

COMMUNICABLE DISEASE CENTER

POLIOMYELITIS

SURVEILLANCE

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PREFACE

Summarized in this report is information received from State Health Departments, university investigators, virology laboratories and other pertinent sources, domestic and foreign. Much of the information is preliminary. It is intended primarily for the use of those with responsibility for disease control activities. Anyone desiring to quote this report should contact the original investigator for confirmation and interpretation.

Contributions to the Surveillance Report are most welcome. Please address to: Chief, Poliomyelitis Surveillance Unit, Communicable Disease Center, Atlanta 22, Georgia.

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SUMMARY

During the three weeks ending November 24, 1962, a total of 77 cases of poliomyelitis, 59 paralytic, were reported. Twenty-four States contributed to this total which is similar to the number of paralytic cases noted during the comparable weeks in 1961.

A total of 8 cases has been reported from California during this period. Five of these were among persons who had received Type I oral polio vaccine which was extensively used in late September and early October. Type I outbreaks in adjacent West Virginia communities and in Northwestern Arkansas have been reported. These situations are described further in Section 2.

Individual case forms have been received on 546 of the 622 cases of paralytic poliomyelitis having onset this year. Over 48 percent of cases have occurred in the 0-4 age group. Summary tabulation of surveillance forms is presented in Section 3.

In Section 4, 3 cases of poliomyelitis occurring within 30 days of inactivated vaccine, 11 within 30 days of administration of oral polio vaccine, and 1 case of poliomyelitis within 60 days of household contact with an oral vaccinee are listed. Reports of enterovirus isolates have been received from 33 States as shown in Section 5. Coxsackie B₃ has been isolated from the largest number of States.

Presented in Section 6 is the statement on oral polio vaccine made by the Minister of Health of Canada on November 14, 1962. The poliomyelitis experience in Australia from June 1960 - June 1962 is also described.

1. CURRENT POLIOMYELITIS MORBIDITY TRENDS

Seventy-seven cases of poliomyelitis, 59 paralytic, were reported during the three-week period ending November 24. The week ending November 10 brought reports of 40 cases including 31 paralytic, while the two weeks ending November 17, and 24, accounted for 14 paralytic cases each week. During the comparable weeks of 1961, 82 cases including 56 paralytic are noted.

The cases during this three-week period originated from 24 States. The cases from Illinois largely represent delayed reports. Localized outbreaks noted in Arkansas and West Virginia are described in Section 2. A narrative report from California which includes 5 oral vaccine associated cases is presented in State Reports.

The 1962 incidence remains well below the totals reported for any previous year. This is illustrated in the following tables showing cumulative and six-week figures for 1962 and the preceding four years.

STATISTICS

Polio (Cumulated Weekly) Through the 47th Week for the Past Five Years

	<u>1962</u>	<u>1961</u>	<u>1960</u>	<u>1959</u>	<u>1958</u>
Paralytic	643	822	2137	5387	2879
Total	811	1262	3065	8134	5655

Six-Week Totals (42nd through 47th Week) for Past Five Years

	<u>1962</u>	<u>1961</u>	<u>1960</u>	<u>1959</u>	<u>1958</u>
Paralytic	112	161	385	872	723
Total	141	235	525	1178	1201

The Bureau of Communicable Diseases reported that during the six-week period ending November 17, 1962, 141 cases of poliomyelitis were reported, including 112 paralytic cases. This compares with 235 cases reported during the corresponding period of 1961, 525 cases during the corresponding weeks of 1960, 1178 cases during the corresponding weeks of 1959, and 1201 cases during the corresponding weeks of 1958.

Presented in a report by the Director of Health Services on November 14, 1962, the poliomyelitis experience in Arkansas from June 1960 to June 1962 is also described.

CURRENT POLIOMYELITIS MORBIDITY TRENDS

Seventy-seven cases of poliomyelitis, 54 paralytic, were reported during the three-week period ending November 11, 1962. The week ending November 10 brought reports of 40 cases including 31 paralytic, while the two weeks ending November 17, and 18, accounted for 34 paralytic cases each week. During the comparable weeks of 1961, 52 cases including 36 paralytic are noted.

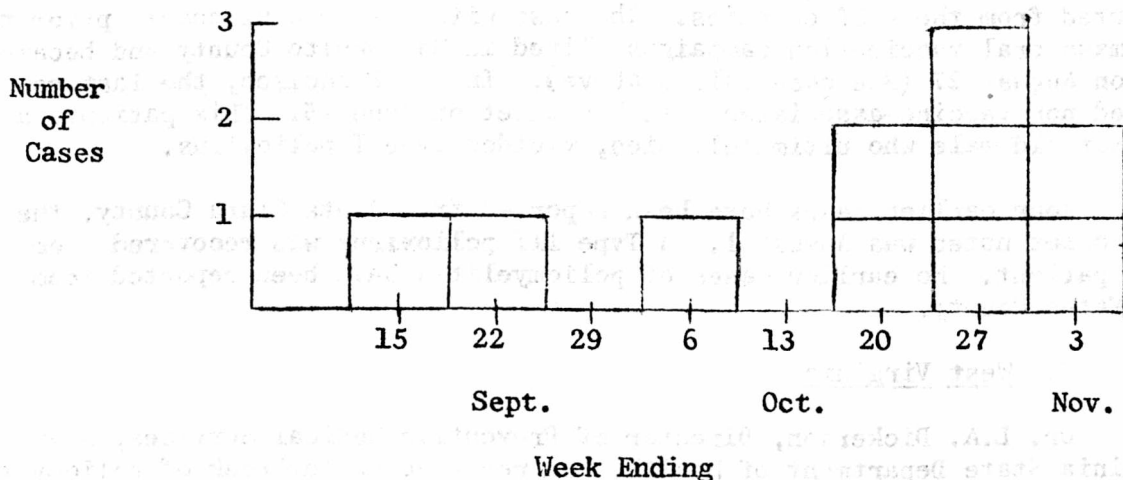
The cases during this three-week period originated from 24 States. The cases from Illinois largely represent delayed reports. Localized outbreaks noted in Arkansas and the Virginia and District of Columbia a narrative report from California which included 2 oral vaccine associated cases is presented in State Reports.

