

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.

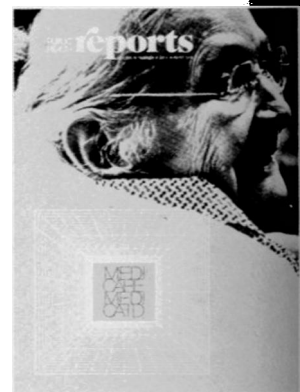
□ I believe that the decision is in the finest spirit of preventive medicine. We have evaluated a problem, assessed our resources to deal with it, and concluded that the preventive measures that are soon to get underway are the proper response.

□ 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.

David J. Sencer, MD
Director
Center for Disease Control

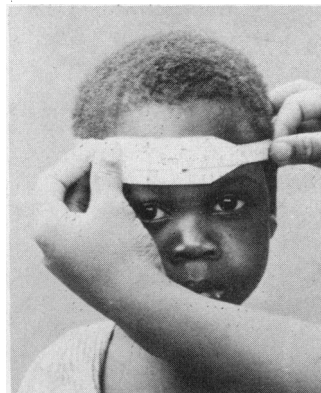
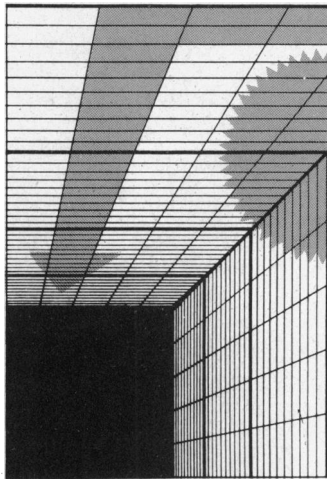
Cover—July 1976 marks the 10th anniversary of Medicare and Medicaid. This legislation has had profound effects on the health care system of the United States and on the health status of the population. The debates between critics and supporters of Medicare and Medicaid have been heated and lengthy; a 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.



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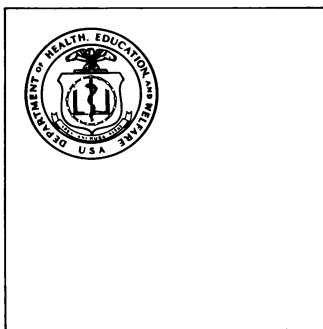
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Photo credit: page 361, T. H. Eighmy, Checchi and Company. Dr. Eighmy was associate chief of party and geographic advisor to the survey.

the end of 1974. Of the medical family planning clinics responding to the survey, 40 percent were operated by local governments, 17 percent by State governments, 10 percent by affiliates of Planned Parenthood, and 23 percent by universities, hospitals, and other nonprofit corporations.

Sixty-nine percent of all clinics responding to the survey were funded at least partially by the Department of Health, Education, and Welfare, 14 percent fully and 55 percent partially. This support was proportionately distributed between government and non-government sites. The next most frequent financial sponsors were State governments, county governments, and miscellaneous private funders, in that order.

Seventy-two percent of the responding clinics reported that their primary purpose was the delivery of medical family planning services. The only other sizable group (23 percent) identified themselves as general medical clinics. All clinics responding reported their site of operation, years in operation, services offered, and contraceptive methods available.

The survey showed that the national distribution of family planning sites was favorable to their greatest effectiveness. The percentage distribution of the sites by Federal region compared closely with the distribution of those high-risk women whom these sites were intended to serve—the estimated 5.6 million at risk of unwanted pregnancy whose income fell 150 percent below the poverty level.

An Inventory of Family Planning Serv-

ices Sites: Institutional Characteristics, United States, 1974. DHEW Publication No. (HRA) 76-1810, Vital and Health Statistics, Series 14, No. 15. U.S. Government Printing Office, Washington, D.C., October 1975. GPO Stock No. HE 20.6209:14/15. Price \$1.10. Development of the National Inventory of Family Planning Services, United States. DHEW Publication No. (HRA)

76-1312, Vital and Health Statistics, Series 1, No. 12. U.S. Government Printing Office, Washington, D.C., January 1976. GPO Stock No. HE 20.6209:1/12. Price \$1.25.

Single copies of either publication are available through the Scientific and Technical Information Branch, NCHS, Rm. 8-20, Parklawn Bldg., 5600 Fishers Lane, Rockville, Md. 20852.

education notes

36th Congress on Occupational Health. The health and safety of the American worker on his job will be the theme of the 36th Congress on Occupational Health, to be held September 20-21, 1976, in Rochester, N.Y. Cosponsors are the American Medical Association and the National Institute for Occupational Safety and Health, U.S. Public Health Service.

Workshop symposia will cover such topics as worker's compensation, radiation, medical recordkeeping, interdisciplinary teamwork, labor-management relations, workers who fly on the job, walk-through surveys of working areas, and women at work.

The congress will be attended by occupational health and safety personnel, including physicians, students, nurses, hygienists, safety engineers, and representatives of unions and management. Physicians may receive credit toward the continuing education awards of the American Medical Association and the American Academy of Family Physicians. Registration fee is \$30. Additional

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information is available from the Department of Environmental, Public, and Occupational Health, American Medical Association, 535 N. Dearborn St., Chicago, Ill. 60610.

International conference on air pollution control. The International Conference on Photochemical Oxidant Pollution and Its Controls will be held Sept. 12-17, 1976, in Raleigh, N.C., sponsored by the U.S. Environmental Protection Agency and coordinated by the Triangle Universities Consortium on Air Pollution. The conference will serve as a forum for discussion of analytical methods for photochemical oxidants and precursors; the causes of urban, suburban, and nonurban oxidant; biological effects; oxidant control strategies; and trends in emissions and emission control technology.

To receive a registration packet, including information about registration and housing and how to order a copy of the proceedings, contact Mrs. Ernestine McIver, Administrative Secretary, TUCAP, P.O. Box 2284, Chapel Hill, N.C. 27514, telephone 919: 966-1515.

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