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**TO PARENTS
about
IMMUNIZATION**

MANY THOUSANDS of babies and young children are safe from certain serious communicable diseases—diphtheria, whooping cough, and smallpox—because parents have had them immunized. Immunization against such diseases is a simple procedure. Parents who have had their children made safe in this way have a great sense of satisfaction and security. *Have you given this protection to your children?*

**Immunization may be
(1) of long duration or (2) temporary**

1. An immunity of long duration can be given against diphtheria, whooping cough, and smallpox. It usually takes several months to develop long-term immunity. This protection can and should be continued by giving reinforcing or booster doses of the immunizing substance at stated intervals. (See Timetable, page 3.)
2. Immediate short-term protection against certain communicable diseases can be given to a child, after exposure, or to make an actual attack of the disease lighter, by injections of an immune serum. This type of protection usually wears off in a few weeks and must be repeated after each exposure. It is *emergency immunization* and should not be confused with the

long-term protection described in (1) which your children should have. If your child is exposed to a communicable disease before he has been given long-term protection against it, call your physician at once so that if a substance which gives temporary protection is available, it can be given promptly.

DIPHTHERIA Children have been given diphtheria toxoid for many years. Such a large number of them have been protected that diphtheria has been practically wiped out. In some cities and counties there has not been a case of diphtheria, nor a death from it, for years. *Because parents heard of so few cases, many have become careless about having their children immunized. As a result, diphtheria cases and deaths have begun to rise in some parts of the country. Do not run risks with your children. Have them immunized.* Follow this up with reinforcing doses of toxoid as required. (See Timetable, page 3.)

If a child is exposed to diphtheria before he has been immunized, the doctor can give him an injection of antitoxin (short-term protection). If antitoxin is given early enough, usually it will at least prevent serious complications or death from the disease. (See Timetable, page 3.)

WHOOPING COUGH Whooping cough is serious for children less than 5 years of age and very dangerous for children less than 2 years old. During a severe attack of whooping cough, the very young or delicate child becomes so weakened that he may get pneumonia or some other disease. *Whooping cough can usually be prevented by immunization.* The protection takes about four months to develop, but once a child has been successfully vaccinated, the protection lasts for several years.

Immediate short-term protection, with convalescent serum or similar substances, which may prevent the disease or make an attack less severe, can be given to a child who is exposed to whooping cough before he has been vaccinated. (See Timetable, page 3.)

SMALLPOX Through the practice of vaccination, smallpox has been wiped out of many sections of the United States. It can be driven completely out of our country if every child and adult are vaccinated and revaccinated at stated intervals. Vaccination prevents smallpox.

A successful vaccination ordinarily protects a person for several years. However, even though a person has been vaccinated he should be revaccinated immediately if he is exposed to smallpox. (See Timetable, below.)

MEASLES There is no long-term preventive against measles; the only means of long-term protection is to have the disease. Measles can be made lighter by the injection of gamma globulin, or convalescent serum, or placental extract, or whole blood, if given during the incubation period. Measles may also be temporarily prevented if one of these protective substances is given within five days after exposure. This temporary protection does not prevent the child from having measles at some later time. It is sometimes considered advisable to prevent an attack of measles, in a baby or a very young or delicate child, because measles is most serious for children less than 3 years of age.

IMMUNIZATION TIMETABLE For Diphtheria, Whooping Cough, Smallpox

Infancy

- 3 to 6 months of age—whooping cough immunization.
- 6 months of age or earlier—the first smallpox vaccination.
- 6 to 9 months of age—the first diphtheria immunization.
- 18 to 24 months of age—another injection of diphtheria toxoid or the Schick test. If the Schick test is positive, three injections of toxoid should be given.

School Age—On entering school for the first time—

- Reinforcing doses of diphtheria toxoid.
- A second vaccination against smallpox.

IMMUNIZATION TIMETABLE (Continued)

12 years of age—reinforcing doses of diphtheria toxoid.

In Epidemics

Diphtheria—booster doses of diphtheria toxoid should be given if not more than six months have passed since the last dose.

Smallpox—vaccination or revaccination.

After Exposure

All persons exposed to *smallpox* should be vaccinated immediately.

Immediate short-term protection for the following diseases can be given after exposure, if the physician thinks advisable.

Diphtheria—antitoxin.

Whooping cough—protective serum.

Measles—gamma globulin, or convalescent serum, or placental extract, or whole blood.

Combined Toxoid

Some physicians use a combined whooping cough and tetanus toxoid or a combined diphtheria and tetanus toxoid. A triple combination which includes diphtheria toxoid, tetanus toxoid, and whooping cough vaccine is also sometimes used.

Ask Yourself

Have my children been immunized according to the above timetable?

	Yes	No		Yes	No
Diphtheria	<input type="checkbox"/>	<input type="checkbox"/>	Whooping Cough	<input type="checkbox"/>	<input type="checkbox"/>
				Smallpox	<input type="checkbox"/>

