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SMALLPOX ERADICATION PROGRAM

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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
BUREAU OF DISEASE PREVENTION AND ENVIRONMENTAL CONTROL
National
Communicable Disease Center
Atlanta, Georgia 30333

March 28, 1967

To : State Health Officers
State Epidemiologists
State Laboratory Directors
American Medical Association, Attn: Dr. Blasingame
American Hospital Association, Attn: Dr. Crosby
Chiefs, CDC Services, Regional Offices
Readers of Smallpox Surveillance Report
Professional Personnel, Epidemiology Program

From : Chief, Smallpox Eradication Program
Acting Chief, Epidemiology Program

Subject: Further details on Hanover, Germany, smallpox incident

Additional information received March 27 by the Foreign Quarantine Program, CDC indicates virologic confirmation of smallpox in the case of a Hanover, Germany, dermatologist previously described ("Third Case," memo of March 27). The patient apparently had been ill for approximately two days when he departed Bombay March 23 at 1:00 a.m. on Air India flight 107. After a brief stopover in Beirut (3:25 a.m.), this flight continued to Frankfurt arriving at 9:35 a.m. The patient disembarked and is reported to have traveled to Hanover on Lufthansa flight 541 arriving March 23. He is known to have had labial lesions on the evening of March 23 from which smallpox virus has subsequently been isolated.

Air India flight 107 meanwhile continued to New York's John F. Kennedy Airport with an intermediate stop in London at about 11:00 a.m. The flight terminated in New York City arriving about 3:25 p.m. A total of 14 passengers with presumed exposure to the patient during the flight from Bombay to Frankfurt continued through to New York City and entered the U.S. to proceed to ultimate destinations in Texas, Wisconsin, Virginia and Puerto Rico; an additional three were in transit in New York City and proceeded to Canada and Venezuela.

On March 27, State Epidemiologists in each involved State were given the names and addresses of those individuals identified as proceeding to that State; the State authorities immediately arranged with local health officers to place these persons under daily surveillance through April 8 (16 days after exposure on March 23). Surveillance will include temperature recordings and inquiries into health status on a daily basis.

Identifying information on those contacts bound for places outside the United States has been passed on to the pertinent health authorities through international channels by the Foreign Quarantine Program.

Additional information will be sent to you as developed.

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From : Chief, Smallpox Eradication Program
Acting Chief, Epidemiology Program

Subject: Increased risk of smallpox introduction

On March 27, 1967 the following telegram was sent to State and Territorial Health Officers; Executive Vice President, American Medical Association; Director, American Hospital Association; Regional Offices, U.S. Public Health Service; and the Foreign Quarantine Program:

"Reports to the World Health Organization and the Foreign Quarantine Program indicate that smallpox is on the increase in several areas of India and can be considered epidemic in Bombay. Incidence can be expected to increase for a number of weeks. Although no cases have occurred in the United States, three cases have been introduced into Europe, all in returning tourists, the most recent a physician with an apparently valid vaccination history. Urge high level of suspicion of any international traveler particularly with history of visit in India who presents symptoms possibly related to smallpox - fever, backache and any type of rash. In partially immune persons, rash can be variable. Urge that all members of health professions and hospitals be alerted with particularly high priority given to international air and seaport cities. CDC ready to offer diagnostic support at 404-634-2561 on 24-hour coverage. The American Medical Association and American Hospital Association are cooperating in alerting the profession."

This action was taken to warn interested parties in the United States of the existence of an increased risk of importation of smallpox from India.

SMALLPOX IN INDIA - 1967

During the first ten weeks of 1967, a substantial increase in numbers of smallpox cases has been reported from India. Notable increases have been observed in Bombay (Maharashtra State), Nagpur (Maharashtra State), Gaya (Bihar State), Kanpur (Uttar Pradesh State), Lucknow (Uttar Pradesh State), and Visakhapatnam (Andhra Pradesh State). From these cities, a total of 1,812 cases with 766 deaths were reported through the week ending March 11, 1967 as compared with 105 cases and 38 deaths during the similar period of time in 1966. Of this year's total, 840 cases and 346 deaths were reported from Bombay.

SMALLPOX IMPORTED INTO EUROPE - 1967

Since March 5, three cases of smallpox have been imported into Europe from India. In two cases the patients are presumed to have been infected in Bombay. Pertinent clinical and epidemiological details of these imports are summarized below:

First Case: A 58-year old female German shopkeeper returned home to Regensburg, Germany, on February 22, 1967 after a 3-week vacation in India (the last 3 days were in Bombay). She developed fever by March 4 and rash on March 7. She was hospitalized on March 10 and a diagnosis of smallpox was confirmed by culture and electron-microscopic examination. Reports received on March 19 indicate the patient is recovering satisfactorily.

Second Case: Smallpox has been reported in a crew member of Czechoslovak Airlines who returned to Prague on March 5, 1967 after spending the previous 14 days in Bombay, India. His illness began on March 7 and was characterized by an atypical rash; laboratory tests confirmed the diagnosis of smallpox. The patient is said to have been repeatedly vaccinated; his last vaccination in 1965 was unsuccessful.

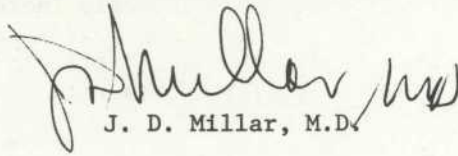
Third Case: A German physician arrived in Hanover, Germany, on an Air India flight March 23, 1967 returning from a trip to India. His travel in India included visits to New Delhi on March 4 and Jaipur March 10. Save for a lesion on the lip, details of his illness are not available at this time. Electron-microscopic examination was reported positive. He gave a history of minimal reactions following revaccinations in November 1966 and February 1967.

INDICATED PRECAUTIONS

Smallpox should be considered in the differential diagnosis of all febrile illnesses occurring in persons arriving from or having traveled in India within the past month. Rashes occurring in such individuals should be viewed as highly suspicious of smallpox until proven otherwise.

Smallpox in the susceptible individual is characterized by a pre-eruptive illness of three to four days generally accompanied by malaise, muscular aches, and varying degrees of prostration. The rash of smallpox appears as a centrifugally distributed eruption progressive over five to seven days to deep-seated pustules. In the presence of partial immunity, as by a successful vaccination in the distant past, the severity of illness may be greatly reduced, the distribution may be altered, and the lesions themselves highly modified; in such cases, the rash may closely resemble that of chickenpox.

CDC stands ready to offer clinical and laboratory diagnostic support on a 24-hour a day basis. Calls will be received at the following numbers: business hours (8:00 a.m.-5:00 p.m. EST), Area Code 404, 633-3311; non-business hours, Area Code 404,634-2561.



J. D. Millar, M.D.

Michael Gregg, M.D.

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