The 1962 incidence figures will show the totals reported for the previous year. This is the first year in the following table showing paralytic and total cases for 1958 and the preceding four years.

2. STATE REPORTS

A. Arkansas

A type I poliovirus outbreak ultimately accounting for ten paralytic cases including one fatality has been reported from Washington County (population 55,797) by Dr. William L. Bunch, Jr., Director, Division of Communicable Disease Control. The case with first onset was in a 31 year old female residing outside of the main community of Fayetteville who became ill on September 13. Beginning in October, cases occurred in Fayetteville with increasing frequency as shown in the histogram below.



All but one of the patients was above the age of 6. None had received as many as three doses of inactivated vaccine. On November 4, 37,000 doses of Type I polio vaccine were administered. No cases have been reported since that time.

B. California

During the three-week period ending November 24, 1962, 8 cases, all paralytic, were reported from this State by Dr. Henry Renteln, Acting Chief, Bureau of Communicable Diseases. Five of these cases occurred in Northern California among persons who had received oral polio vaccine. As shown in the line listing below, four different counties are represented. No inter-relationship among the cases could be established.

<u>State No.</u>	<u>County</u>	<u>Age</u>	<u>Race</u>	<u>Sex</u>	<u>IPV</u>	<u>Onset</u>	<u>Interval From OPV</u>	<u>Virus Isolated</u>	<u>Involvement</u>
Cal. 1	Santa Clara	40	W	M	0	10/1	8	I	Left thigh and leg
Cal. 2	San Francisco	2	W	F	1	10/11	18	I	Right arm
*Cal. 3	San Benito	8	W	M	4	9/29	6	I	Left leg
Cal. 4	Santa Clara	58	W	M	0	10/18	25	**	Left arm
Cal. 5	San Mateo	7	W	F	5	10/26	23	II***	Leg

* Lives across the street from an earlier case of poliomyelitis

** In process

*** Received Type II OPV after onset of illness

In late September and early October, 4.4 million persons in 35 northern California counties received Type I oral polio vaccine. Prior to the immunization campaign a total of twelve cases of poliomyelitis had been reported from these 35 counties. The case with most recent onset prior to the mass oral vaccination campaigns lived in San Benito County and became ill on August 27 (See case Cal. 3 above). In San Francisco, the last reported non-vaccine-associated case had onset on June 15. This patient, a 25 year old male who ultimately died, yielded Type I poliovirus.

Four earlier cases have been reported from Santa Clara County, the last onset noted was August 1. A Type III poliovirus was recovered from this patient. No earlier cases of poliomyelitis have been reported from San Mateo County.

C. West Virginia

Dr. L.A. Dickerson, Director of Preventive Medical Services, West Virginia State Department of Health, has reported an outbreak of poliomyelitis caused by Type I poliovirus in the communities of Boomer and Carbondale in Fayette County (total population 61,731; non-white population, 7,625). All cases reported have been paralytic and all have occurred in Negro children. These two communities with a total population of 4,000 persons have a single Negro elementary school. Of the 10 cases noted, 7 occurred among school-age children as shown below. The three cases in the pre-school age group had siblings in school or close contact with children attending the school. An extensive program using inactivated vaccine was carried out in these communities in late October. No cases have been noted since November 6.

A line listing of the cases appears below:

<u>Onset</u>	<u>Age</u>	<u>Race</u>	<u>Sex</u>	<u>IPV</u>	<u>Community</u>	<u>Paralytic Status</u>	<u>Virus</u>
10/6	11	N	F	1	Boomer	P	I
10/8	3	N	M	0	Boomer	P	I
10/12	3	N	F	1	Boomer	P	I
				(10/25)			
10/12	7	N	M	0	Boomer	P	I
10/12	8	N	M	0	Boomer	P	I
10/18	2	N	M	0	Carbondale	P	-
10/18	6	N	M	0	Boomer	P	I
10/28	7	N	M	1	Boomer	P	I
				(10/25)			
11/2	8	N	F	0	Carbondale	P	I
11/6	5	N	F	0	Carbondale	P	-

3. 1962 PARALYTIC CASES REPORTED TO PSU

Of the 643 cases of paralytic poliomyelitis reported through the week ending November 24, 622 had onset in 1962. The Poliomyelitis Surveillance Unit has received individual case forms on 546 of the 622 paralytic cases. The vaccination status of the 546 paralytic cases by age group is shown below.

Paralytic Poliomyelitis by Age Group And Vaccination History Reported on PSU Forms (Through November 27, 1962)

<u>Age Group</u>	<u>Doses of Inactivated Vaccine</u>					<u>Total</u>	<u>Percent</u>
	<u>0V</u>	<u>1-2V</u>	<u>3V</u>	<u>4+V</u>	<u>Unk.</u>		
0-4	184	43	12	17	11	267	48.9
5-9	48	16	18	27	3	112	20.5
10-14	22	10	16	6	2	56	10.3
15-19	12	3	5	3	0	23	4.2
20-29	29	6	3	4	1	43	7.9
30-39	19	4	1	2	1	27	4.9
40+	<u>14</u>	<u>1</u>	<u>0</u>	<u>2</u>	<u>1</u>	<u>18</u>	<u>3.3</u>
TOTAL	328	83	55	61	19	546	100.0
PERCENT DOSES	62.2	15.7	10.4	11.6	-	100.0	

Of the 256 cases with known vaccination history in the 0-4 age group, 184 (71.9 percent) had not received any poliomyelitis vaccinations.

