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POLIOMYELITIS SURVEILLANCE
REPORT NUMBER 3
MAY 3, 1955 - 8:30 PM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE

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SPECIAL NOTE

The information provided in this report represents the latest data reported to the Poliomyelitis Surveillance Unit from State Health Departments, Epidemic Intelligence Service Officers, participating laboratories, and other pertinent sources. Much of the material is preliminary in nature and is subject to confirmation and change. It is distributed for the benefit of all participants with the understanding that it will not be released to the press or to unauthorized persons. State Health Officers, of course, are free to reveal any information they may wish concerning data from their State.

Dr. Howard J. Shaugnessy, Director, Laboratory Division, Illinois Department of Public Health reports isolation of type 1 poliomyelitis virus from the stool of PSU case number Ill-1 (See PSU Report No. 1).

Yesterday the isolation of the same type of virus from a California case was reported by Dr. Edwin H. Lennette. Both cases received Cutter Vaccine.

Today four accepted cases were added to the cumulative list, giving a total of 33, as of 7:30 P.M., May 3, 1955. Three of today's cases were

reported from Oregon, and all received Cutter Vaccine. Two of these cases developed paralysis, and in one the initial site of paralysis was the arm inoculated.

There is a single case reported from Indiana. Paralysis first developed in the left arm nine days following inoculation in the left shoulder with Lilly Vaccine. This is the fourth case reported in association with Lilly Vaccine but the first one with any correlation between site of inoculation and site of first paralysis.

Today's totals can be broken down as follows:

by type:	paralytic	30
	non-paralytic	3
by manufacturers:	Cutter	29
	Lilly	4
by State:	California	14
	Idaho	9
	Oregon	3
	Washington	1
	Colorado	1
	Illinois	1
	Indiana	1
	Louisiana	2
	Georgia	1

Investigation on suspect cases is proceeding in California, Idaho, Colorado, Illinois, Louisiana, Michigan, Missouri, Nevada, Ohio, and West Virginia.

The news release enclosed as attachment No. 1 to the present report restates the immediate questions of national importance in the polio situation. The data as PSU receives it, is transmitted immediately to the advisory group of experts in Washington. As this document makes clear, PSU data are already in use.

In order to amplify the scheme for collection of data outlined in PSU Report No. 1, a recommendation for collection and transmission of information is outlined in attachment No. 2. A proposed Poliomyelitis Investigation Form is also included.

NEAL NATHANSON

Neal Nathanson, M.D., Chief
Poliomyelitis Surveillance Unit

5-3-55
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May 3, 1955
7:30 P.M.

DEPARTMENT OF HEALTH, EDUCZTION, AND WELFARE
PUBLIC HEALTH SERVICE — COMMUNICABLE DISEASE CENTER

POLIOMYELITIS SURVEILLANCE UNIT

Accepted Cases Associated with Poliomyelitis Vaccine

Daily Cumulative Summary

PSU Case No	Residence	Initials	Age	Sex	Date Inoc.	Date 1st Symp	Date 1st Para	Site Inoc	Site 1st Para	Mfr	Lot No	Remarks
						NEW CASES						
						Indiana						
Ind-1	North Vernon	WC	7	M	4-20	4-27	4-29	LA	Arms	L	649335?	
						Oregon						
Ore-1	Portland	KK	4	M	4-20	4-27	4-30	LA	LA	C	E5972	
Ore-2	Portland	SJ	11	F	4-15	4-29	4-29	LA	Legs	C	E5972	
Ore-3	Portland	EH	4	F	4-20	4-29	None	LA	None	C	E5972	Non-paralytic

Code of Abbreviations:

PSU - Poliomyelitis Surveillance Unit
Mfr - Manufacturer
C - Cutter Laboratories
L - Lilly Laboratories
LA - Left Arm
LL - Left Leg or Buttocks
RA - Right Arm
RL - Right Leg or Buttocks

May 3, 1955

Attachment No. 1 to
Poliomyelitis Surveillance Report No. 3

"THE FOLLOWING NEWS RELEASE WAS ISSUED BY THE DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE AT 6:00 P.M. SATURDAY AND IS BEING SENT TO ALL STATE HEALTH OFFICERS AND REGIONAL MEDICAL DIRECTORS OF THE PUBLIC HEALTH SERVICE. REGIONAL MEDICAL DIRECTORS ARE URGED ALSO TO CONTACT STATE HEALTH OFFICERS IN THEIR REGIONS MONDAY MORNING AS SOON AS POSSIBLE TO BE SURE IT HAS REACHED THEM. AN ADDITIONAL TELEGRAPHING WILL BE MADE BY GOVERNMENT TELETYPE TO REGIONAL MEDICAL DIRECTORS MONDAY MORNING TO BE SURE THEY RECEIVE IT.

