

ASIAN VARIANT INFLUENZA TYPE A

In the fall of 1957 the United States experienced the most extensive influenza epidemic in 40 years. This, in itself, is a historical event of major medical and public health significance. Equally significant is the fact that for the first time in our history the Nation was making real preparations for an epidemic before it appeared.

Although morbidity and mortality rates, as was predicted, did not equal those of the 1918 pandemic, we shall never know, precisely, the total who were incapacitated or the real impact on the national economy. That it was substantial is indicated by the samplings taken by the U. S. National Health Survey, which showed that more than 80 million Americans suffered from illness of the upper respiratory tract between July 1 and December 1, 1957,

of such severity that they had to spend one or more days in bed. While all of these cases were obviously not Asian influenza, it is reasonable to assume that the illness accounted for the majority.

At the time at which this is written—in late December—it would appear that the epidemic has pretty well run its course in the United States. Opinion differs on the possibility that by the time this appears we may be experiencing a second wave; and a substantial amount of Asian influenza is anticipated during the midwinter months.

The fairly rapid decline in new cases during late November indicated that the first wave was over; and that the time was appropriate for a provisional summing up of our national experience with this epidemic.

Historical perspective will provide more definitive conclusions than are reached in the following pages. The story as it is here recorded, however, will be of interest to the public health profession and may well suggest guidelines for meeting similar health problems in the future.

To me, one of the most significant things about our national experience has been the demonstration of how quickly and effectively our national medical and health resources can mobilize to combat the threat of nationwide illness. The keynote of the whole program, in fact, has been the cooperation of the many toward a single goal. I do not know of another instance in our peacetime history in which so many of the elements of our society, in so short a time, have joined together to identify a health problem, determine the means for its solution, and to work toward resolving it.

These elements have included the agencies of the Federal, State, and local governments, notably, the Department of the Army, which first isolated and identified the Asian influenza virus, the medical and public health profession, professional societies, the voluntary health agencies, the pharmaceutical manufac-

turers, advertising, and, in full measure, the press, television, and other media of professional and public information and education.

Throughout this report, the contributions of these groups and others are noted. It is not inappropriate to extend to all of them and to the hundreds of individuals who have worked on the problem, a word of appreciation on behalf of their fellow Americans.

I mentioned earlier the statistics of incidence. Certainly it was substantial. The rapid production and distribution of the vaccine during the fall months, however, unquestionably reduced the impact of the epidemic. Many millions of persons, we can be certain, did not contract Asian influenza because of the protection of the vaccine.

This issue of *Public Health Reports* includes a report on the Asian influenza epidemic and the steps taken to study and control it. The report suggests, among other things, that the profession and structure of public health are stronger as a result of our experience with the Asian influenza epidemic of 1957.

More important, it provides a document which, under study, may yield knowledge on how we can do a better future job for the people of the Nation in whose cause we serve.

A handwritten signature in black ink, reading "Leroy E. Burney". The signature is written in a cursive style with a long, sweeping underline that extends to the right.