To date in 1962, the Poliomyelitis Surveillance Unit has received results of virological studies on 314 of the 546 paralytic cases. Poliovirus isolates have been recovered from 269 (85.7 percent) of the 314 cases. Of

these, 202 are Type I, 5 are Type II, and 62 are Type III polioviruses. Isolates associated with clinical paralytic poliomyelitis have been reported from the following States:

State	Poliovirus			Total
	I	II	III	
Alabama	6	0	0	6
Arizona	2	0	0	2
Arkansas	3	1	0	4
California	14	1	7	22
Colorado	1	2	0	3
D.C.	0	0	1	1
Georgia	5	0	1	6
Idaho	0	0	1	1
Illinois	21	0	7	28
Indiana	5	0	0	5
Kentucky	10	0	1	11
Louisiana	10	0	5	15
Maryland	1	0	0	1
Massachusetts	3	0	0	3
Michigan	6	0	4	10
Minnesota	4	0	0	4
Mississippi	0	0	7	7
Missouri	0	1	0	1
Montana	1	0	0	1
Nebraska	0	0	1	1
New Hampshire	1	0	2	3
New York	6	0	5	11
Ohio	9	0	4	13
Oregon	0	0	3	3
Pennsylvania	5	0	3	8
South Carolina	1	0	2	3
Tennessee	1	0	1	2
Texas	76	0	6	82
Utah	1	0	0	1
Washington	3	0	1	4
West Virginia	6	0	0	6
Wyoming	1	0	0	1
TOTAL	202	5	62	269

Of the 269 cases with known vaccination history in the 0-4 age group, 184 (68.4 percent) had not received any poliomyelitis vaccinations. To date in 1962, the Poliomyelitis Surveillance Unit has received results of virological studies on 374 of the 546 paralytic cases. Isolates have been recovered from 259 (82.7 percent) of the 314 cases. Of

4. ROUTINE POLIOMYELITIS SURVEILLANCE - 1962

A. Cases with Onset within 30 Days of Vaccine (Inactivated)

Three cases of poliomyelitis, including 1 paralytic, occurring within 30 days following vaccination have been reported to the Poliomyelitis Surveillance Unit during the three-week period ending November 24. Texas accounted for 2 cases and Illinois for 1 case. There was no correlation between site of injection and site of first paralysis in the paralytic case.

A detailed line listing of the 3 cases appears below

<u>State</u>	<u>County</u>	<u>Age</u>	<u>Sex</u>	<u>Onset</u>	<u>Date Vaccinated</u>	<u>Onset Interval</u>	<u>Prior Vacc. Status</u>	<u>Para. Status</u>
Illinois	Winnebago	4	M	8-26	8-16	10 days	3	NP
Texas	Dallas	6	M	9-6	8-27	10 days	4	P
Texas	Tarrant	13	M	7-29	7-?	---	1	NP

To date in 1962, the Poliomyelitis Surveillance Unit has received reports submitted on individual surveillance forms of 19 cases of poliomyelitis occurring within 30 days following vaccination. Thirteen of these have been paralytic. A correlation between site of injection and site of paralysis was evident in one case.

B. Cases with Onset within 30 Days of Vaccine (Oral)

During the three-week period ending November 24, 11 reports of poliomyelitis, all paralytic, occurring within 30 days following oral vaccine, have been submitted to the Poliomyelitis Surveillance Unit on individual case forms. Five were from California, 2 were from Texas, and one each from Illinois, Iowa, Massachusetts, and Ohio. Six of the 11 cases represent delayed reports.

Within 30 days prior to onset, Type I oral polio vaccine was administered to 9 cases, Type II oral vaccine was fed to 1 patient, and Type III oral vaccine was given to 1 case. These 11 cases are listed on the following page.

State	County	Age	Sex	Onset	Date		Type	Onset Interval	Doses	
					Fed	Fed			IPV	Isol.
California	San Benito	8	M	9-29	9-23	I	6 days	4	I	
California	San Francisco	2	F	10-11	9-23	I	18 days	1	I	
California	San Mateo	7	F	10-26	10-3	I	23 days	5	II**	
California	Santa Clara	58	M	10-18	9-23	I	25 days	0	-	
California	Santa Clara	40	M	10-1	9-23	I	8 days	0	I	
Illinois	Stephenson	16	M	10-10	9-30	I	10 days	Unk.	I	
Iowa	Story	14	F	10-14	10-5	I	9 days	3	-	
Massachusetts	Hampden	11	M	7-8	6-22	I	16 days	4	-	
Ohio*	Cuyahoga	67	M	7-30	7-24	II	6 days*	0	Neg.	
Texas	Harris	39	M	10-1	9-9	III	22 days	0	-	
Texas	Tarrant	2	M	7-29	7-24	I	5 days	0	I	

* 34 days after Type III

** Fed Type II vaccine after onset of illness.

Thus far in 1962, 59 cases, 53 paralytic, occurring within 30 days of oral vaccination have been submitted to the Poliomyelitis Surveillance Unit on individual case forms. Thirty-three of the 53 paralytic cases have occurred outside of epidemic areas. Of these 33, 10 have occurred following Type I feeding, 3 following Type II, and 20 following Type III. From dates of oral vaccine licensures through October 10, 1962 (See PSU Report No. 271), approximately 27 million doses of Type I oral polio vaccine, 7.5 million doses of Type II vaccine, and 12 million doses of Type III vaccine have been administered in mass community oral immunization programs.

C. Poliomyelitis within 60 Days Among Household Contact of Oral Vaccinees

During the three-week period ending November 24, one case of paralytic poliomyelitis occurring within 60 days following administration of oral vaccine to household contacts of the patient was reported on an individual case form to the Poliomyelitis Surveillance Unit. This case, a twenty-one year old male from Caddo County, Louisiana, had onset of illness on October 11, 25 days after his wife and relatives had received Type III Oral polio vaccine. Type I poliovirus was isolated from this patient.

To date in 1962, nine cases of poliomyelitis, all paralytic, have occurred within 60 days among household contact of oral vaccinees.

5. ENTEROVIRUS SURVEILLANCE

Reports of 98 additional non-polio enterovirus isolates have been received during the period ending November 24, bringing the number of reported isolates from specimens collected in 1962 to 515. Coxsackie B3 has been recovered in 18 States.

