local outbreaks, reports or surveys of practicing physicians, and estimates of gross numbers of cases in a county or local health unit. Other reporting systems, carefully devised and formalized, include the above, plus school and industrial absentee data, mortality data, and laboratory studies.

Several states have adopted reporting systems which utilize information from many or all of such sources; among these are California and New York. It is felt that it would be of interest to other health officers faced with this problem to examine in some detail how such influenza surveillance programs operate in these states. It is also of value to recognize the difference in reporting methods when interpreting reports from states and when comparing reports of different states.

A. California: The following is reprinted, with permission, from the California Surveillance Report, Influenza - Report No. 1, November 6, 1959:

"The following items are a list of the indicators of respiratory disease which will be utilized by the Influenza Surveillance Unit in attempting to keep abreast of the influenza situation in the State.

1. School Absenteeism Data from Local Influenza Listening Posts

This year data on elementary and high school absenteeism will be received on a routine-weekly basis from the following health departments which are acting as local surveillance centers: Alameda County, City of Berkeley, Humboldt-Del Norte County, Los Angeles County, San Diego County, Santa Clara County, Shasta County, and Yolo County.

Previous experience has shown that school absenteeism rates above 10% are apt to indicate an unusual prevalence of illness. When this increased absenteeism comes during the winter and early spring, it is more than likely due to respiratory illness. Epidemiologic and laboratory investigation can then help to determine if this absenteeism is due to high incidence of influenza.

2. Disease Intelligence Reports from All Local Health Departments

Although only certain health departments have been designated as "Listening Posts", it is hoped that all departments will report any information they might have regarding acute respiratory disease in their communities. The top portion of the weekly morbidity report can be used for this purpose. Should any outbreaks of influenza-like disease occur, local health officers should notify the Bureau of Acute Communicable Diseases as soon as possible. The Bureau may be able to offer assistance in the epidemiologic investigation or in the collection of acute specimens for viral studies, if such assistance is desired. The Influenza Epidemic Summary, a mimeographed form which was used last year, should be used again this year in making the formal report of the outbreak. If any health departments need additional copies of this form they may be had upon request.

3. Deaths from Pneumonia and Influenza from Eight Selected Cities (Berkeley, Long Beach, Los Angeles, Oakland, Pasadena, Sacramento, San Diego, San Francisco)

Figure 1 showing weekly deaths due to pneumonia and influenza is attached. Although the data are not precise (few of the deaths coded on death certificates as due to influenza have ever received any laboratory confirmation, and most of these deaths during a period of normal incidence are in very elderly persons) in times of exceptionally high incidence of actual viral influenza, such as during the 1957-59 pandemic, the increased mortality is highly correlated with the incidence of the disease, and serves as a useful index of severity. Thus far this year the number of deaths has remained well within the normal range.

4. Laboratory Data

The only method by which to identify the agent which causes an outbreak of viral respiratory disease is by testing for specific viruses. Data from the Viral and Rickettsial Disease Laboratory, including the number of persons tested for influenza and the percent of those tested which show laboratory evidence of infection, are shown on the accompanying graph, figure 2. As it can be seen, very few confirmations of influenza virus infection have been made this year since the first of July, while the number of persons tested for influenza since that date is about 25% higher than during the same period last year. Information similar to that in Figure 2 is being received from the Laboratory of the Los Angeles City Health Department. The State Viral and Rickettsial Disease Laboratory serves as the regional laboratory for the WHO Influenza Surveillance activities, with Los Angeles City Health Department as one of the collaborating laboratories."

B. New York: A system somewhat similar to that in effect in California has been instituted in New York. There, in addition to reporting local outbreaks, including school and industrial absenteeism, a program of routine surveillance has been put into effect, as described in the New York State Department of Health Bulletin, Vol. 12, No. 52, December 28, 1959:

"A new reporting system to improve the surveillance of influenza in Upstate New York will be put into effect this winter. The new procedure will attempt to fill the need for quantitative data on where and when influenza is occurring.

"Each full-time health officer has been asked to select up to six general practitioners from each county, or from each city with a separate full-time health officer, who will notify the full-time health officer each Friday as to the approximate number of cases of influenza which he saw in the preceding seven days.

"Similarly, up to six schools and one, two or three industries are to be selected from each county or from each city with a separate full time health officer. Each institution will notify the full-time health officer each Friday as to the number of pupils or employees absent the day before.

"The new sampling procedure will not replace the methods previously used by health officers to detect, investigate and report outbreaks of influenza, but is intended to supplement them.

"The information for the State will be compiled by the Office of Epidemiology.

"Reports will commence for the week ending Thursday, December 17 and will cease with the week ending Thursday, April 28."

The forms which are completed by the local health officers and submitted to the State Health Department are then recorded mechanically and tabulated. One can then follow trends in influenza from week to week in a constant group of reporting agencies and individuals.

The Surveillance Section, CDC, would be interested to learn of other reporting systems found especially useful in other states.

V. Statement on Influenza Research

The following statement on influenza research was released on January 19, 1960, by the Committee of Investigators of the Surgeon General's Advisory Committee on Influenza Research, Public Health Service, National Institutes of Health, Bethesda, Maryland.

"Increased support for influenza research to permit investigators to take advantage of the study opportunities afforded by the current influenza outbreaks has been announced by Surgeon General Leroy E. Burney of the Public Health Service.

"Methods to stimulate research during the current influenza season and to encourage long-range research in influenza and related diseases were developed on January 13 when Dr. Burney called together the Service's Committee of Investigators which is composed of some of the Nation's leading authorities on influenza and related diseases. The meeting was held at the National Institutes of Health.

"Members of the Committee agreed to accelerate their own research during this influenza season and to encourage other investigators to conduct influenza studies. All influenza research projects will receive special review at the National Institutes of Health, and qualified projects will be approved rapidly.

"Types of problems cited by the Committee as needing study are:

- a. Assessment of the value of vaccine given in the 1957 epidemic as to its possible degree of protection at the present time.
- b. The present degree of immunity of unvaccinated individuals who had influenza in the 1957 epidemic;
- c. The physiological effects of influenza on cardiovascular and respiratory systems;
- d. The neuromuscular effects of influenza.

"Investigators who participated in studies during the 1957 epidemic have been alerted to the accelerated project review and approval mechanism.

"The Committee of Investigators was established on the recommendation of the Surgeon General's Advisory Committee on Influenza Research. The Influenza Research Committee continued to function after the Asian Influenza Epidemic of 1957. It stressed that one of the major problems of influenza research is to maintain a competent corps of investigators with a continuing interest in research in this disease between epidemic periods. A plan for a Committee of Investigators with continuing interest in influenza research was approved by the Councils of the National Institutes of Health and by the Surgeon General in the fall of 1959.

"Members of the Committee of Investigators are: Dr. Robert Wagner, University of Pennsylvania, chairman; Dr. George Burch, Tulane University; Dr. Fred M. Davenport and Dr. Thomas Francis, University of Michigan; Dr. Ivan Bennett, Johns Hopkins University; Dr. George Hirst, Public Health Research Institute of the City of New York, Inc.; Dr. Maxwell Finland, Boston City Hospital; and Dr. Roderick Murray, National Institutes of Health."

(This report was prepared by Theodore C. Eickhoff, M.D. Epidemic Intelligence Service Officer, Surveillance Section, Communicable Disease Center.)