"THE PUBLIC HEALTH SERVICE, U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE, MADE PUBLIC LATE TODAY A SUMMARY OF CONCLUSIONS AND RECOMMENDATIONS OF AN ADVISORY GROUP OF EXPERTS IN THE FIELDS OF POLIOMYELITIS AND IMMUNOLOGY WHICH HAS JUST CONCLUDED A TWO-DAY MEETING AT THE NATIONAL INSTITUTES OF HEALTH IN BETHESDA, MARYLAND. THE MEETING WAS CALLED BY SURGEON GENERAL LEONARD A. SCHEELE TO ADVISE ON AN INVESTIGATION OF THE POLIOMYELITIS VACCINE PRODUCED BY THE CUTTER LABORATORIES OF BERKELEY, CALIFORNIA, WHICH WAS WITHDRAWN FROM DISTRIBUTION THIS WEEK.

"IN ADDITION TO THE CONSULTING GROUP AND STAFF MEMBERS OF THE PUBLIC HEALTH SERVICE TODAY'S MEETING INCLUDED TECHNICAL REPRESENTATIVES OF THE SIX PHARMACEUTICAL HOUSES MANUFACTURING THE VACCINE. DR. SCHEELE SAID THEY WERE INCLUDED SO THAT THE SERVICE MIGHT BENEFIT FROM THEIR SPECIAL KNOWLEDGE REGARDING THE PRODUCTION AND DISTRIBUTION OF VACCINE.

"IN ARRIVING AT CONCLUSIONS AND RECOMMENDATIONS THE GROUP WAS GUIDED BY LAST-MINUTE DATA OBTAINED BY TELEPHONE FROM HEALTH OFFICIALS IN VARIOUS PARTS OF THE COUNTRY CONCERNING CASES OF PARALYTIC POLIO OCCURRING AMONG CHILDREN WHO HAD BEEN VACCINATED.

"AS OF NOON SATURDAY THE NUMBER OF CASES REPORTED TO THE PUBLIC HEALTH SERVICE WAS AS FOLLOWS: CALIFORNIA 16; IDAHO 8; LOUISIANA 2; ILLINOIS 1; COLORADO 1; AND GEORGIA 1. THE VACCINE MANUFACTURED BY THE CUTTER LABORATORIES HAD BEEN USED IN ALL BUT THREE OF THESE CASES.

"IN RELEASING THE LATEST TABULATION THE SURGEON GENERAL POINTED OUT THAT AS OF THE PRESENT MOMENT THEY REPRESENTED A TOTAL OF ONLY 29 CASES. APPROXIMATELY 4 MILLION CHILDREN HAVE BEEN VACCINATED.

"IT IS IMPORTANT TO REMEMBER," DR. SCHEELE SAID, "THAT THE FIELD TRIALS OF THE VACCINE INDICATED THAT IT WAS FROM 60 TO 90 PERCENT EFFECTIVE. IT MUST BE ANTICIPATED THAT ADDITIONAL CASES WILL INEVITABLY OCCUR AMONG SOME OF THOSE FOR WHOM THE VACCINE IS NOT EFFECTIVE."

"THE SURGEON GENERAL REITERATED THE BELIEF OF THE SERVICE THAT THE MASS INOCULATIONS NOW UNDERWAY SHOULD BE CONTINUED.

"IT WAS EMPHASIZED IN THE GROUPS' REPORT THAT AT THE PRESENT TIME THERE IS NO REASON TO SUGGEST THAT VACCINES OF MANUFACTURERS OTHER THAN CUTTER SHOULD BE WITHHELD. VACCINATIONS SHOULD BE CONTINUED.

"A SUMMARY OF THE RECOMMENDATIONS FOLLOWS:

"THE CONSULTANTS AGREED THAT THE DATA PRESENTED ON REPORTED CASES OF PARALYSIS FOLLOWING INJECTION WITH POLIOMYELITIS VACCINE MANUFACTURED BY THE CUTTER LABORATORIES JUSTIFY THE ACTION BY THE PUBLIC HEALTH SERVICE IN DISCONTINUING THE USE OF CUTTER VACCINE PENDING NECESSARY INVESTIGATION.