Dr. Tom D.Y. Chin, Chief, Respiratory and Enteric Virus Unit, Kansas City Field Station reports a Coxsackie B3 from the stool and an ECHO (untyped) from the cerebrospinal fluid of the same patient in Kansas. Isolates reported thus far this year appear in the following table.

Non-Polio Enterovirus Isolations from

State	ECHO					Coxsackie		
	4	9	14	22	Other*	B-2	B-3	B-5
Arizona					1			
Alabama					6			
California	5	19	1	6	7	2	2	1
Connecticut	32					2	6	
Florida	2						1	
Georgia								
Hawaii		1			2			7
Idaho		1						
Illinois		2			1	3	4	
Iowa					6			
Kansas		1			10	3	8	
Kentucky		1						
Louisiana		16	3		1		7	
Maryland		1			3	3	7	
Massachusetts							3	
Michigan	3		6				3	7
Minnesota		5			10	3	18	1
Mississippi		1						
Missouri					11	1	4	
Nebraska								
Nevada		1						
New Hampshire								2
New Jersey					1			3
New York			1	1	2	10	4	1
North Carolina								
Ohio		6				7	11	4
Pennsylvania		2	1		4	1	4	3
Rhode Island	1							1
Tennessee		1					6	
Texas	4	12				1		

1962 Specimens

<u>Other*</u>	<u>Total</u>	<u>Reported By</u>
	1	T. Chin
6	12	T. Hosty
14	57	E. Lennette and P. Wehrle
10	50	E. Borman and G. Hsiung
2	5	J. Bond
1	1	
36	46	J. Enright
	1	D. Brack
3	13	H. Shaughnessy
2	8	T. Chin
9	31	C. Hunter
1	2	C. Todd
5	32	G. Hauser
5	19	J. Joseph
3	6	R. MacReady and J. Daniels
9	28	G. Agate
4	41	H. Bauer
	1	H. Ricks
3	19	I. Adams
1	1	T. Chin
	1	
	2	R. Miliner
1	5	M. Goldfield and W. Dougherty
8	27	I. Albrecht
1	1	L. Madry
7	35	C. Croft
	15	K. Hummeler and I. Gratch
	2	G. Hsiung
1	8	C. Tucker
1	18	J. Irons and A. Behbehani

Non-Polio Enterovirus Isolations from 1962 Specimens (Continued)

State	ECHO					Coxsackie				Total	Reported By
	4	9	14	22	Other*	B-2	B-3	B-5	Other*		
Virginia					3		1		1	5	E. Foxhall
Washington		1	1		2		2		1	7	K. Berquist and W. Giedt
Wisconsin		6			3	1	3		2	15	A. Evans
										515	

* Specific types include 15 Coxsackie A-4 and 12 A-5 in Hawaii, and 5 A-9 in Michigan. A variety of single isolates of other ECHO and Coxsackie types have been reported.

Non-polio enterovirus isolations from 1962 specimens

6. FOREIGN REPORTS

A. Australia

A summary of poliomyelitis experience in Australia from July 1960 to June 1962 has been received from Dr. W.D. Refshauge, Director-General of Health, Department of Health in Australia. During July 1960 - June 1961, there were 191 cases including 173 paralytic. A total of 511 cases, of which 469 were paralytic, was reported during July 1961 - June 1962.

The histogram on page shows the number of paralytic cases distributed by month from July 1960 through June 1962. In November and December of 1960, there were 32 cases occurring in Australia, while during the same months of 1961, 180 cases were reported.

Paralytic poliomyelitis case attack rates per 100,000 by State for 1960-1961 and 1961-1962 are shown on the map on page . Queensland which experienced a Type III outbreak in 1961-1962 had a case attack rate of 8.1 (123 cases) in 1961-1962. Almost one-third of 123 cases had received 3 doses of inactivated vaccine.

Polioviruses were isolated from 128 of the 173 paralytic cases reported in 1960-1961 as may be seen in the table below. Seventeen were Type I and 111 were Type III. During 1961-1962, of the 469 paralytic cases, there were 266 cases from whom polioviruses were isolated. Type I poliovirus was recovered from 149 cases and Type III from 117. During this latter period, 2 cases in Queensland exhibited Type I virus and 77 Type III virus.

