

Swine Influenza Vaccination Campaign

□ Public health in America faces perhaps its greatest challenge this fall as it sets into motion plans to make influenza vaccine available to virtually the entire United States population. This is being done, even though it is entirely possible that there will be no influenza epidemic this fall.

□ The magnitude of this undertaking dwarfs any similar program in preventive medicine, including the successful campaigns against poliomyelitis during the late 1950's and early 1960's.

□ What has led to this unprecedented action? The essential elements are these: In February 1976 a strain of human influenza, called "swine flu" and designated A/New Jersey/76 (Hsw1N1), was isolated during an outbreak of respiratory disease among recruits in training at Ft. Dix, N.J. Twelve cases were confirmed, with one death. Blood testing of recruits indicated that several hundred more were infected. Since this was a major change from influenza viruses currently circulating in the human population and few people would have immunity to it, the potential for another pandemic of influenza was apparent to influenza experts.

□ Clearly there was a need for extraordinary measures. Influenza surveillance was intensified. Health officials throughout the world were advised. Scientists in the Public

Health Service as well as many others elsewhere pondered the implications of this finding. Manufacturers began developmental work on a vaccine. The majority agreed that the threat from this new virus could not be ignored, since major shifts in the influenza virus have typically been followed by pandemics. Immunization was clearly the best course to follow, gambling with money, not lives. Specific action was recommended. The President accepted this recommendation and Congress quickly approved it.

□ I believe that the decision is in the finest spirit of preventive medicine. We have evaluated a problem, assessed our resources to deal with it, and concluded that the preventive measures that are soon to get underway are the proper response.

□ I am confident that the combined strength of governmental and private health services, supported by essential voluntary resources, will successfully meet this challenge. If the new virus does appear this year, our action may have saved thousands of lives and billions of dollars. Should it not, this action will still be valuable, for it will demonstrate our capacity and our will to marshal resources quickly to protect our population against a new disease threat.

□ The task ahead will require coordination, energy, and imagination from all concerned, and especially from those committed to preventive medicine and public health. I am convinced that it is worth the effort.

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Cover—July 1976 marks the 10th anniversary of Medicare and Medicaid. This legislation has had profound effects on the health care system of the United States and on the health status of the population. The debates between critics and supporters of Medicare and Medicaid have been heated and lengthy; a dispassionate examination after the nation's 10 years of experience with them seems appropriate now. To assess the past successes and failures of these programs and focus on the lessons that may be learned and applied in the years ahead, *Public Health Reports* presents, in this issue, a special section of seven papers.

