

REMINDERS

- DO RETURN FILES PROMPTLY TO REGISTRY SERVICES
 - DO NOTE B.F. ACTION IN THE COLUMN HEADED "PA OR BF"
 - DO INDICATE ON THE FILE JACKET TO WHOM THE FILE IS BEING PASSED
 - DO CANCEL B.F.'S ON THE FILE JACKET BUT CONFINE THE NOTATION "CANCEL" TO THE COLUMN HEADED "PA OR BF"
 - DO PRESERVE CORRECT DATE ORDER WHEN PLACING PAPERS ON A FILE
 - DO USE INK WHEN P.A.'ing OR B.F.'ing FILES
 - DO HANDLE FILES WITH CARE,
 - DO USE BUFF PAPER FOR FILE COPIES
 - DO ENSURE THAT ALL FILE COPIES OF MEMORANDA OR LETTERS ARE INITIALED BY THE SIGNER OR STAMPED "ORIGINAL SIGNED BY....."
-
- DON'T RETAIN A FILE LONGER THAN IS ABSOLUTELY NECESSARY
 - DON'T HIDE FILES IN YOUR DESK OR IN FILING CABINETS IN YOUR OFFICE WHERE, IN YOUR ABSENCE, THEY MAY BE INACCESSIBLE
 - DON'T PLACE CORRESPONDENCE DEALING WITH MORE THAN ONE SUBJECT ON A FILE UNLESS EXTRA COPIES HAVE BEEN MADE FOR RELEVANT FILES
 - DON'T LEAVE FILES ON THE FLOOR, WINDOW-SILLS OR WASTE-BASKETS. THIS PRACTICE OFTEN RESULTS IN LOSS OR DAMAGE
 - DON'T CHANGE FILE CAPTION OR IN ANY WAY MUTILATE FILE JACKETS
 - DON'T OVERLOAD "GENERAL" FILES. IT IS DIFFICULT TO FIND PREVIOUS CORRESPONDENCE ON A GENERAL FILE

Canadian Communicable Disease Centre

Ottawa 3, Ontario

April 16, 1970

Dr. G.H. Valentine,
War Memorial Childrens' Hospital,
392 South Street,
LONDON, Ontario

Dear Doctor Valentine:

I promised to write you about the missing bits of information required for our paper on CEV studies on Indians et al.

I need data on sex and age for the controls and if possible the location of positives on a map of the Muncy reserves so we can check for a possible association with swamps.

We have a problem in relating the following second bleed specimens with the corresponding donors of the first bleeding run:

0789	0797	274	0146	0947
0791	0799	0147	919	0945
0795	0119	0145	1074	0946

Louis told us to subtract 800 from the numbers used to identify the second blood series. But there are problems with the above specimens. Although 800 can be subtracted from the last five numbers, when we do this we find a number already assigned. For example #919 - 800 == 119 which Louis has shown in a list of equivalents as 0789. Others in this category were shown as 0791 = 274, 0793 = 080, 0795 = 147, 0797 = 145. I am enclosing a photocopy of this difficult listing as provided by Louis.

We shall be in London and Brantford next week to do some field work on tick control. I shall contact you while there.

Yours truly,

J. A. McKiel, Ph.D.
Chief,
Zoonoses Laboratories

JAMCK/ma
encl.

Department of
Indian Affairs and
Northern Development



Ministère des
Affaires indiennes et
du Nord canadien

Dr. J. McKiel,
Chief,
Zoonoses Laboratories,
Laboratory of Hygiene,
Department of National
Health and Welfare,
Tunney's Pasture,
Ottawa 3, Ontario.

Centennial Tower,
400 Laurier Avenue, West,
OTTAWA 4, February 18, 1970.

our file/notre dossier WLU 69
your file/votre dossier WLU 201-13



Dear Dr. McKiel:

Collection of Ticks from Avian Hosts

Further to my letter of February 18, 1970, would you please add the name of our Dr. G.L.M. Tuck. Dr. Tuck has expressed his willingness to collect ticks. Dr. Tuck's address is as follows:

Dr. G.L.M. Tuck,
Wildlife Biologist,
Eastern Region,
Canadian Wildlife Service,
Room 611,
Sir Humphrey Gilbert Building,
St. John's, Newfoundland.

Yours sincerely,

L.P.E. Choquette,
Head,
Pathology Section,
Canadian Wildlife Service.

P.S. I may have telephoned you this information probably in September 1969.

Department of
Indian Affairs and
Northern Development



Ministère des
Affaires indiennes et
du Nord canadien

Dr. J. McKiel,
Chief,
Zoonoses Laboratories,
Laboratory of Hygiene,
Department of National
Health and Welfare,
Tunney's Pasture,
Ottawa 3, Ontario.