"THE GROUP SAID THAT THE FAILURE OF A SIGNIFICANT NUMBER OF CASES TO OCCUR FOLLOWING THE ADMINISTRATION OF VACCINE PREPARED BY MANUFACTURERS OTHER THAN CUTTER WARRANTS THE CONTINUATION OF VACCINATION WITH PRODUCTS PREPARED BY OTHER MANUFACTURERS.

"THE GROUPS' DISCUSSION OF THE CUTTER VACCINE CENTERED AROUND THREE BASIS QUESTIONS UPON WHICH CONTINUING STUDIES WERE RECOMMENDED:

(1) IS THE APPEARANCE OF POLIOMYELITIS AMONG PEOPLE INOCULATED WITH THE CUTTER VACCINE MERELY COINCIDENTAL?

(2) COULD THE INJECTION OF THE VACCINE HAVE PROVOKED THE APPEARANCE OF PARALYSIS IN A MANNER SIMILAR TO THE PROVOCATIVE EFFECT WHICH HAS BEEN OBSERVED AFTER THE USE OF OTHER IMMUNIZING AGENTS?

(3) WAS A LIVE VIRUS INTRODUCED BY THE INJECTION OF VACCINE?

"THE CONSULTANT GROUP AGREED THAT THE INCIDENCE AND DISTRIBUTION OF POLIOMYELITIS IN THE NEXT SEVERAL WEEKS WOULD SHED LIGHT ON THESE QUESTIONS.

"THE GROUP RECOMMENDED THAT EVERY EFFORT BE EXERTED TO STAY ABREAST ON A DAY TO DAY BASIS, OF THE CURRENT INCIDENCE OF POLIO AMONG THOSE WHO HAVE RECEIVED VACCINE - SECURING BOTH MEDICAL AND LABORATORY DATA ON EACH CASE REPORTED.

"IN ADDITION THE GROUP FELT THAT IT IS PARTICULARLY IMPORTANT THAT PRACTICING PHYSICIANS THEMSELVES SHOULD KEEP CAREFUL DATA ON ALL INOCULATIONS THEY ADMINISTER, INCLUDING THE MANUFACTURER'S NAME, LOT NUMBER, SITE OF INOCULATION, AND GENERAL HEALTH OF THE INDIVIDUAL AND THAT THESE DATA BE REPORTED TO HEALTH DEPARTMENTS.

"IN ADDITION TO OBTAINING EPIDEMIOLOGICAL AND PHYSICAL DATA THE GROUP RECOMMENDED THAT CAREFUL LABORATORY STUDIES BE CONDUCTED ON AFFECTED INDIVIDUALS WHO HAVE BEEN INJECTED WITH THE VACCINE AND THEIR FAMILIES. THE GROUP RECOGNIZED THAT THIS WILL MEAN A SEVERE STRAIN ON THE LABORATORY FACILITIES OF THE PUBLIC HEALTH SERVICE AND SUGGESTED THAT THE SURGEON GENERAL INVESTIGATE THE POSSIBILITY OF ENLISTING OTHER LABORATORY RESOURCES. THE GROUP AGREED TO SERVE ON A CONTINUING BASIS TO ADVISE THE SURGEON GENERAL AS NECESSARY."

OTIS L. ANDERSON, CHIEF
BUREAU OF STATE SERVICES

May 3, 1955

Attachment No. 2 to
Poliomyelitis Surveillance Report No. 3

Recommended Procedures for Report of Cases to PSU by State Polio Reporting Offices

The following priorities are recommended for the reporting of information on poliomyelitis cases to the PSU.

FIRST PRIORITY

Cases associated with Polio Vaccine

Send by teletype or telegraph collect the following minimum essential data: Residence, initials, age, sex, date inoculation, date first symptoms, date first paralysis, site of inoculation, site of first paralysis, extent of paralysis, manufacturer and lot number, specimens collected and laboratory to which submitted, and a brief summary about polio prevalence in general area for the previous 2 weeks. Officer should specify whether he has accepted case as verified poliomyelitis or is holding it as suspect pending further investigation. On all suspect cases subsequent reports at 48-hour intervals or less should be sent by teletype or telegraph collect until final classification is determined.

