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POLIOMYELITIS SURVEILLANCE
SPECIAL REPORT NUMBER 1
MAY 14, 1955

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE COMMUNICABLE DISEASE CENTER

POLIOMYELITIS SURVEILLANCE UNIT
50 7TH STREET, N.E., ATLANTA, GA.

SPECIAL REPORT ON CASES

OF POLIOMYELITIS AMONG UNVACCINATED PERSONS HAVING FAMILIAL
CONTACT WITH INDIVIDUALS WHO HAVE RECEIVED POLIOMYELITIS VACCINE

SPECIAL NOTES

This report has been prepared primarily for the Expert Committee on Poliomyelitis of the Public Health Service. The information has been obtained from poliomyelitis reporting officers on a confidential basis. Permission has been granted from some states to distribute the facts to the complete PSU mailing list. Other states have requested a delay for verification of the facts.

This report has been prepared by Dr. Alexander D. Langmuir, Dr. Neal Nathanson, and Mr. Earl Diamond. Field investigations have been performed by the following Epidemic Intelligence Service officers: Dr. Helen A. Moore, Dr. Gerald M. Silverman, and Dr. Gerald D. LaVeck.

From May 7 to May 13, the Poliomyelitis Surveillance Unit in Atlanta received reports of 9 instances in which poliomyelitis developing among parents or siblings of children who had received poliomyelitis vaccine. A summary of the reported data is shown in the accompanying table.

In 5 of the 9 cases poliomyelitis occurred among parents and in 4 cases among siblings. Of the 4 siblings, 2 were older than, and 2 were younger than the inoculated child.

The severity of the disease has varied from a fatal bulbar case in an 8-months pregnant woman in Atlanta, to a non-paralytic case in Carson City, Nevada. Full data regarding the extent of paralysis must await subsequent reports.

The geographic distribution of the 9 instances is wide. Six cases occurred in 3 western states; Idaho, Nevada and California, and 3 cases in 2 southeastern states; Georgia and Tennessee.

There were 12 children in these 9 families who received poliomyelitis vaccination. In 8 of these 12 children, mild illnesses, variously diagnosed as tonsillitis, diarrhea, or fever, occurred. The illnesses were of short duration, with complete recovery and no definite indication of muscular weakness or central nervous system involvement. In 4 of the 12 children, the occurrence of a minor illness was not reported, although the extent of the field inquiry in these families is not known.

In each of the 9 instances, Cutter vaccine was used. Several different lot numbers were involved, all of which had been previously associated with cases of poliomyelitis among Cutter inoculated children.

Some of the 9 instances were associated with children inoculated in NFIP clinics. Others were associated with vaccine from commercial sources because the ages of the children were not in the first or second grade group. Full details on the ages of the inoculated children are not yet known.

The intervals between inoculation and minor illness in the 8 vaccinated children who developed symptoms were 2, 5, 6, 7, 7, 8, 10, and 11 days. The interval from onset of symptoms in the vaccinated children to onset of paralysis in the associated case of poliomyelitis varied from 11 to 19 days, in the 6 cases for which data were known. The intervals from date of inoculation of the child and date of first paralysis in the case were 18, 18, 19, 20, 21, 21, and 22 days for the 7 cases on which data were available.

Specimens for laboratory examination, both feces and serum, have been collected or are being collected in each of these 9 instances, both from the cases of poliomyelitis and their family contacts, including the vaccinated children. Specimens on the Georgia and Tennessee families have already gone to the CDC Virus and Rickettsial Laboratory in Montgomery, Alabama; those from Idaho are going to the Rocky Mountain Laboratory, NIH, Hamilton, Montana; and the Nevada and California families are being studied in the California State Laboratory. No reports of virus isolations have yet been received.

The attachment shows the teletype message that was sent on May 13, requesting change in procedure for reporting non-vaccinated cases.