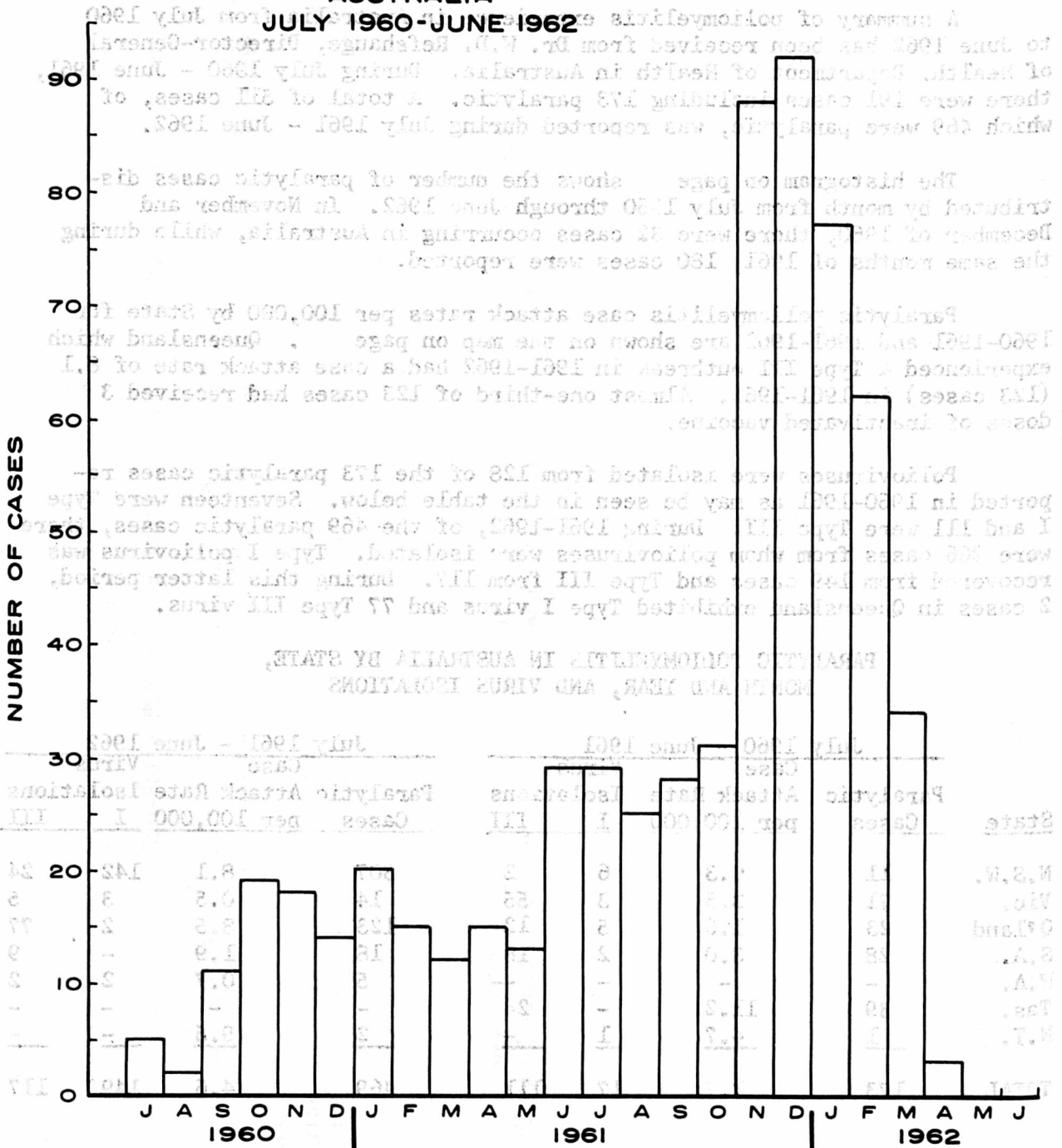
PARALYTIC POLIOMYELITIS IN AUSTRALIA BY STATE,
MONTH AND YEAR, AND VIRUS ISOLATIONS

State	July 1960 - June 1961				July 1961 - June 1962			
	Paralytic Cases	Case Attack Rate per 100,000	Virus Isolations		Paralytic Cases	Case Attack Rate per 100,000	Virus Isolations	
			I	III			I	III
N.S.W.	11	0.3	6	2	307	8.1	142	24
Vic.	71	2.5	3	55	14	0.5	3	5
Q'land	23	1.6	5	12	123	8.5	2	77
S.A.	28	3.0	2	18	18	1.9	-	9
W.A.	-	-	-	--	5	0.7	2	2
Tas.	39	11.2	-	24	-	-	-	-
N.T.	<u>1</u>	<u>4.7</u>	<u>1</u>	<u>-</u>	<u>2</u>	<u>9.5</u>	<u>-</u>	<u>-</u>
TOTAL	173	1.7	17	111	469	4.6	149	117

