CONTENTS *continued*

PUBLIC HEALTH REPORTS

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

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SYNOPSES

HENNESSY, ALBERT V. (University of Michigan), and DAVENPORT, FRED M.: ***Relative merits of aqueous and adjuvant influenza vaccines when used in a two-dose schedule. Public Health Reports, Vol. 76, May 1961, pp. 411–419.***

Broad and high levels of antibody against all known families of influenza A virus may be induced in both children and adults either by two doses of adjuvant polyvalent vaccine or by aqueous polyvalent vaccine followed by adjuvant polyvalent vaccine. Antibodies so produced remain at high levels for a long period of time while antibodies produced by two doses of aqueous vaccine fall to low levels in 1 year.

In children, two very small doses of virus in adjuvant vaccine gave high levels of antibody even when the interval between inoculations was only 8 weeks.

The findings reported indicate that high, broad, and persistent antibody levels can be achieved in man with a minimum of inoculations and materials.

RICE, CHARLES E. (Veterans Administration Hospital, Perry Point, Md.), BERGER, DAVID G., SEWALL, LEE G., and LEMKAU, PAUL V.: ***Measuring social restoration performance of public psychiatric hospitals. Public Health Reports, Vol. 76, May 1961, pp. 437–446.***

Interest in the problem of how to evaluate the performance of public psychiatric hospitals is growing. The Medical Audit Plan for Psychiatric Hospitals is a research program organized to develop methods for appraising mental hospital effectiveness with respect to the achievement of certain hospital goals or objectives.

This paper describes a method for measuring psychiatric hospital performance in the area of one such goal, social restoration. A hospital's performance in socially restoring its patients may be evaluated at each of three "levels": the extent to which the hospital authorizes the release of patients to the community; the extent to which such patients remain in the community following their release; and the extent to which released patients adjust to living in the community.

The measurement of these levels, based on data obtained by studying cohorts of psychiatric patients, is described in detail. Data gathering methods are described briefly. These methods, should they prove workable, will provide a basis for evaluation of the effectiveness of public psychiatric hospitals and a guide for administrative policy and program decisions.

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SYNOPSES

WIDELOCK, DANIEL (New York City Department of Health); PORTNOY, JOSEPH; TRUELOVE, JOHN; REYNOLDS, ANNA D.; and VANDOW, JULES: ***The USR test as a screning test in a public health laboratory. Public Health Reports, Vol. 76, May 1961, pp. 447–452.***

At the New York City Department of Health a serologic study was undertaken in an attempt to cut the mounting costs of syphilis serology and to solve the problem of the biologic false positive reaction.

During the study 100,000 blood specimens were tested simultaneously by the unheated serum reagin (USR) and VDRL slide tests. All serums reactive with the USR or VDRL tests were further tested by the Kolmer complement fixation test. The findings indicate that the USR test may be employed as a screening procedure in a public health laboratory with a saving in space, personnel, and time.

Treponemal tests, the Reiter protein complement fixation (RPCF) test and the *Treponema pallidum* complement fixation 50 (tpcf-50) test were carried out on 1,885 serums positive by the USR or VDRL tests, or by both, for which a clinical diagnosis was available. Results indicated that the RPCF test may be substituted for the more expensive tpcf-50 test.

A public health laboratory procedure may consist of the following:

1. Use of the USR test as a screening procedure, with all negative results being reported immediately and all USR reactors being tested further.
2. Testing of positive reactors by VDRL titrations, Kolmer complement fixation test, and RPCF test.
3. If additional testing is required, employment of the Nichols strain of *T. pallidum* in an approved test, the fluorescent treponemal antibody (FTA) test, for example.

KELLER, KENNETH; BRASPENNINCKX, HERSCHUL; and KASDAN, MORTON (University of Louisville School of Medicine): ***Detecting viruses on nonporous surfaces by use of the cotton swab technique. Public Health Reports, Vol. 76, May 1961, pp. 453–458.***

A preliminary study was performed to determine whether the standard cotton swab-rinse technique for detecting bacterial contaminants could also be used for the recovery of viruses from nonporous surfaces. The results indicated that, under the experimental conditions described, the percentage of recovery of bacteriophage T1 virus approximates the precision obtained in detecting bacterial contaminants.

The data show that the cotton swab-rinse method is sensitive enough to detect virus when as few as 16 particles are initially applied to a 4-square-inch test surface area and air dried for 1 hour.

As few as 12 TCD_{50}, the virus dose which gives rise to cytopathogenic changes in 50 percent of the tissue culture tubes, of poliovirus 1 per 4 square inches were detected, using five HeLa cell culture tubes per sample, when sampling was done 5 minutes after the test surfaces were contaminated.

When the test surfaces were contaminated and then allowed to air-dry for 1 hour, the end point of poliovirus detection occurred between contaminating inoculum titers of between 6,310 TCD_{50} and 631 TCD_{50} per 4 square inches.

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