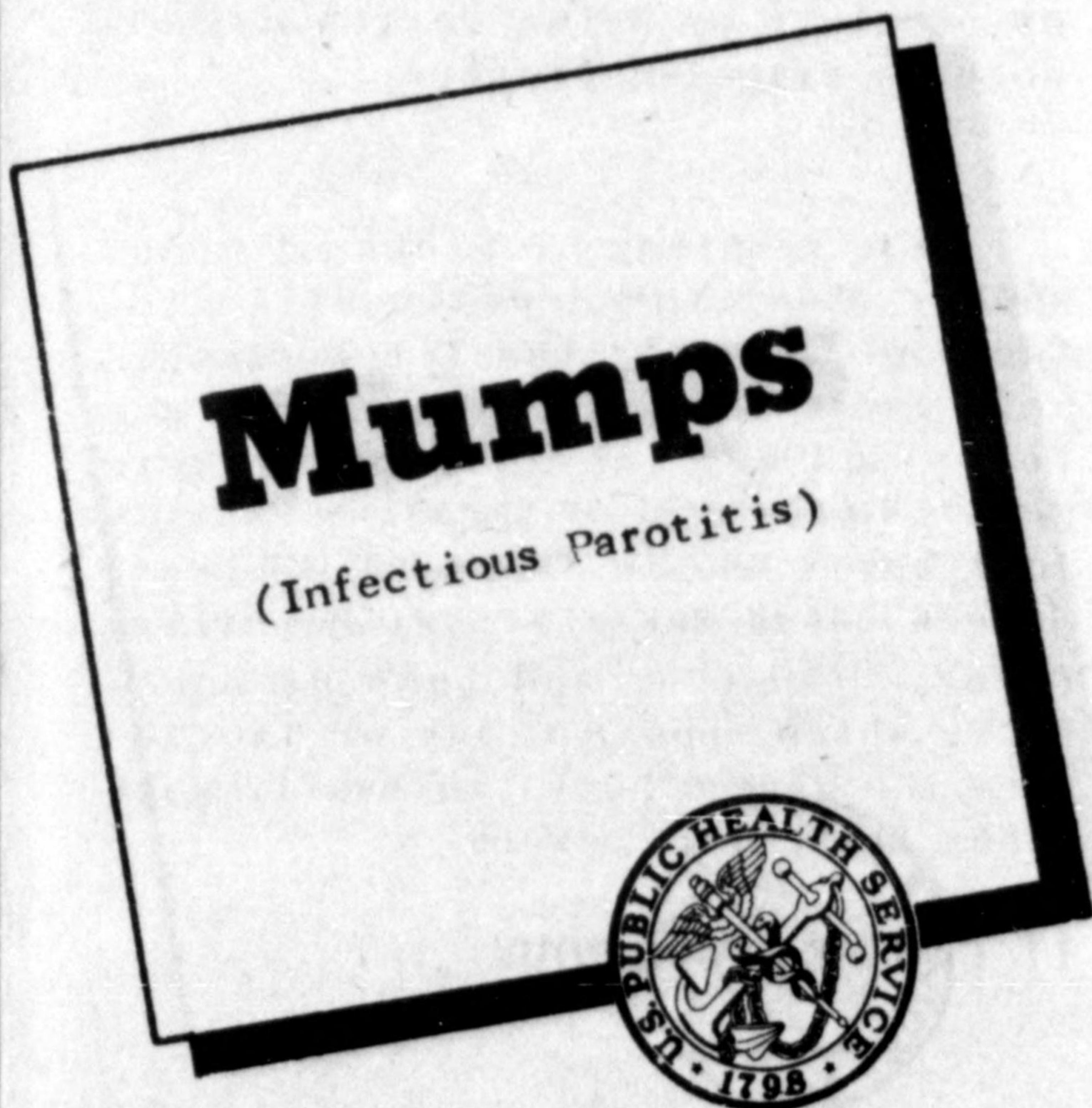
If they have not been immunized, it would be wise to take them to a physician, or to a clinic, without delay.

