Mobilization of Private Physicians

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THE THREAT of an Asian epidemic in the United States confronted the medical profession early in June 1957. The board of trustees of the American Medical Association promptly designated the Committee on Civil Defense as the Special Committee on Influenza and assigned it the additional task of exploring the possibility of Asian influenza in the United States, the extent and nature of the threat, and the means with which the threat could be met.

On July 9, representatives of the American Medical Association, the American Hospital Association, and the Public Health Service met at the AMA headquarters to draw up a program whereby the individual physician could be informed of his role should the threat be realized.

As a result two principal programs were developed. One provided the physician with necessary information; the other dealt with organizational matters.

To assure the physician that he would get all the scientific information concerning the biology, epidemiology, clinical characteristics, and therapy of Asian influenza, the information program prepared articles and notices for publication in the *Journal of the American Medical Association* and special notices for State and county medical journals.

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The organizational program was divided into several different activities. First, State and county organizations were notified and advised to take immediate action on the possible threat. One of the first things noted, of course, was that vaccination was the only possible means of combating Asian influenza. It was simultaneously recognized that the vaccine would be in short supply, requiring some scheme of allocation.

Next, the Special Committee on Influenza suggested that the vaccine be allocated on the basis of local determination, using the facilities and resources within communities. It was assumed that the local health profession working with the local public health officer and other community officials could best ascertain how vaccine in short supply could be divided and utilized advantageously.

An action group was then formed to allocate the determinable amount of hospitalization available. It was seen immediately that there would be a wide demand for hospitalization through Blue Cross, Blue Shield, and other insurance programs. Since it would be difficult for the physician to deny hospitalization to a large group of people, the committee felt that some scheme should be forthcoming for orderly use of hospitals.

Because of these problems, notification of the decisions were authorized by the board of trustees on July 20. At the same time, the board designated two of its members, Dr. Hugh Hussey and Dr. James Appel, to sit with the Special Committee on Influenza. By July 26, the notifications went out to each of the county and State representatives, and they were urged to take action.

It should also be pointed out that by July 20 there was some concern about a possible wide-

spread, injudicious use of antibiotics, and a preliminary statement was sought from the Council on Drugs of the American Medical Association. The council issued a statement advising a reasoned and cautious scientific application of antibiotics in proved and indicated cases.

On August 14, the Surgeon General of the Public Health Service called a meeting in Washington, D. C., for all representatives of national health agencies and voluntary health groups to decide how to cope with this particular problem. Three recommendations ensued:

First, the Surgeon General's program should be fully supported and endorsed by all organizations whose representatives were in attendance.

Second, local health groups or councils should determine how vaccine and hospitalization should be allocated within local communities.

Third, a meeting of the State health officers should be called by the Surgeon General at the earliest possible moment so that their efforts could be integrated or coordinated with other agencies.

The State and Territorial health officers meeting was held in Washington on August 27 and 28, and one of the essential ideas that came out of the meeting, in addition to those dealing with cooperation and allocation, concerned the proper use of laboratory work. There was some apprehension that physicians might not at first use the resources of laboratory techniques to pinpoint the occurrence of Asian influenza, but would rely on clinical signs. It was also feared that, in some instances, too much public awareness would lead overanxious patients and physicians to flood laboratory resources with an unnecessary number of specimens. A carefully worded statement urged physicians to use laboratory resources to determine the presence of an epidemic, but to allow the State and Public Health Service laboratory officers to select samples for testing.

The Council on Drugs, on September 7, enjoined physicians to use antibiotics only when indicated and then to use them in large enough doses to combat the offending secondary type of organism.

On September 19 the public information program was launched with a television announcement by the president of the American Medical Association. Recordings and scripts for radio and television were on hand for local members of the profession to use should influenza strike their communities.

By September 27 the program had developed and events had changed enough to warrant a second notification from the Special Committee on Influenza to the same county and State medical societies and health groups, advising them of current developments and again asking them to take appropriate action.

It is interesting to note that those medical societies with well-organized plans and with active national emergency medical service committees or civil defense committees quickly took this material, redefined it, reworked it in the light of their particular needs, and disseminated it to their local groups. Just to show how rapidly some States worked, the Mississippi State Medical Association was able to prepare and mail within 1 day after notifications were received a plan for the entire State.

On September 27 the Special Committee on Influenza took definitive action on the use of false and misleading information concerning the efficacy of drugs. As soon as Asian influenza received wide publicity, many took the opportunity to claim some therapeutic advantage of their particular pharmaceutical product. The Special Committee on Influenza emphatically restated that false and misleading statements about drugs should not be published.

On October 5 the Special Committee on Influenza reviewed the whole program and reemphasized its importance. While the committee was pleased that the program went on rapidly and efficaciously, it was cognizant of deficiencies and failings, and in an effort to have a more effective future method of operation each State and county medical society was requested to submit its particular program to headquarters of the American Medical Association. These reports will be carefully and critically examined as soon as possible in order to formulate a standby national program that will be useful should it be required in any future emergency.

In summary, what has the individual physician learned as a result of this program?

First, the physician has been profoundly impressed with the tremendous network and capa-

bilities of all governmental health agencies working in such close cooperation so as to make it possible to identify, isolate, and recognize this particular virus, and to make the information obtained readily available to physicians.

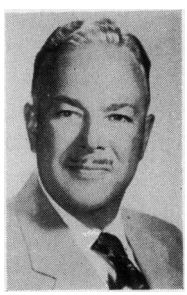
Second, the physician has recognized the importance of having channels of communication open to physicians whereby they can be alerted and quickly supplied with medical information.

Third, he has found that those physicians who had good immunization programs as part of their daily practice could incorporate the Asian influenza program without any difficulty.

Fourth, the thoughtful physician has discovered that his place in the community has been more thoroughly defined and delineated. He sees more clearly where he fits in relation to the local health officer, the professional agencies, and voluntary health agencies in carrying out his daily work as a physician.

Fifth, the physician has learned that the Asian influenza program is essentially an emergency medical service program and a phase of civil defense. A critical review of each physician's actions during the program should result in the adaptation of the best and most significant ideas for his daily practice, leaving those which are not a part of daily practice readily available in case they are ever needed again.

Mattison Appointed APHA Executive Secretary



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Previously, Dr. Mattison was commissioner of health in Erie County, N. Y., from 1948 to 1954, and in Yonkers, N. Y., from 1946 to 1947. He entered the New York State Department of Health in 1941, serving, during the next 6 years, as assistant district State health officer and district State health officer.

Dr. Mattison received his medical degree from McGill University, Montreal, Canada, in 1936, and his master of public health degree from Johns Hopkins University in 1941.

In addition to membership in numerous professional societies, Dr. Mattison holds a number of committee and board appointments including chairmanship of the Advisory Committee to the Surgeon General (PHS) on Training Needs in Public Health and of the Pennsylvania Advisory Health Board.