STATEMENT

By Leroy E. Burney, Surgeon General, Public Health Service

Influenza Immunization

Two outbreaks of influenza swept the United States in the fall of 1957 and the winter of 1958, resulting in 60,000 more deaths than would be expected under normal conditions. There were, in addition, more than 26,000 excess deaths during the first 3 months of 1960 which also were considered to be the result of influenza.

These departures from the usually predictable norms prompted the Surgeon General's Advisory Committee on Influenza Research to analyze the cause and to seek measures to prevent such an occurrence in the future.

The committee found that a new antigenic variant, the Asian strain, because of its widespread introduction and the general lack of resistance to it, was the direct cause of the excess number of deaths, not only in the total population but most markedly among the chronically ill, the aged, and pregnant women. As a result of these findings, the Public Health Service is urging a continuing program to protect these high-risk groups in order to prevent a recurrence of this excess mortality.

The high-risk groups who contribute most to the excess deaths and who the Public Health Service believes should be routinely immunized each year are:

1. Persons of all ages who suffer from chronic debilitating disease, in particular: (*a*) rheumatic heart disease, especially mitral stenosis; (*b*) other cardiovascular diseases, such as arteriosclerotic heart disease or hypertension—especially patients with evidence of frank or incipient insufficiency; (*c*) chronic bronchopulmonary disease, for example, chronic asthma, chronic bronchitis, bronchiectasis, pulmonary fibrosis, pulmonary emphysema, or pulmonary tuberculosis; (*d*) diabetes mellitus; (*e*) Addison's disease.
2. Pregnant women.
3. All persons 65 years or older.

The adult dosage recommended by the advisory committee for initial immunization is 1.0 cc. (500 cca units) of polyvalent vaccine, administered subcutaneously on two occasions separated by two or more months. Preferably, the first dose would be given no later than September 1 and the second no later than November 1. Persons previously immunized with polyvalent vaccine should be reinoculated with a single booster dose of 1.0 cc. subcutaneously each fall, prior to November 1. The only contraindication to vaccination would be a history of food allergy to eggs or chicken or a prior history of allergic reaction to an egg-produced vaccine, such as the commercial influenza product.

The time to start such a program is before the onset of the influenza season this fall. In the past, influenza vaccination has been sparse and sporadic, and primarily in response to an epidemic or the threat of an epidemic. The unpredictability of recurrence of influenza and its continued endemic occurrence are well known. Therefore, the Public Health Service strongly recommends that immunization of these high-risk groups be started now and continued annually, regardless of the predicted incidence of influenza for specific years.

The members of the Surgeon General's Advisory Committee on Influenza Research are: Colin M. MacLeod, M.D., chairman, University of Pennsylvania, Fred M. Davenport, M.D., University of Michigan, Morris Schaeffer, M.D., bureau of laboratories of the City of New York Health Department, George Burch, M.D., Tulane University, Dorland J. Davis, M.D., National Institute of Allergy and Infectious Diseases, Public Health Service, Thomas F. Sellers, M.D., Georgia State Department of Health, and Glenn S. Usher, M.D., Communicable Disease Center, Public Health Service.