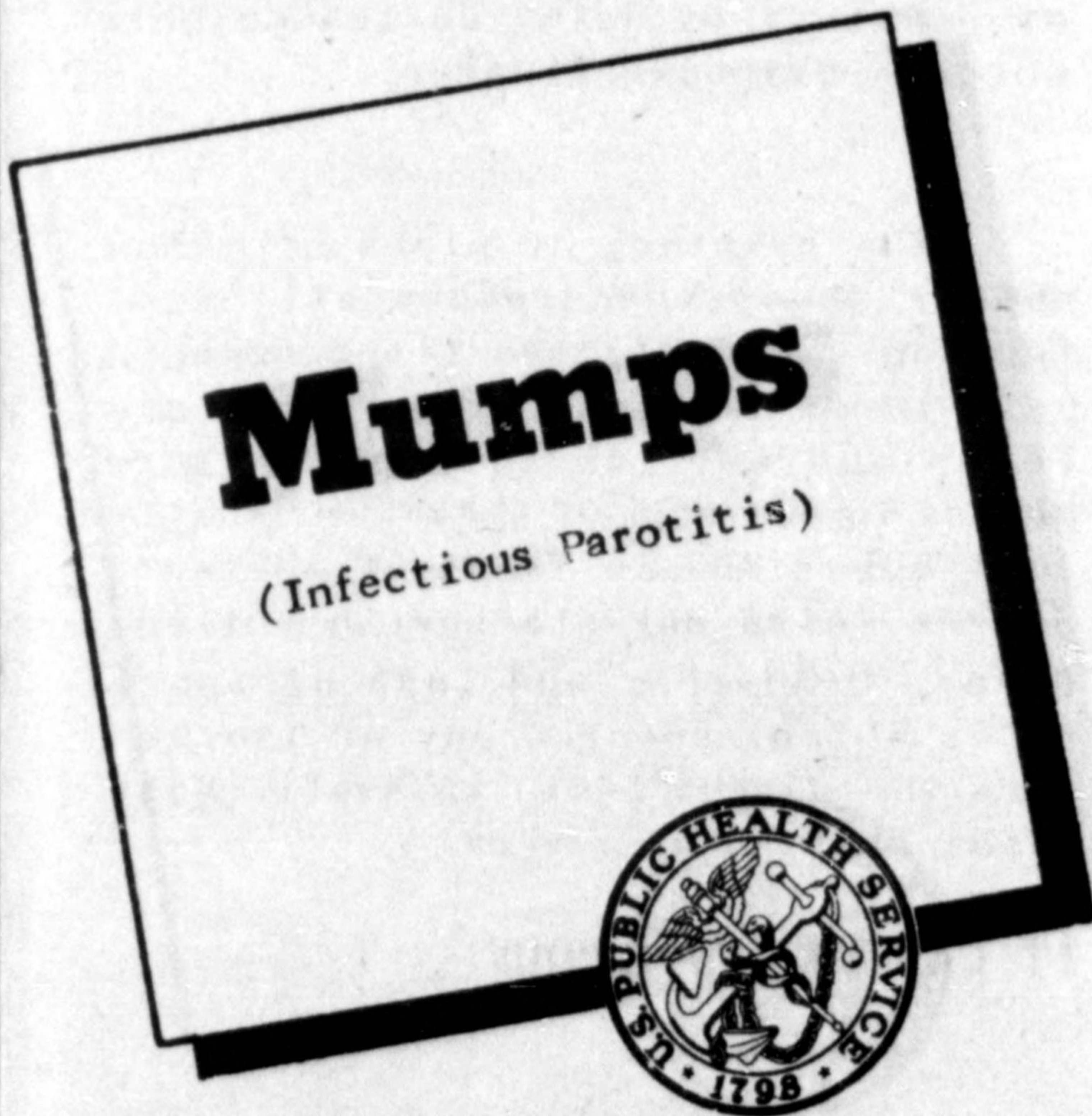
METROPOLITAN LIFE INSURANCE COMPANY

HOME OFFICE: NEW YORK

Pacific Coast Head Office: San Francisco

Canadian Head Office: Ottawa





WHAT IT IS

Mumps is a communicable disease, caused by a tiny germ known as a virus. This virus is in the saliva of a person with mumps and is spread to others by coughing or sneezing, by kissing or other personal contact, or possibly by using soiled objects such as drinking glasses.

The symptoms or signs of mumps appear about three weeks after infection. Usually the first sign is pain under the ear. Then there are fever and swelling of one or more glands in the neck or throat - usually just below and in front of the ear. Severe cases may start with chills, fever, headache, and loss of appetite, which appear a day or two before the glands begin to swell. Most cases last about a week.

IT CAN BE DANGEROUS

Ordinary cases of mumps among children are seldom serious if properly cared for, although complications sometimes occur. Mumps is a disease which is more dangerous to adults than to children. The commonest complications are inflammation of the sex glands, sometimes causing sterility in men, and inflammation of the brain. Mumps may also lead to deafness, inflammation of other glands, or kidney disease.

WHO GETS IT

Most cases of mumps occur between the ages of 5 and 15; the disease is less frequent among adults. A person who has had mumps is usually immune for life, and will not get mumps again. The disease usually breaks out during the winter and spring, especially in schools or other institutions.

WHAT TO DO

If someone in your family has been exposed to mumps, ask your doctor or your health department for advice. Depending on the circumstances, they may think it wise to keep the person at home or to give some treatment. Remember, it may be three weeks or more before you can be sure that the exposed person has not caught mumps.

If the signs of mumps appear, call your doctor right away, and follow his instructions. Until the doctor comes, keep the patient in bed, away from others, and see that he has plenty of fluids and a soft diet.

Follow all local and State health laws, rules, and regulations faithfully to avoid spreading the disease to others.