PARALYTIC POLIOMYELITIS BY MONTH AUSTRALIA

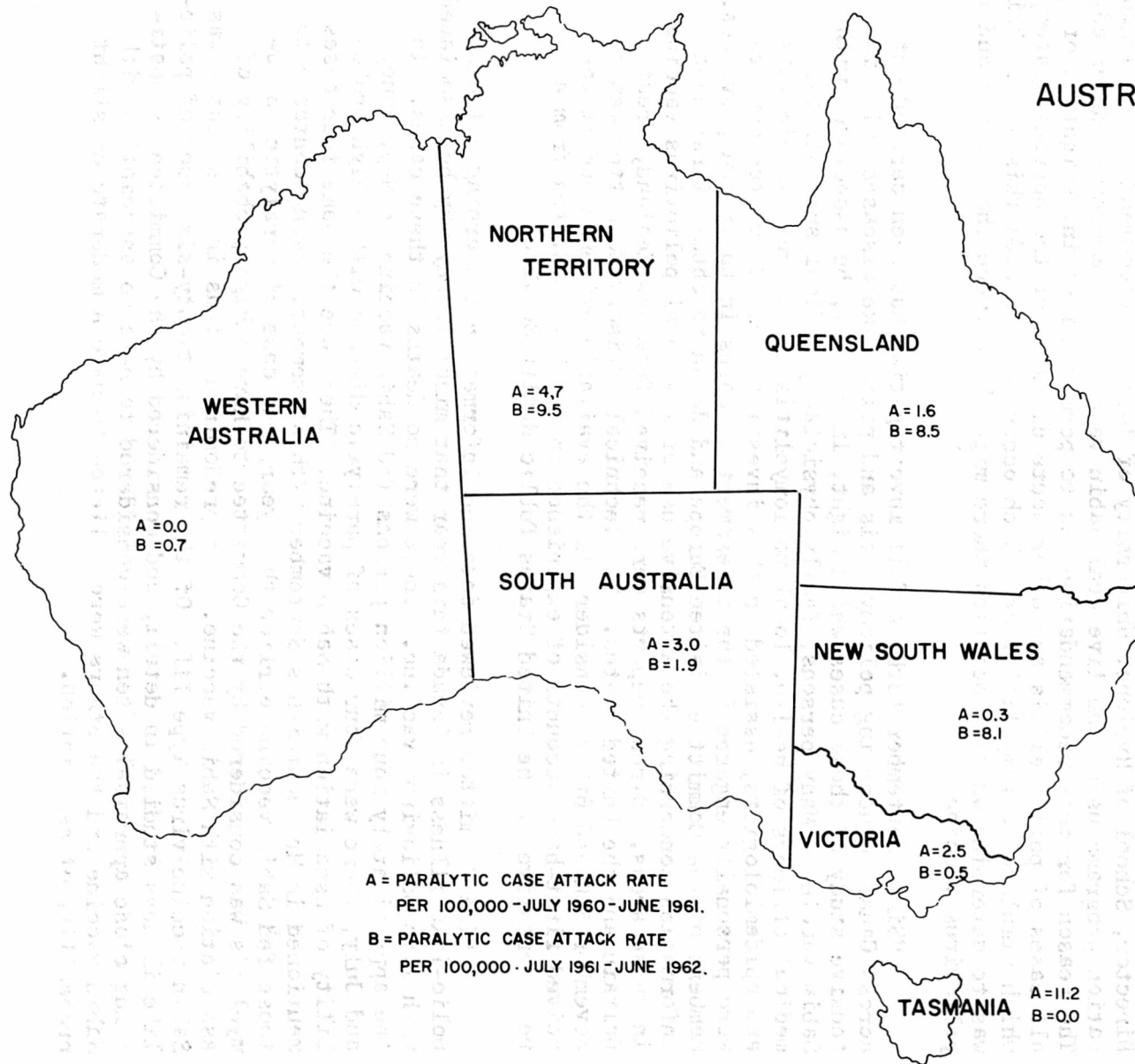
Australia

JULY 1960-JUNE 1962



PARALYTIC POLIOMELITIS CASE ATTACK RATE PER 100,000

AUSTRALIA, July 1960-
June 1962.



A = PARALYTIC CASE ATTACK RATE
PER 100,000 - JULY 1960 - JUNE 1961.

B = PARALYTIC CASE ATTACK RATE
PER 100,000 - JULY 1961 - JUNE 1962.

B. Canada

The following statement was read to the House of Commons of Canada on November 14, 1962 by the Honorable J. Waldo Monteith, F.C.A., Minister of National Health and Welfare of Canada:

"The Dominion Council of Health believes that live poliovirus Sabin vaccine offers a great potential for the control of paralytic poliomyelitis in Canada. In September, the National Technical Advisory Committee on Live Poliovirus Vaccines, under the Chairmanship of Dr. A.J. Rhodes, Director, School of Hygiene, University of Toronto, recommended that immunization programs using the live oral Sabin vaccine be temporarily deferred. The reason for this recommendation was to permit a full investigation of all cases of poliomyelitis and other acute diseases of the nervous system, which simulate poliomyelitis, and which occurred in Canada this year. This was to determine what association there might be between these cases and live poliovirus vaccine.

"Since September 13th, a full investigation has been carried out across Canada concerning poliomyelitis and polio-like diseases, with intensive study of those cases which might, in any way, be associated with Sabin vaccine. Many persons, family physicians, medical specialists, medical officers of health, local poliomyelitis committees, virologists and epidemiologists, assisted in this investigation. Committee members were personally engaged in the assessment of cases in their own provinces. Members of the Committee visited Europe and Japan to obtain first-hand information concerning the extensive use of live oral poliovirus vaccine in those areas. Direct reports were received from New Zealand, Great Britain and the United States. The Technical Advisory Committee met on November 5th and 6th to consider all the available evidence and it received first-hand accounts of experience in the United States from a representative of the United States Public Health Service.

"The Committee reviewed detailed information concerning all known polio-like illness in Canada this year that might in any way be associated with live poliovirus vaccine. There were no deaths in these cases. In the approximately four million persons fed Sabin vaccine in May, June, and July, there were four cases of paralytic disease with a high probability of association with Sabin vaccine. These are the same four cases mentioned in Mr. Monteith's September 13th statement. Among contacts to those fed Sabin vaccine earlier this year, one case of paralytic poliomyelitis was considered by the Committee to have a high probability of association with Sabin vaccine. The predominant virus in these cases was Sabin vaccine virus Type III. Of the remaining twenty-six cases of polio-like illness studied in detail, and considered by the Committee as justifying close appraisal - ten were considered to have no association with Sabin vaccine and the others were believed to have a moderate or slight probability of association.

"Experience with live oral Sabin vaccine in other countries has had a spectacular effect in reducing the incidence of paralytic poliomyelitis.

"After a careful review of all the evidence, the Expert Committee recommended the following procedures, for the present, for immunization against poliomyelitis in Canada:

1. That Salk vaccine, in combination with other antigens, or alone, remain, for the present, the basic vaccine for protection against poliomyelitis for all age groups. Particular emphasis should be placed on the Salk vaccination of children under one year of age.
2. That trivalent oral poliovirus vaccine be incorporated in routine immunization programs to follow an initial course of Salk vaccine to further diminish the circulation of wild polio viruses.
3. That, in areas with a risk of poliomyelitis, any form of Sabin polio-virus vaccine be used on a community-wide basis.
4. That Sabin vaccine, Types I and II, could be used freely for all age groups.
5. That, in all circumstances, when oral poliovirus vaccine is used, it be on a carefully planned and supervised basis. The following are considered essential components of such programs:
 - (i) Planning and supervision should be conducted by Departments of Health.
 - (ii) Immunization programs with live poliovirus vaccine should be directed primarily to children. Children are the main reservoir of infection in Canada and in restricting the circulation of wild polio viruses in this group, a degree of protection will thereby be afforded to adults.
 - (iii) Active surveillance and prompt reporting of all cases of nervous system disease occurring within 60 days of vaccine feedings should be required.
 - (iv) Contraindications to the use of Sabin vaccine are:
 - (a) Acute febrile illness
 - (b) Debilitating disease
 - (c) Administration within 21 days of another live virus vaccine, e.g., smallpox and yellow fever vaccines.
6. That there be prompt and direct exchange of information with other countries concerning the safety and efficacy of oral poliovirus vaccine.

"The Dominion Council of Health recommends that the use of Sabin vaccine be deferred no longer and endorses these recommendations as to its use. Specific plans will be determined by provincial Departments of Health."

"Persons with live oral Sabin vaccine in other countries has had a spectacular effect in reducing the incidence of paralytic poliomyelitis."

