Childhood Immunization Campaig

☐ As most readers of this journal are aware, the Department of Health, Education, and Welfare is heading up a national campaign to immunize millions of our nation's children against preventable, childhood diseases. This effort, launched on April 7 by President Carter, has two basic objectives; the first is to increase dramatically the present, intolerably low levels of childhood immunization against poliomyelitis, measles, German measles, pertussis, diphtheria, and tetanus.

☐ For several years, vaccination rates in this country have drifted steadily downward. They now hover between 60 and 65 percent of the eligible population. Put another way, nearly 40 percent of our children under 15 years are presently unprotected against one or more childhood diseases for which safe and effective vaccines are available. Within 30 months, by the fall of 1979, we intend to have raised childhood immunization levels in the United States to more than 90 percent.

☐ The second objective of this national program is to establish a permanent system that will provide comprehensive immunization services to the 3 million children born in America each year. This goal, like the first, is based on one simple fact: the cost of fully immunizing our young is miniscule when compared to the costs, in human misery and dollars, of permitting children to become afflicted with these diseases.

☐ It is evident, moreover, that "full immunization," in the broadest sense of the term, is far from a reality today. Measles immunization levels among children entering school are 95 percent among upper-income families and only 42 percent for the children of lowerincome families. We must design and put into operation a system that will work in a truly comprehensive way for all our people.

□ President Carter's 1978 budget includes \$19 million for the immunization initiative. Used effectively, these funds will yield an enormous dividend. But the goals that we have set for ourselves will be reached not with dollars alone but with the will and determination of our citizens. Our first priority, therefore, must be to increase knowledge and understanding and abolish the apathy that must in part underlie our disturbingly low levels of childhood immunization.

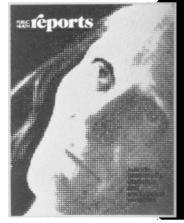
☐ To this end we plan to aim a major public information effort at parents, too many of whom are unaware of the risks of inadequate immunization. We will enlist the active support of the health care providers, without whom the program cannot succeed. If our goals are to be met, private physicians must, as always, take a leading role.

□ We are asking industry and labor to initiate education campaigns among their employees; we are seeking the help of those who have special access to the urban and rural poor. The Department will attune its health and assistance programs to the immunization effort and will coordinate the activities of many other Federal agencies that will take an part in the campaign.

☐ In my view, the national munization campaign represe unique opportunity for socie a whole, not just governmen address and solve a major tional health problem. If we this opportunity now, while within our grasp, we will so benefit for generations.

> James F. Dickson III, Acting Assi Secretary for He U.S. Department of He Education, and We

Cover-Are the data on suicide rates accurate? Do t seasons affect suicidal beha The answers to these quest are sought in two articles this issue. One study explore the relationship between 🕫 variability in the structure function, and procedures of coroner's office and the var ation in reported suicide n (pp. 223-232). Another stud investigates the relationship between the timing of completed suicide, attempt suicide, and sociological variables (pp. 233-239).





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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE Public Health Service Health Resources Administration

The course sequences will be available to doctoral candidates with fiscal management qualifications. Since persons with teaching, public service, and research qualifications in health care fiscal management are in short supply, the center will be working to increase the availability of such skilled health care personnel.

For a master of science degree candidate, there will be emphasis on both residential and flexible off-campus sequences, designed to make well-quali-

Nutrition Congress Scheduled in Canada

■ The fifth Western Hemisphere Nutrition Congress, "Nutrition in Transition," will be held August 15–18, 1977, in Quebec, Canada, under the auspices of the American Medical Association, American Institute of Nutrition, Nutrition Society of Canada, Sociedad Latinoamericana de Nutricion, and American Society for Clinical Nutrition.

General sessions will cover such subjects as nutrition in transition, evaluation of nutrition intervention programs, technological and nutritional aspects of fats, metabolic basis of nutritional management, politics and realities of food safety and quality, implications of altered intakes of carbohydrate and fiber, protein conservation therapies during stress, nutritional modulation of behavior and brain function, evaluation and effects of marginal nutrition, research and technology in developing countries, nutritional adaptation to the environment, nutritional problems of Third World nations in transition, and international policies on food resources.

Some 800 delegates from Canada, the United States, the Middle Americas, the Caribbean, and South America will participate in lecture and study sessions on all aspects of nutrition in the Western Hemisphere. Lecturers from more than 12 nations will be included on the formal programs, and many others will present papers at a succession of five research forums.

Additional information on the congress is available from the Department of Foods and Nutrition, American Medical Association, 535 North Dearborn St., Chicago, III. 60610. fied people available with a broad background in financial management, planning, and control. Opportunities are to be offered for persons who are already in the health field to obtain advanced-level education while maintaining their employment.

At the undergraduate level, the emphasis will be on sequences of courses to provide students with a foundation for learning about health institution functions and relationships. Other areas of activity will be advanced con-

education note

AMA regional workshops for hospital medical staff leaders. The second of six workshops to be conducted during 1977 by the American Medical Association for hospital medical staff leaders of the present and future will be held June 10–11 in Atlanta, Ga. Additional workshops will be held September 16–17 in Columbus, Ohio; September 23–24 in Philadelphia; October 7–8 in Chicago; and November 4–5 in Dallas.

The 2-day meetings are designed to help medical staff leaders learn the managerial skills needed to carry out the increasing responsibilities they face in developing bylaws, rules, and regulations; in cooperating with other hospital groups to improve patient care; in evaluating the quality of medical care; and in resolving conflicts that may arise between the hospital medical staff tinuing education programs and a repository for health care fiscal management information.

Grants from the center will enable visiting scholars, working with faculty and students at all levels in the program, to prepare monographs, papers, and demonstration cases or to study current problems in the health fiscal area. Fellowship awards will also be available for graduate students with objectives and interests in health care fiscal management.

and the board of trustees and administration or within the medical staff itself.

The programs will consist of both general sessions and workshops. Topics will include problem-solving skills that can be applied to specific needs; managerial duties related to physician privileges, rights, and responsibilities; Joint Committee on Accreditation of Hospitals accreditation standards applicable to the medical staff; legal aspects of medical staff rights and responsibilities; negotiation techniques; risk management and medical liability problems; and professional liability insurance.

Registration is limited. Further information may be obtained from the Department of Hospitals and Health Facilities, American Medical Association, 535 North Dearborn St., Chicago, Ill. 60610.

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WORLD HEALTH ORGANIZATION

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