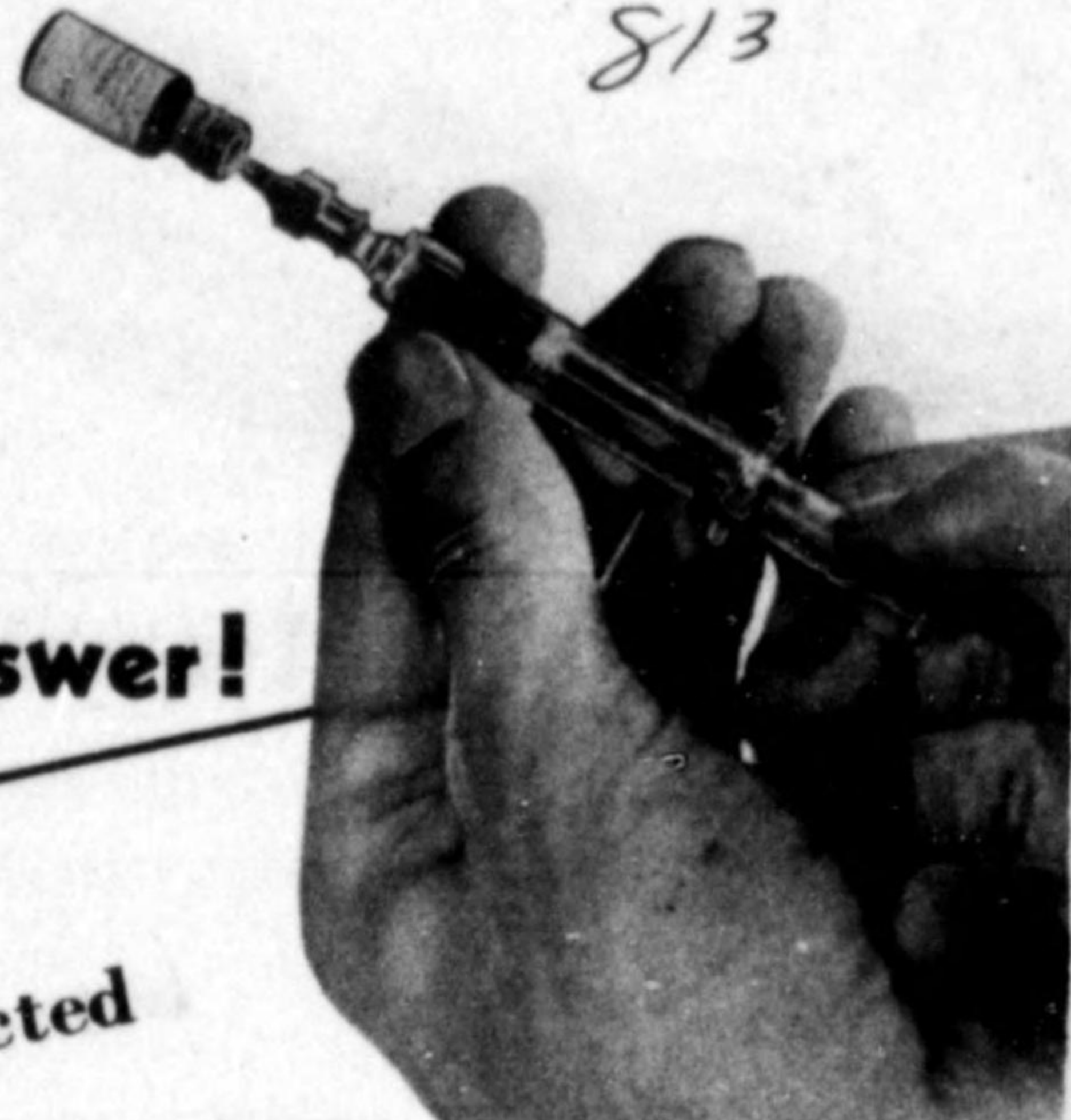
March 1947

FEDERAL SECURITY AGENCY
U. S. Public Health Service
Health Education Series No. 22

D1

813

Four "shots" you can fire!
Four diseases you can fight!
Four questions you should answer!



1. Have your children been protected against Diphtheria?
 YES NO

2. Have you and each of your children been protected against Smallpox?
 YES NO

3. Have your young children been protected against Whooping Cough?
 YES NO

4. Have you asked your physician whether protection from Typhoid Fever is necessary in your community?
 YES NO

If you cannot answer YES to each question, please read the other side carefully. It will pay you to act without delay.

OVER

DIPHTHERIA

SMALLPOX

TODAY the risk of catching these diseases is greater than usual, because wartime needs keep so many parents and children moving about the country or living in overcrowded towns. In traveling or in your new location you may run into these diseases. Even if you stay at home, newcomers in your town may carry them to your family.

WHOOPING COUGH

TYPHOID FEVER

1. DIPHTHERIA

No child is safe from diphtheria until he has been immunized. Even if he was immunized as a baby, your child will probably need further protection at school age.

2. SMALLPOX

Vaccination prevents smallpox, and it is the only protection against this disease. Protection may last only about seven years. Therefore adults as well as children should be vaccinated or revaccinated.

3. WHOOPING COUGH

This is a very dangerous disease for young babies to catch. Most physicians believe that whooping cough can be prevented by vaccination.

4. TYPHOID FEVER

Typhoid fever still occurs in some parts of the country. You may be living where you are exposed to the disease. Speak to your physician about having yourself and your children protected against it.

*The Metropolitan Life Insurance Company joins with other health agencies in urging parents to protect children from—
Diphtheria, Smallpox, Whooping Cough, and Typhoid Fever.*

METROPOLITAN LIFE INSURANCE COMPANY

HOME OFFICE: NEW YORK

Pacific Coast Head Office: San Francisco

Canadian Head Office: Ottawa

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MUMPS

is a catching disease caused by a virus which is present in the discharges from the mouth and nose. It occurs mostly among children and young adults, especially in the winter and spring, but, on the whole, it is less common than some of the other communicable diseases of childhood.

MUMPS usually begins about 12 to 26 days (18 on an average) after exposure. It is characterized by fever and by swelling and tenderness of the salivary glands, usually those in front of the ears. But the two other pairs of salivary glands, below the lower jaws and the tongue, also may become inflamed, either at the same time or in rotation. It may be preceded by a slight fever and, sometimes, earache, sore throat, or vomiting.

MUMPS is spread through the discharges from the mouth and nose and possibly by articles which are freshly soiled with discharges. It is probably communicable from one or two days before the typical symptoms appear until the swelling of the affected glands has disappeared.

MUMPS may have complications involving the genital organs (testicles or ovaries). This rarely happens before adolescence. With good medical care, complications may be avoided. It is advisable to call the physician even in mild cases. The physician will probably consider it best for the patient to remain in bed until the fever and acute swelling have subsided.

METROPOLITAN LIFE INSURANCE COMPANY
HOME OFFICE: NEW YORK

Pacific Coast Head Office: San Francisco

Canadian Head Office: Ottawa

Chickenpox

What it is-

Chickenpox is a common communicable disease caused by a virus. It occurs most frequently in the winter and spring among children less than 15 years of age, although adults also may get it. The virus is present in the discharges from the mouth and nose and from the vesicles on the skin. It is very contagious and is probably spread by direct contact with the patient.

How it develops-

Chickenpox begins from about 12 to 21 days after exposure, usually with feverishness and loss of appetite. Within about 24 hours the skin breaks out in small raised rose-pink spots which change into blisters. The blisters appear in successive crops. Usually they are more abundant on the scalp, the mucous membranes, and the trunk of the body than on the arms and legs. There are so few of them in some cases that they may even escape notice.