"After a careful review of all the evidence, the expert Committee recommended the following procedure for the present, for the introduction of poliomyelitis in Canada:

1. Live Sabin vaccine, in combination with other vaccines, or alone, remains for the present, the basic vaccine for protective against poliomyelitis for all age groups. Immunization against it should be based on the Sabin vaccine of children under one year of age.
2. Live trivalent oral poliomyelitis vaccine should be incorporated in routine immunization program to follow an initial course of Sabin vaccine or to further diminish the circulation of wild virus strains.
3. Live, in areas with a risk of poliomyelitis, any form of Sabin poliomyelitis vaccine be used on a community-wide basis.
4. Live Sabin vaccine, Types 1 and 2, could be used freely for all age groups.
5. Live, in all circumstances, when oral poliomyelitis vaccine is used, it should be carefully planned and supervised under the following are outlined essential components of such program:

- (i) Planning and supervision should be conducted by Departments of Health.
- (ii) Immunization program, in live poliomyelitis vaccine should be directed primarily to children. Children and the main reservoir of infection in Canada and in maintaining the circulation of live virus in this virus, a series of immunization will probably be attended to adults.
- (iii) Active surveillance and report system of all cases of poliomyelitis disease occurring within 15 days of vaccine contacts should be maintained.
- (iv) Contact vaccination to the case of Sabin vaccine should be:

 - (a) Active familial illness
 - (b) Contacting disease
 - (c) Administration within 15 days of contact with vaccine, e.g., another live virus vaccine, e.g., measles and yellow fever vaccines.

That there be prompt and direct contacts of information with other countries concerning the safety and efficacy of oral poliomyelitis vaccine.

"The Dominion Council of Health recommends that the use of Sabin vaccine be continued in Canada and urges these recommendations as to the use of Sabin vaccine will be determined by provincial Departments of Health."

Figure 1

CURRENT U.S. POLIO INCIDENCE COMPARED WITH YEARS 1957, 1959 and 1961 April - December, by week