POLIOMYELITIS AMONG UNV

ACCIMATED PERSONS GIVING HISTORY OF FAMILIAL CONTACT WITH INDIVIDUALS
WHO HAVE RECEIVED POLIOMYELITIS VACCINE
(PSU Accepted Cases through May 13, 1955)

PSU Case No.	Residence	Vaccinated Individuals								Poliomyelitis Case (Not Vaccinated)						
		Init- ials	Age	Sex	Date Inoc	Date Illness	Type Illness	Mfr	Lot No.	Init- ials	Age	Sex	Date lst Symp	Date lst Para	Site lst Para	Remarks
Tenn - X1	Knoxville	NS	4	M	4/18	4/25	tonsil- litis	C	E5973	IS	26	F	5/3	5/6	Bulbar	Hospital in Atlanta
	"	DS	1	M	4/18	4/29	tonsil- litis	C	E5973							
Ga - X1	Atlanta	PS	1	M	4/18	4/20	fever	C	?	FS	29	F	5/7	5/9	Legs	8 mos. pregnant Fulminating bulbar died 5/12
Ga - X2	Atlanta	AW	4	F	4/20	4/28	tonsil- litis	C	?E6044 ?E5973	JW	15	F	5/9	5/12	Trunk	
Cal - X1	Ventura Co.	?	?	?	4/14	4/19	diarrhea	C	?	?	29	F	4/25	?	Legs	3 mos. pregnant
Nev - X1	Carson City	?	8	F	4/19	None	None	C	E6039	ST	38	F	4/29	None	None	Non-paralytic, CSF 40 cells
Nev - X2	Carson City	FH	8	M	4/19	None	None	C	E6039	FH	12	M	5/6	5/7	Legs	
Nev - X3	Goldfield	?	?	?	4/19	None	None	C	E6039	SH	5	M	5/9	5/9	Legs	
	"	?	?	?	4/19	None	None	C	E6039							
Mont - X1	Missoula	MS	?	F	4/20	4/26	tonsil- litis	C	E5972	JS	36	M	5/5	5/9	Trunk	
Ida - X1	Mt. Home	?C	7	M	4/21	4/28	fever headache	C	?E6039 ?E6058	RC	1	F	5/9	5/12	RL	
	" "	?C	8	M	4/21	5/1	fever headache	C	?E6039 ?E6058							

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Копирование не производится (не авторизовано)

Attachment No. 1 to
Special Report Number 1, May 14, 1955

The following teletype was sent from Atlanta to all State and Territorial Health Officers at 4:00 P.M. EST on May 13, 1955. The Regional Medical Directors, PHS, were simultaneously notified.

I HAVE BEEN AUTHORIZED TO NOTIFY YOU OF THE FOLLOWING CONFIDENTIAL INFORMATION:

POLIOMYELITIS SURVEILLANCE UNIT HAS RECEIVED DURING PAST WEEK REPORTS FROM FIVE WIDELY SCATTERED STATES OF SEVEN CASES OF POLIOMYELITIS IN SEVEN HOUSEHOLDS WHERE A CHILD HAS PREVIOUSLY RECEIVED CUTTER VACCINE. NO LABORATORY CONFIRMATION YET MADE, BUT STUDIES IN PROGRESS. EXACT SIGNIFICANCE NOT CLEAR, BUT SUGGEST POSSIBILITY OF ISOLATED OCCURRENCE OF SPREAD WITHIN FAMILY.

REQUEST POLIOMYELITIS REPORTING OFFICERS TO CHANGE PRIORITIES STATED IN PSU REPORT NO. 3. FROM NOW ON, PLEASE LIST MINIMUM ESSENTIAL DATA IN DAILY TELETYPE TO PSU FOR EVERY CASE POLIOMYELITIS IN YOUR STATE. ADDITIONAL MINIMUM DATA ON NON-VACCINATED CASES SHOULD INCLUDE HISTORY OF EXPOSURE TO VACCINATED PERSONS WITH MANUFACTURER, LOT NUMBER AND DATE OF INOCULATIONS, AND BRIEF DESCRIPTION OF ANY ILLNESS IN THE VACCINATED PERSON.

ALEXANDER D. LANGMUIR, M.D.
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