The blisters quickly become crusted with scabs which eventually fall off. The scabs are not contagious. Each crop completes its course from rose-pink spot to crust in from two to four days.

Scratching or picking at the blisters may cause serious sores and disfiguring scars. The doctor will probably suggest a remedy to relieve the itching, which may be severe. Usually the child is not very ill and begins to feel better in from one to three days.

Warning-

Chickenpox is an entirely different disease from smallpox. But when a person has not been vaccinated, mild smallpox is sometimes mistaken for chickenpox, because the early symptoms are strikingly alike. Smallpox is a serious disease which spreads rapidly among unvaccinated persons.

At the first signs of chickenpox, call your physician so that an early diagnosis can be made. If he finds that the patient has smallpox, prompt vaccination may save the other members of the family and outsiders, who have been exposed, from an attack of the disease.

Follow the rules or recommendations made by your public health officials for preventing the spread of chickenpox.

METROPOLITAN LIFE INSURANCE COMPANY
HOME OFFICE: NEW YORK

Pacific Coast Head Office: San Francisco Canadian Head Office: Ottawa



State of New Hampshire

State Board of Health

THE MORE COMMON COMMUNICABLE DISEASES INSTRUCTIONS TO HEALTH OFFICERS

Disease	Isolation of patient	Quarantine of Incidental Contacts*	Quarantine of Household Contacts*		If P or
			If Patient and Contacts Remain Home		
			CHILDREN (15 years and under)	ADULTS (16 years and over)	
CHICKEN POX Incubation Period: 11-24 days. Usually 13-16 days.	Until sores have healed and all crusts have disappeared.	No.	No. **	No.	
DIPHTHERIA Incubation Period: Minimum less than 1 day ; maximum indefinite. Usually 2-5 days.	Until two successive cultures from throat and nose taken at least twenty-four hours apart show no diphtheria bacilli, the first of such cultures being taken not less than one week from day of onset.	No.	Yes. Until patient is released from isolation and cultures taken from both nose and throat after last exposure, have been found free from diphtheria bacilli.	No. Provided patient is properly isolated, and that cultures from throat and nose show no diphtheria bacilli, unless the adults are food or milk handlers or associated with children or subsequently exposed to infection.	Child live we no ha str con ho Adult fro no
GERMAN MEASLES Incubation Period: 12-21 days. Usual- ly 14-18 days.	Until recovery.	No.	No. **	No.	
INFANTILE PARALYSIS (Anterior poliomyelitis) Incubation Period: 5-21 days. Usually 7-14 days.	Until fourteen days after day of onset.	No.	Yes. Until release of patient.	No. Unless food or milk handler or closely associated with children.	Child live we aft live Adult die ate day
MEASLES Incubation Period: 8-10 days from exposure to initial fever; 12-14 days from exposure to appearance of rash.	Until recovery.	No.	No. **	No.	
MENINGOCOCCUS MENINGITIS Incubation Period: 1-5 days; possibly longer.	Until two weeks after temperature has become normal.	No.	Yes. Until release of patient.	No. Unless food or milk handler or closely associated with children.	Child live day aft live Adult die ate day
MUMPS Incubation Period: 12-26 days. Usually 17-21 days.	One week from onset of disease and thereafter until all swelling of glands has disappeared.	No.	No. **	No.	

State of New Hampshire

State Board of Health

THE MORE COMMON COMMUNICABLE DISEASES

INSTRUCTIONS TO HEALTH OFFICERS

Disease	Quarantine of Incidental Contacts*	Quarantine of Household Contacts*			Placard
		If Patient and Contacts Remain Home		If Patient Goes to Hospital or Contacts Leave Home.	
		CHILDREN (15 years and under)	ADULTS (16 years and over)		
and all	No.	No. **	No.	No.	No.
res from at least show no first of taken not day of	No.	Yes. Until patient is released from isolation and cultures taken from both nose and throat after last exposure, have been found free from diphtheria bacilli.	No. Provided patient is properly isolated, and that cultures from throat and nose show no diphtheria bacilli, unless the adults are food or milk handlers or associated with children or subsequently exposed to infection.	Children: Yes, until child lives away from home one week and until negative nose and throat cultures have been obtained; no restrictions thereafter if child continues to live away from home. Adults: No, provided cultures from throat and nose show no diphtheria bacilli.	Yes.
	No.	No. **	No.	No.	No.
day of	No.	Yes. Until release of patient.	No. Unless food or milk handler or closely associated with children.	Children: Yes, until child lives away from home one week; no restrictions thereafter if child continues to live away from home. Adults: No, but not to handle milk or food or associate with children for seven days after last exposure.	Yes.
	No.	No. **	No.	No.	No.
mpera-	No.	Yes. Until release of patient.	No. Unless food or milk handler or closely associated with children.	Children: Yes, until child lives away from home ten days; no restrictions thereafter if child continues to live away from home. Adults: No, but not to handle milk or food or associate with children for ten days after last exposure.	Yes.
isease elling	No.	No. **	No.	No.	No.

		No.	Yes.	No.	
<p>MENINGOCOCCUS MENINGITIS Incubation Period: 1-5 days; possibly longer.</p>	<p>Until two weeks after temperature has become normal.</p>	No.	<p>Yes. Until release of patient.</p>	<p>No. Unless food or milk handler or closely associated with children.</p>	<p>Children: lives away days; no after if live away Adults: No dle milk ate with days aft</p>
<p>MUMPS Incubation Period: 12-26 days. Usually 17-21 days.</p>	<p>One week from onset of disease and thereafter until all swelling of glands has disappeared.</p>	No.	No. **	No.	
<p>SCARLET FEVER Incubation Period: 1-8 days. Usually 3-4 days.</p>	<p>Until twenty-one days after the development of the disease and until swollen glands have subsided and all discharges from the nose, throat, ears, and suppurating glands, have ceased, but not more than ninety days. If upper respiratory tract symptoms appear during month after release from isolation, precautions should be reestablished.</p>	No.	<p>Yes. Until release of patient.</p>	<p>No. Provided patient is properly isolated and the adults show no evidence of infection unless the adults are food or milk handlers or associated with children or subsequently exposed to infection.</p>	<p>Children: lives away week; no after if live away Adults: to live not to or asso for sev</p>
<p>SMALLPOX Incubation Period: 7-21 days. Usually 7-11 days from effective exposure to initial fever and 10-14 days from exposure to appearance of rash.</p>	<p>Until fourteen days after the development of the disease and until all skin lesions have healed.</p>	Yes.	Yes.	Yes.	<p>Quarantine of household and incidental contacts until three weeks after last exposure has been vaccinated within three days after first exposure and does not reside on the same premises as the patient. Such contact shall be kept under daily observation until successful vaccination results or until three weeks have elapsed.</p>
<p>UNDULANT FEVER Incubation Period: 6-30 days or more.</p>	<p>No restrictions.</p>	No.	No.	No.	
<p>WHOOPING COUGH Incubation Period: 2-14 days. Usually 5-8 days.</p>	<p>A person suffering from whooping cough shall not be permitted to associate with children or attend public assemblies, nor shall such a person, if a child, be permitted to leave the premises whereon he resides unless accompanied by an adult guardian who shall prevent contact with children. Such restrictions shall be maintained until the characteristic coughing has ceased and for one week thereafter, provided that the maximum period of restriction shall be for eight weeks.</p>	No.	No. **	No.	

*Contact: Any person known to have been sufficiently near an infected person or animal to have been presumably exposed to transfer of or by articles freshly soiled with such material.

**See other side.

ALFRED L. FRECH

STATE BOARD OF HEALTH

<p>tempera-</p>	<p>No.</p>	<p>Yes. Until release of patient.</p>	<p>No. Unless food or milk handler or closely associated with children.</p>	<p>Children: Yes, until child lives away from home ten days; no restrictions thereafter if child continues to live away from home. Adults: No, but not to handle milk or food or associate with children for ten days after last exposure.</p>	<p>Yes.</p>
<p>disease swelling</p>	<p>No.</p>	<p>No. **</p>	<p>No.</p>	<p>No.</p>	<p>No.</p>
<p>ter the ase and ve subs from nd sup- sed, but ys. If symp- th after precau- hed.</p>	<p>No.</p>	<p>Yes. Until release of patient.</p>	<p>No. Provided patient is properly isolated and the adults show no evidence of infection unless the adults are food or milk handlers or associated with children or subsequently exposed to infection.</p>	<p>Children: Yes, until child lives away from home one week; no restrictions thereafter if child continues to live away from home. Adults: No, if they continue to live away from home but not to handle milk or food or associate with children for seven days.</p>	<p>Yes.</p>
<p>the de- se and healed.</p>	<p>Yes.</p>	<p>Yes.</p>	<p>Yes.</p>	<p>Yes.</p>	<p>Yes</p>
<p>Quarantine of household and incidental contacts until three weeks after last exposure unless such contact has been vaccinated within three days after first exposure and does not reside or continue to reside on the same premises as the patient. Such contact shall be kept under daily observation by the health officer until successful vaccination results or until three weeks have elapsed.</p>					
<p>hooping itted to attend all such rmitted whereon npanied o shall ildren. e main- teristic for one d that restric- ecks.</p>	<p>No.</p>	<p>No.</p>	<p>No.</p>	<p>No.</p>	<p>No.</p>

ently near an infected person or animal to have been presumably exposed to transfer of infectious material directly, such material.

ALFRED L. FRECHETTE, M. D. Sec'y

STATE BOARD OF HEALTH.

CONTROL OF CERTAIN COMMUNICABLE DISEASES IN SCHOOL

When chicken pox, German measles, measles, mumps or whooping cough are present in a community, the practical procedure for the protection of school children is for the school doctor, nurse or teacher to inspect school children as are known or suspected to have been exposed. This inspection should be the first step of the day. Children presenting signs or symptoms leading to suspicion of communicable diseases should be sent home where they should remain until well. With the approval of the health officer, and of the school doctor where there is one, the certificate of a regularly registered physician may be accepted as evidence of freedom from the disease.

If exposure to the above diseases has been at the school, or if the disease is prevalent in the community, exclusion from school of children who have been exposed but show no evidence of illness is not likely to reduce the incidence of the disease in the school or community.

Sneezing, a newly wet or running nose, red or watery eyes, sensitiveness to light, sore or inflamed throat, headache, vomiting, malaise, fever or rash should be looked upon as signs and symptoms leading to suspicion of a communicable disease.

Children who live long distances from school should be accorded special protection. The close supervision involved in transportation of such children to school and the difficulties involved in returning such children to school if found to be ill, calls for the closest cooperation between home and school. Parents should keep such children at home if they show any sign of illness. Teachers should be careful to exclude such children from school if they are found to be in danger of developing a communicable disease.

In the event that no school exposure has occurred, it may be desirable for children exposed to the disease in the community to be excluded from school without waiting for development of symptoms of illness.

