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Published concurrently with this issue:

PUBLIC HEALTH MONOGRAPH No. 70 . . . Methodology in Two California Health Surveys, San Jose (1952) and Statewide (1954–55). *H. William Mooney.*

Summary and information on availability appear on page 456.

PUBLIC HEALTH REPORTS

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SYNOPSES

BYRD, OLIVER E. (Stanford University), MALKIN, HAROLD M., REED, GEORGE B., and WILSON, HAL W.: ***Safety of iodine as a disinfectant in swimming pools. Public Health Reports, Vol. 78, May 1963, pp. 393–397.***

After an iodine compound was used as a disinfecting agent in three outdoor swimming pools at Stanford University there was no evidence of inhalation, ingestion, or absorption of iodine by 30 male students who swam in the pools for 1 month.

Baseline protein-bound iodine and total urinary determinations were made for all swimmers. Determinations were repeated after one exposure, after 1 week, and after 1 month. The PBI average for the group before exposure was 4.7; after 1 month it was 4.9. The urinary total iodine determinations for the group averaged 71 before exposure and 74 after 1 month.

During 11 days of sampling, only one sample showed a total plate count in excess of the California State standards for swimming pools. All presumptive tests for the presence of bacteria of the coliform group were negative.

Medical examinations of both eyes of 28 swimmers exposed to the pools for 1 month revealed no evidence of conjunctivitis in 27, and only minor eye irritation in 1.

Of 20 Stanford swimmers, 17 preferred iodine to chlorine as a pool disinfectant, as did 48 of 53 swimmers at an intercollegiate meet. The remainders of both groups had no preference.

The authors concluded that iodine as a swimming pool disinfectant is safe, effective, and superior to chlorine in regard to eye discomfort and irritation.

ALBRECHT, ROBERT M. (New York State Department of Health), BIGWOOD, DAVID E., Jr., LEVY, WALTER C., QUINLIVAN, JAMES J., ROGERS, EVELYN F. H., and WESTMAN, ELDON R.: ***Oral poliovirus vaccination program in central New York State, 1961. Public Health Reports, Vol. 78, May 1963, pp. 403–412.***

An outbreak of type 1 poliomyelitis occurred in Madison, Oneida, and Onondaga Counties, N.Y., in August and September 1961. Parts of these counties, with a population of 472,600, were designated to receive type 1 oral poliovirus vaccine.

Seventy cases of paralytic disease occurred in the epidemic area. Poliovirus type 1 was isolated from 26, a Coxsackie or ECHO virus from 6, and from 6 no virus was recovered.

Inactivated poliovirus vaccine did not prevent the outbreak although incidence was appreciably lower in those who had had at least three doses. Only 9 of the 64 patients (excluding those with Coxsackie or ECHO virus) had as many as four doses of inactivated vaccine.

Type 1 oral poliovirus vaccine, meant for residents under 50 years of age, was administered to 356,000 people, including some nonresidents and some persons over age 50. At least 76 percent of the resident population under 50 took oral vaccine. Practically all of the vaccine was given August 29–31.

No serious illnesses unquestionably due to oral vaccine were reported. Seventeen cases of paralytic poliomyelitis had onset 1–19 days after the patients had taken oral vaccine. The intervals suggest that these cases were not due to the vaccine. The patients were primarily adults.

The oral vaccine was given when the outbreak was on the decline in Madison and Oneida Counties. In Onondaga County, it was given at or immediately after the peak. No cases of paralytic poliomyelitis occurred in the area after 3 weeks after the vaccination program. While experience with the course of outbreaks in the post-Salk era is limited, it is likely that the rather abrupt decline in paralytic poliomyelitis in Onondaga County was due to oral vaccine.

The episode proved the ability of State and local public health workers to mobilize and carry out an effective poliomyelitis vaccination scheme with the assistance of volunteers.

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