DATA PROVIDED BY NATIONAL OFFICE OF VITAL STATISTICS AND COMMUNICABLE DISEASE CENTER

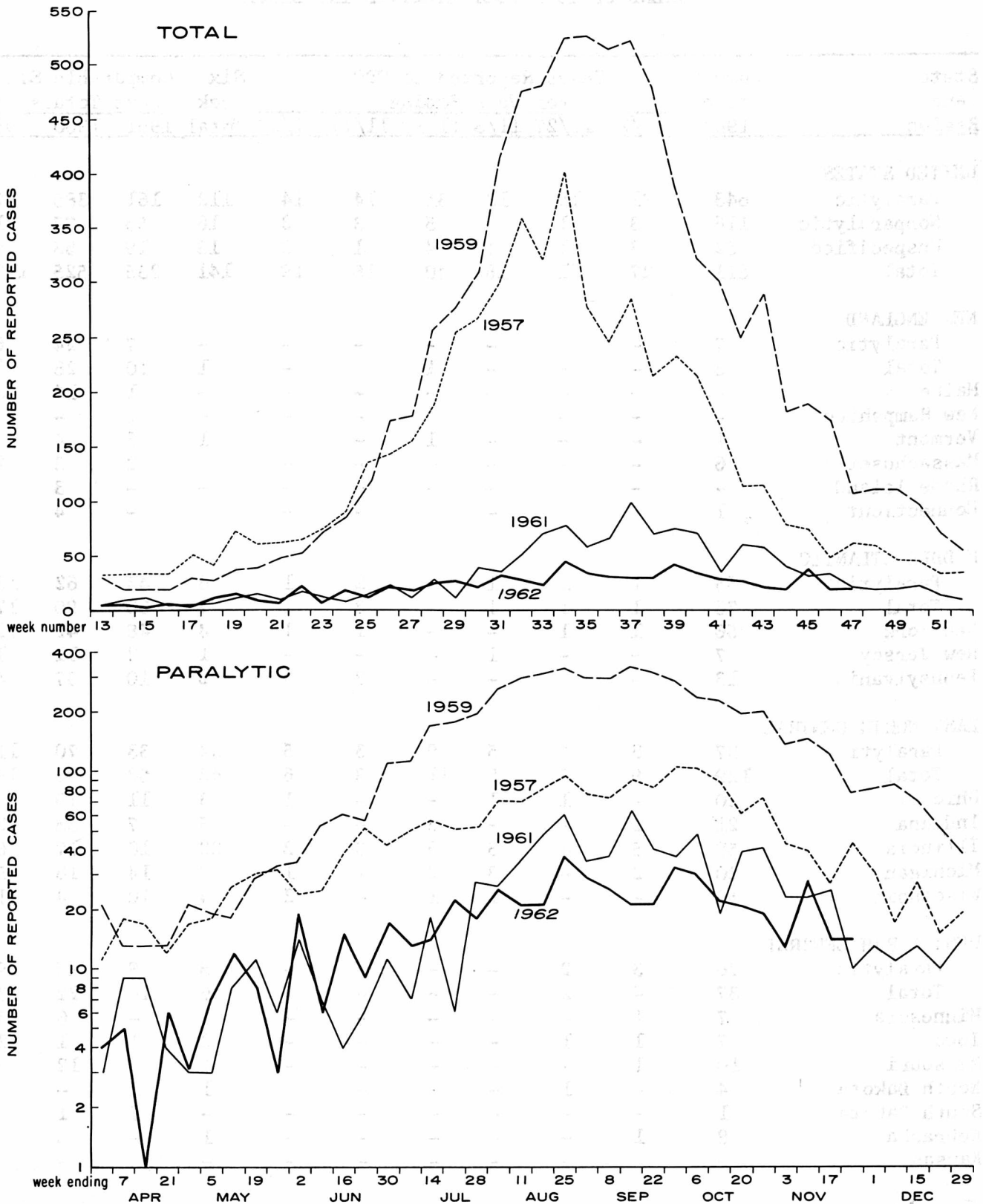


Table 1

TREND OF 1962 POLIOMYELITIS INCIDENCE

State and Region	Cumulative 1962	Cases Reported to CDC For Week Ending						Six Week Total	Comparable Six Weeks Totals in		
		10/20	10/27	11/3	11/10	11/17	11/24		1961	1960	1959
UNITED STATES											
Paralytic	643	21	19	13	31	14	14	112	161	385	872
Nonparalytic	116	3	1	2	5	3	2	16	55	77	215
Unspecified	52	3	1	1	4	1	3	13	19	63	91
Total	811	27	21	16	40	18	19	141	235	525	1178
NEW ENGLAND											
Paralytic	7	-	-	-	-	-	-	-	7	24	68
Total	8	-	-	-	1	-	-	1	10	28	85
Maine	-	-	-	-	-	-	-	-	1	14	30
New Hampshire	-	-	-	-	-	-	-	-	1	-	1
Vermont	1	-	-	-	1	-	-	1	6	4	4
Massachusetts	6	-	-	-	-	-	-	-	2	3	29
Rhode Island	-	-	-	-	-	-	-	-	-	3	4
Connecticut	1	-	-	-	-	-	-	-	-	4	17
MIDDLE ATLANTIC											
Paralytic	55	1	1	1	-	2	1	6	43	62	137
Total	76	1	1	1	-	3	1	7	60	90	175
New York	56	1	1	-	-	1	1	4	48	42	122
New Jersey	7	-	-	1	-	-	-	1	2	11	12
Pennsylvania	13	-	-	-	-	2	-	2	10	37	41
EAST NORTH CENTRAL											
Paralytic	97	8	4	5	9	3	5	34	33	70	112
Total	129	9	5	8	11	3	6	42	52	96	185
Ohio	20	-	1	1	-	-	1	3	11	19	37
Indiana	21	2	-	-	3	-	-	5	7	38	22
Illinois	58	5	4	3	5	3	2	22	10	17	64
Michigan	20	2	-	3	2	-	1	8	14	18	50
Wisconsin	10	-	-	1	1	-	2	4	10	4	12
WEST NORTH CENTRAL											
Paralytic	26	3	2	-	-	-	-	5	8	15	92
Total	37	4	2	-	-	-	-	6	14	22	139
Minnesota	7	1	-	-	-	-	-	1	-	6	33
Iowa	7	1	1	-	-	-	-	2	1	1	29
Missouri	10	1	-	-	-	-	-	1	8	12	64
North Dakota	4	-	1	-	-	-	-	1	1	-	3
South Dakota	1	-	-	-	-	-	-	-	2	1	-
Nebraska	8	1	-	-	-	-	-	1	-	2	5
Kansas	-	-	-	-	-	-	-	-	2	-	5

Table 1 (Continued)

State and Region	Cumulative 1962	Cases Reported to CDC For Week Ending						Six Week Total	Six Comparable Weeks Total in		
		10/20	10/27	11/3	11/10	11/17	11/24		1961	1960	1959
SOUTH ATLANTIC											
Paralytic	64	1	-	2	6	2	4	15	31	107	160
Total	72	1	-	2	9	2	4	18	47	129	192
Delaware	-	-	-	-	-	-	-	-	-	-	1
Maryland	2	-	-	-	1	-	-	1	15	42	6
D.C.	2	-	-	-	-	-	-	-	-	3	-
Virginia	9	1	-	-	-	-	-	1	3	23	39
West Virginia	15	-	-	-	4	2	3	9	8	19	29
North Carolina	13	-	-	1	2	-	-	3	4	15	54
South Carolina	6	-	-	-	-	-	-	-	4	7	9
Georgia	17	-	-	-	2	-	1	3	2	6	30
Florida	8	-	-	1	-	-	-	1	11	14	24
EAST SOUTH CENTRAL											
Paralytic	60	2	1	-	3	-	2	8	6	27	87
Total	73	3	1	-	3	-	3	10	8	54	116
Kentucky	29	-	-	-	3	-	-	3	-	23	25
Tennessee	11	-	1	-	-	-	1	2	2	13	55
Alabama	22	-	-	-	-	-	-	-	2	8	19
Mississippi	11	3	-	-	-	-	2	5	4	10	17
WEST SOUTH CENTRAL											
Paralytic	240	4	8	1	6	3	1	23	15	25	60
Total	313	7	9	1	8	6	4	35	18	31	86
Arkansas	22	-	2	-	5	3	-	10	4	3	19
Louisiana	25	2	2	-	1	-	-	5	10	3	17
Oklahoma	26	1	3	1	-	2	3	10	-	1	13
Texas	240	4	2	-	2	1	1	10	4	24	37
MOUNTAIN											
Paralytic	14	-	-	-	4	-	-	4	2	12	13
Total	18	-	-	-	4	-	-	4	3	24	28
Montana	4	-	-	-	-	-	-	-	1	5	4
Idaho	2	-	-	-	-	-	-	-	-	5	1
Wyoming	2	-	-	-	-	-	-	-	-	2	-
Colorado	3	-	-	-	1	-	-	1	2	4	2
New Mexico	2	-	-	-	2	-	-	2	-	2	6
Arizona	4	-	-	-	1	-	-	1	-	4	10
Utah	1	-	-	-	-	-	-	-	-	2	4
Nevada	-	-	-	-	-	-	-	-	-	-	1
PACIFIC											
Paralytic	80	2	3	4	3	4	1	17	16	43	143
Total	85	2	3	4	4	4	1	18	23	51	172
Washington	5	-	3	-	-	-	-	3	9	6	42
Oregon	6	-	-	-	1	-	-	1	3	4	27
California	74	2	-	4	3	4	1	14	10	40	93
Alaska	-	-	-	-	-	-	-	-	-	-	10
Hawaii	-	-	-	-	-	-	-	-	1	1	-
TERRITORY											
Puerto Rico	11	-	-	-	-	-	-	-	1	29	-