DISEASES REPORTABLE TO LOCAL HEALTH OFFICERS

anthrax	paratyphoid fever
botulism	plague
chicken pox	pneumonia (all forms)
cholera, Asiatic	poliomyelitis (infantile paralysis)
dog bite	psittacosis
diphtheria	rabies
dysentery, amebic and bacillary	Rocky Mountain spotted fever
encephalitis, infectious, lethargic and nonlethargic	scarlet fever
epidemic or streptococcus	smallpox
(septic) sore throat	tetanus
food poisoning (multiple cases)	trachoma
German measles	trichinosis
glanders	tularemia
leprosy	typhoid fever
malaria	typhus
measles	undulant fever
meningococcus meningitis	Vincent's angina
mumps	whooping cough
† ophthalmia neonatorum (suppurative)	yellow fever

CERTAIN COMMUNICABLE DISEASES IN SCHOOL

When measles, mumps or whooping cough are present in a community, the most important duty of school children is for the school doctor, nurse or teacher to inspect daily such children who are suspected to have been exposed. This inspection should be the first school activity. Signs or symptoms leading to suspicion of communicable diseases should be sent to the health officer as well. With the approval of the health officer, and of the school physician or a regularly registered physician may be accepted as evidence of freedom from

infection. If a case has been at the school, or if the disease is prevalent in the community, the exposed children should have been exposed but show no evidence of illness is not likely to diminish the disease in the community.

Signs such as a running nose, red or watery eyes, sensitiveness to light, sore or inflamed throat, cough, or skin rash should be looked upon as signs and symptoms leading to suspicion of com-

municable diseases. Children from school should be accorded special protection. The close contact in- between children returning to school and the difficulties involved in returning such children home, if cooperation between home and school. Parents should keep such children at home. Teachers should be careful to exclude such children from school if they appear to have a communicable disease.

If a case has occurred, it may be desirable for children exposed to the first case of a communicable disease in the community to be excluded from school without waiting for development of signs

DISEASES REPORTABLE TO LOCAL HEALTH OFFICERS

- paratyphoid fever
- plague
- pneumonia (all forms)
- poliomyelitis (infantile paralysis)
- psittacosis
- rabies
- Rocky Mountain spotted fever
- scarlet fever
- smallpox
- tetanus
- trachoma
- trichinosis
- tularemia
- typhoid fever
- typhus
- undulant fever
- Vincent's angina
- whooping cough
- yellow fever

nonlethargic	smallpox
epidemic or streptococcus (septic) sore throat	tetanus
food poisoning (multiple cases)	trachoma
German measles	trichinosis
glanders	tularemia
leprosy	typhoid fever
malaria	typhus
measles	undulant fever
meningococcus meningitis	Vincent's angina
mumps	whooping cough
‡ ophthalmia neonatorum (suppurative conjunctivitis of the newborn)	yellow fever

DISEASES REPORTABLE DIRECTLY TO STATE BOARD OF HEALTH

- | | |
|-----------------------|-------------------------|
| ¶ cancer | * lymphopathia venereum |
| * chancroid | † occupational disease |
| * gonorrhoea | * syphilis |
| * granuloma inguinale | § tuberculosis |

¶ Report directly to the State Board of Health, using special form.

* Report directly to State Board of Health, using special form on which the name and address of the diseased person need not be stated.

† An occupational disease is any ailment or disease contracted as a result of the nature of a person's employment; report directly to State Board of Health, using special form.

§ Report directly to the State Board of Health, using special form; upon recovery from tuberculosis a report of that fact by the attending physician is also required.

Chapter 128:8

‡ ———, Reports. Should one or both eyes of an infant become inflamed, swollen and red, and show an unusual discharge at any time within two weeks after its birth, it shall be the duty of the attending midwife, or other attendant treating or having charge of such infant, to report in writing, within six hours thereafter, to the board of health of the city or town in which the parents of the infant reside, the fact that such condition exists, except that if a legally qualified physician is in attendance he shall report as required by this section within twenty-four hours. 1915, 85:2, 1919, 9:2

e	smallpox
Streptococcus	tetanus
throat	trachoma
g (multiple cases)	trichinosis
les	tularemia
	typhoid fever
	typhus
	undulant fever
	Vincent's angina
s meningitis	whooping cough
	yellow fever
a neonatorum (suppurative otitis of the newborn)	

DISEASES REPORTABLE DIRECTLY TO STATE BOARD OF HEALTH

- * lymphopathia venereum
- † occupational disease
- * syphilis
- § tuberculosis

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DIPHTHERIA IMMUNIZATION
AND
SMALLPOX VACCINATION

RECOMMENDATIONS

TO PUBLIC-HEALTH OFFICIALS AND PRACTICING PHYSICIANS
CONCERNED WITH THE HEALTH OF CHILDREN



United States Department of Labor
Children's Bureau
1942

DIPHTHERIA IMMUNIZATION

What Children Should Be Immunized

All children 9 months of age or older should be immunized against diphtheria unless they are already protected.

Initial Inoculations

When to give initial inoculations.

It should be routine practice to inoculate all infants against diphtheria at 9 months. If the inoculations are not given then, they should be given at the earliest opportunity thereafter, except that a child 10 years of age or older should be inoculated only if a Schick test shows that he is susceptible to the disease.

Procedure for initial inoculations.

For children under 10 years of age either diphtheria toxoid (Ramon) or alum-precipitated diphtheria toxoid may be used as the immunization agent. The agent should be injected deeply into the subcutaneous tissue, and there should be a 4-week interval between injections.