(Note: Copies of today's report sent to State Polio Reporting Officers include as Attachment No. 4 a map of locations where Government teletype is available. All State Public Health officials are authorized to use these facilities to transmit information to PSU. Information can be forwarded to teletype offices by phone or wire. Offices are listed in local directories under U. S. Government, General Services Administration.)

SECOND PRIORITY

Cases not associated with Polio Vaccine

Send weekly summary list preferably each Friday by air mail of all verified cases, both paralytic and non-paralytic, giving as much of the following information as possible: Residence, initials, age, sex, date first symptoms, date first paralysis, site first paralysis, extent of paralysis, specimens collected and laboratory to which submitted.

FORMS

The proposed form for collecting the significant data on all cases of polio mentioned in PSU Report No. 1 is now available for distribution. A copy is included with this report as Attachment No. 3. A small supply is being sent under separate cover to each Polio Reporting Officer and to the EIS Officers participating. Additional forms will be sent air mail on request.

These forms will be used routinely by the EIS Officers who will complete them in duplicate, submitting both copies to the State Reporting Officer, who should forward one to PSU when the essential clinical and epidemiological data have been obtained. It is hoped that this form will also be used when completed reports on cases not investigated by EIS Officers are submitted to PSU. In this way it will be possible to obtain the uniform data required for analysis.

POLIOMYELITIS SURVEILLANCE FORM

State_____

County_____

City or
Town _____

1. Name of Patient _____ 2. Sex____ 3. Age_____ 4. Date of Birth _____ 5. Race_____ 6. Telephone No._____
Last First Middle

Residence
7. Address _____ 8. School _____ 9. Grade _____

10. Date Patient First Felt Unwell_____ Date Onset Paralysis _____ Site of First Paralysis _____

11. Description of Illness:

	Yes	No		Yes	No
Fever	☐	☐	Sore Throat	☐	☐
Headache	☐	☐	Vomiting	☐	☐
Stiff Neck	☐	☐	Diarrhea	☐	☐
Stiff Back	☐	☐	Constipation	☐	☐
Back Pain	☐	☐	Muscular Pain	☐	☐

12. Extent of Paralysis:

Right Arm ☐ Right Leg ☐

Left Arm ☐ Left Leg ☐

Bulbar ☐ Trunk ☐

13. Spinal Fluid: Yes___No___Cells_____Protein_____ 14. Gamma Globulin Administered: Yes___No___Date_____

15. Muscle Evaluation: Yes___No___Date_____Score_____By Whom_____

16. Final Clinical Diagnosis: Poliomyelitis: Paralytic_____Non-paralytic_____Suspect_____
Not Polio: (specify)_____
Death _____
Date _____

17. Attending Physician_____ 18. Hospital _____

19. Poliomyelitis Vaccination: Yes_____ No _____

Injection: (1) Date_____ Site_____ Mfr._____ Lot No._____
(2) Date_____ Site_____ Mfr._____ Lot No._____
(3) Date_____ Site_____ Mfr._____ Lot No._____

20. Vaccinated at: Private Physician's Office _____
Health Department Clinic_____
School Clinic _____
Other_____

21. Name of private physician or clinic and exact address:

Name _____

Address_____ City or Town_____

PHS 400.112 (CDC) GA.
REV. 5-55

LABORATORY SPECIMENS

1. Patient Stool:

Specimen (1) Date Collected _____ Lab. Sent to _____ Date Sent _____

Specimen (2) Date Collected _____ Lab. Sent to _____ Date Sent _____

Specimen (3) Date Collected _____ Lab. Sent to _____ Date Sent _____

2. Patient Blood:

Acute Spec.(1)Date Collected _____ Lab. Sent to _____ Date Sent _____

Conval.Spec.(2)Date Collected _____ Lab. Sent to _____ Date Sent _____

Conval.Spec.(3)Date Collected _____ Lab. Sent to _____ Date Sent _____

3. Family Contacts:

Name	Age	Sex	Vaccinated		Illness*		Date Stool Collected	Date Sent to Lab.	Laboratory Sent to
			Yes	No	Yes	No			
a.									
b.									
c.									
d.									
e.									
f.									
g.									
h.									
i.									
j.									

*(Defined as febrile illness at any time beginning two weeks prior to date patient named in Item 1 first felt unwell)

Name(s) of Informant(s) Relationship to Patient

Name of Investigator Title Date

Pertinent Remarks: