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**WIDELOCK, DANIEL** (New York City Department of Health), **CSIZMAS, LAJOS**, and **KLEIN, SARAH**: *Influenza, pregnancy, and fetal outcome. Public Health Reports, Vol. 78, January 1963, pp. 1-11.*

Six outbreaks of Asian strain influenza which occurred in New York City between August 1957 and June 1961 were studied for a possible relationship with maternal and fetal mortality, prematurity, and malformations.

Significantly higher mortality among pregnant women was found only during the first Asian outbreak. It was not found in any of the later periods, when A2 influenza antibodies appeared and were retained. Mothers in the post-delivery period of 10-180 days did not

belong to a high-risk group.

The disappearance of increased risk of influenza death among pregnant women during the later outbreaks and its relationship to immunization recommendations are discussed.

No correlation could be found between maternal influenza infection and prematurity, fetal deaths, or congenital abnormalities.

The authors believe that a causative relation has not been established between influenza and malformations.

**LANG, JOHN J.** (Public Health Service), and **MOORE, RAYMOND T.**: *Acute radiation injuries in disaster situations. Public Health Reports, Vol. 78, January 1963, pp. 17-21.*

Not much has to be known about radiation in order to recognize or treat radiation injuries in a disaster situation. No new symptoms are present that have not been observed in ordinary clinical practice.

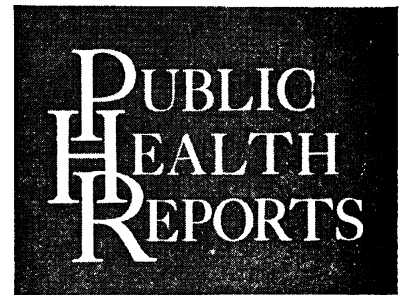
Little can be done for patients in the immediate period after exposure except for reassurance, sedation, and, possibly, minimal fluid replacement. Patients who show radiation-induced skin erythema or conjunctivitis during the prodromal period usually will not survive under austere disaster circumstances. A drop in the absolute lymphocyte count to very low levels during the first few days after exposure also indicates poor prognosis. Appearance of definite central nervous system signs usually indicates a fatal course. Recurrence of diarrhea after the

fourth day also usually means the patient is unlikely to survive. If infections and bleeding precede epilation, the course is more severe. Treatment will be essentially symptomatic and replacement in character, consistent with available resources.

Fallout contamination can be removed without significant hazard to decontamination personnel. A detergent and water shower with thorough scrubbing is the method of choice. However, in most situations, removal of clothing and firm wiping or brushing of the body will have to be relied upon, since adequate water supplies may not be available. Work techniques in the decontamination area should be strictly controlled to prevent spread of contamination to "clean areas."

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**JEFFERY, GEOFFREY M. (Public Health Service), PHIFER, KENNETH O., GATCH, DONALD E., HARRISON, ANDREW J., and SKINNER, JIMMIE C.: Study of intestinal helminth infections in a coastal South Carolina area. Public Health Reports, Vol. 78, January 1963, pp. 45-55.**

*Ascaris lumbricoides* infection was found in 64 percent and *Trichuris trichiura* infection in 37 percent of 212 persons in a coastal area of South Carolina. Only 4 percent had hookworm infection. Prevalence of the common intestinal protozoa was also determined.

The *Ascaris* infections had an average intensity of 45,074 eggs per gram of feces; *Trichuris* infections averaged 3,627 eggs per gram. The highest prevalence and intensity of worm infection were found in the younger age groups.

Blood studies for 132 persons found a significant correlation between eosinophilia and the presence of *Ascaris* infection in the younger age groups and in the total group but not in the older age group. There was also significantly greater eosinophilia in younger persons infected with *Ascaris* compared with in-

fecting older persons.

A total of 135 persons were treated with single doses of piperazine, either as liquid or in chocolate cubes. Doses equivalent to 3, 4, or 5 grams of the hexahydrate were used in the respective age groups of 0-5 years, 6-15 years, and 16 years and older. Evaluation of 114 treatments found a cure rate for *Ascaris* infections of 59 percent and an average egg reduction of 92.3 percent. The chocolate cubes appeared to give somewhat better results than did the liquid. The drug seemed to have no effect on the *Trichuris* or hookworm infections.

The prevalence rates of *Ascaris* and *Trichuris* infection in the study group are comparable to those found in many high prevalence areas throughout the world and are probably among the highest in the continental United States.

**TIMOTHEE, RAFAEL A. (Puerto Rico Department of Health), MORRIS, LEON, FELIBERTI, MANUEL, and MAINARDI, LUIS E.: Epidemic of poliomyelitis in Puerto Rico, 1960. Public Health Reports, Vol. 78, January 1963, pp. 65-76.**

Puerto Rico experienced the most severe outbreak of any occurring in the Western Hemisphere in 1960. The 495 paralytic cases represented one of the largest epidemics in the island's history.

The epidemic began in late January, reached a peak in mid-June, and then declined during the late summer and early fall months. No seasonal pattern of poliomyelitis has been established in Puerto Rico.

Type 1 poliovirus was identified early in the widespread epidemic, which involved 68 of 76 municipalities. The initial cases occurred in late January and were followed by a radial spread with first Ponce and then the San Juan area serving as focal points.

The age distribution was predominantly infantile; approximately 90 percent of the cases occurred in children

under 5 years of age. There was a greater proportion of cases among males; highest attack rates occurred in the age group 6 to 11 months. Eighty-three percent of the cases were in unvaccinated individuals; only 6 percent were in persons who had received three or more doses of Salk vaccine.

The disease was found to be relatively mild in the younger age groups with little bulbar involvement. Among the few adult patients, the disease was very severe.

Special studies in San Juan demonstrated the highest attack rate in the lower socioeconomic segment of the population. The effectiveness of Salk vaccine, adjusted for age and socioeconomic status, was found to be 82 percent for three or more doses.

*The nature of a paper, not its importance or significance, determines whether a synopsis is printed.*