The American Academy of Pediatrics recommends three doses of either agent--0.5 cc., 1 cc., and 1 cc. The American Public Health Association recommends three doses of toxoid or two doses of alum-precipitated toxoid.

The information provided by the manufacturer should be taken into account in deciding on the number of cubic centimeters to be used.

In this outline of methods recommended for diphtheria immunization and smallpox vaccination, reports of the American Academy of Pediatrics and the American Public Health Association and the United States Public Health Service have been drawn upon freely. These reports are as follows:

American Academy of Pediatrics: Report of the Committee on Immunization and Therapeutic Procedures for Acute Infectious Diseases. Evanston, Ill. Revised 1940. 26 pp.

American Public Health Association: The Control of Communicable Diseases. A report of a subcommittee of the Committee on Research and Standards. Reprint No. 1697 from the Public Health Reports. U. S. Public Health Service, Washington. Revised 1940. 67 pp.

American Public Health Association: Recommended Diphtheria Immunization Procedures. A report of the Committee on Evaluation of Administrative Practices. In Diphtheria Studies--Supplement to American Journal of Public Health, Vol. 30 (March 1940), pp. 47-48.

United States Public Health Service: Questions and Answers on Smallpox and Vaccination, by J. P. Leake. Reprint No. 1137 from the Public Health Reports, Washington. Revised 1939. 27 pp.

Reinforcing Inoculation

Three to 5 years after the initial inoculations each child should receive a reinforcing inoculation.

Recent studies indicate that a reinforcing dose of 0.5 cc. or 0.25 cc. of a potent toxoid produces a very prompt and adequate response.

Schick Test

The Schick test is given (1) after immunization procedure has been carried out, in all children, to determine whether it has been effective and (2) before immunization is begun, in older children, to determine whether immunization is necessary.

After immunization procedures.

Approximately 6 months after a child has received the inoculations a Schick test should be given, and if the result is positive the child should be reinoculated.

Before immunization procedures.

As very few young children after the age of 9 months have sufficient natural immunity to make them safe from diphtheria, it is not recommended that a Schick test be given to children under 10 to determine which ones should be inoculated, but that all should be inoculated.

Among children over 10 reactions to the immunizing agent are more frequent, and a larger proportion of these children have developed natural immunity to diphtheria. It is therefore recommended that a child over 10 should be inoculated only after a Schick test has shown that he is susceptible to the disease.

SMALLPOX VACCINATION

What Children Should Be Vaccinated

Every child should be vaccinated against smallpox who has not been vaccinated previously or who has not been vaccinated within the past 6 years, with the exception of children with skin infections or generalized eczema and infants under 1 week of age.

When To Vaccinate

Every infant should be vaccinated against smallpox before the end of the first year of life, preferably between the ages of 3 and 12 months. If vaccination is not done in the first year it should be done as soon thereafter as possible--at least before the child is 3 years of age.

Vaccination may be done at any time during infancy after the cord drops off. It is an excellent plan for physicians or agencies responsible for the health of children to establish a definite age for vaccination of infants, so that all infants under their care will be vaccinated routinely upon reaching this age.

Vaccination should be repeated routinely when the child is 6 years old, and when he is 12, and if an epidemic of smallpox occurs. A repeat vaccination should be given to any child who has not been vaccinated within the previous 6 years.

If there is doubt as to whether vaccination should be repeated in a given case, it is usually wiser to vaccinate. If the child is immune the reaction will be trifling.

Vaccination Procedure

Calf vaccine virus is recognized as an active immune virus of proved value.

Method of vaccination.

The following method of vaccination is the standard one recommended by the United States Public Health Service, and it should be followed routinely.

The skin is first cleansed with soap and water, followed by alcohol, ether, or acetone, and then allowed to dry thoroughly by evaporation.

A drop of vaccine is placed on the skin, a sterilized needle is held almost parallel to the skin, and multiple pressure is made with the needle, against the skin but not through it, over an area of not more than one-eighth inch in any direction.

Methods that involve scarification of the skin with a knife or criss-cross scratching of the skin with a needle or other sharp pointed instrument, and rubbing the virus into the scratched area, are not recommended.

Site of vaccination.

The most suitable site for smallpox vaccination is on the left arm over the insertion of the deltoid muscle. When done by the multiple-pressure method previously described, vaccination on the arm causes no disfigurement.

A vaccination on the leg is exposed to more moisture and to more contamination from street dust than a vaccination on the arm. On account of the relative sluggishness of the circulation in dependent parts, primary leg vaccinations in ambulant individuals are often accompanied by an intense purple discoloration and result in a large, slowly healing ulceration; they usually cause temporary disability.

Reaction to Vaccination

In a person not previously vaccinated the reaction or "take" gradually passes through the stages of maculation, papulation, and vesiculation in 3 to 14 days, with scabbing and general subsidence of the reaction by the twenty-first day.

In a person previously vaccinated who retains partial immunity a vaccinoid reaction or "accelerated take" may occur. Such a reaction passes through the same stages as does the reaction to primary vaccination, but more quickly; in fact, the reaction subsides within a few days. Or a "reaction of immunity" may occur. In such a reaction local induration and redness follow the vaccination within 24 hours; sometimes even a few vesicles appear.

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Cautions

Never put any dressing or shield over a vaccinated area.

Avoid vaccinating when any skin lesions are present.

For older children, avoid vaccinating during the warmer months.

Inspect all primary vaccinations at 9 or 10 days; inspect repeat vaccinations within 72 hours.

Warn parents and older children to keep a vaccinated area dry and cool.