Centennial Tower,
400 Laurier Avenue, West,
OTTAWA 4, February 18, 1970.

our file, notre dossier WLU 69
your file, votre dossier WLU 201-13

Dear Dr. McKiel:

Collection of Ticks from Avian Hosts

Further to my letters of September 19 and October 9, 1969,
concerning the above-mentioned subject, please be advised
that the following have signified their willingness to col-
lect ticks:

Mr. W.G. Alliston,
Fraser's Point,
R.R. #2,
Ste. Agnes de Dundee, Quebec.

Mr. D.W. Lent,
West Light,
Brier Island,
Digby County,
Nova Scotia.

Mr. J.C. Baird,
Wildlife Biologist,
Fish and Wildlife Branch,
Department of Natural Resources,
Fredericton, New Brunswick.

I have advised them that you will contact them directly and
provide them with containers as well as with instructions
concerning the collection of specimens and their shipment to

...2

000007

Dr. J. McKiel

- 2 -

February 18, 1970

Ottawa. We have also been advised by Mr. D.S. Davis, Chief Curator of Science, Nova Scotia Museum, Halifax, Nova Scotia, that some members of the Nova Scotia Bird Society may be interested in collecting specimens. I would suggest that you ask Mr. Davis to let you know whom you could contact in the Nova Scotia Bird Society for the purpose you have in mind.

Yours sincerely,



L.P.E. Choquette,
Head,
Pathology Section,
Canadian Wildlife Service.

s.19(1)

Laboratory of Hygiene,
Ottawa 3, Ontario

November 3, 1969

Mr. D.R. Cassie,
Superintendent,
Six Nations Indian Agency,
Department of Indian Affairs and
Northern Development,
Box 514,
BRANTFORD, Ontario

Dear Mr. Cassie:

I have learned from Miss Barbara Chambers of the Epidemiology Branch, Ontario Department of Health that there is no record of the [redacted] case of tularemia on their files for 1968.

Would you mind checking with the physician who attended the case to obtain confirmation of the diagnosis. If this in fact was tularemia, would you ask for a case history and send me a copy for my files?

I am glad to hear you are writing a summary report of the tick work and that you will send me a copy. I shall look forward to receiving it.

Yours truly,

J. A. McKiel, Ph.D.
Chief,
Zoonoses Laboratory

JANKK/ml

354-14-4

Immunity

Laboratory of Hygiene,
O t t a w a.

January 10, 1961.

Dr. Cameron Corrigan,
Tuberculosis Control Officer,
Charles Camshell Hospital,
Edmonton, Alberta.

Dear Cameron,

I have your very interesting letter of
January 6th.

I don't think I can add a great deal to
your present plans. You will certainly cover a lot
of territory if you are able to complete all of the
antibody determinations that you have already
planned. If there is any way that you feel we, at
the Laboratory of Hygiene, could be of assistance
we will be very happy to help out. Bob McKiel
mentioned that he would be glad to do leptospirosis
antibody surveys if you have any spare serum but I
presume that R. D. Stuart would be able to do this
and he is much handier.

Only one other item--we have been doing a
bit of work with staphylococcus somatic antigen
vaccine. I am enclosing two reprints, one for you
and one for Sam Hansen. In the course of our work,
we have found that populations exposed to staphylo-
coccus, i.e., nursing staffs in hospitals and persons
with chronic staphylococcal infections have high
staphylococcal agglutinin titres, whereas the titres
from the normal populace are rather low. We are
still collecting data on these points. If you like,
we could carry out some agglutination titrations
for you. The results might be interesting. We would

.....

000010

- 2 -

require from a 1/4 to a 1/2 cc. of serum.

Kindest regards,

Yours sincerely,

L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

LG:rb

000011

354-14-4



DEPARTMENT OF
NATIONAL HEALTH AND WELFARE

Immunization

IN YOUR REPLY REFER TO
OUR FILE No.

Charles Camshell Hospital,
Edmonton, Alberta,
January 6, 1961.

Dr. Louis Greenberg,
Laboratory of Hygiene,
OTTAWA.

Dear Louis:

Please find enclosed copy of correspondence with Dr. E.J.K. Penikett of the Provincial Laboratory of Public Health. I recently made a trip down the MacKenzie and obtained 1142 specimens of blood from school children. The enclosed shows the tests we propose to do on this serum which I brought out frozen.

What I am particularly interested in is measles, to see if we could locate any areas where there has not been any measles and from this probably carry out some vaccinations.

Dr. Hildas was through here and it was he who suggested doing the psittacosis. Of course, I, myself, am interested in the brucellosis. I have talked this over with Sammy Hansen and, while he could think of nothing definite, we both thought we would like to draw you into the picture some way in case you have some ideas. Any comments or advice you make would be greatly appreciated.

Yours truly,

Cameron
Cameron Corrigan, M.D.,
Tuberculosis Control Officer.

CC/LM Enc.
cc: File

000012

PROVINCIAL LABORATORY OF PUBLIC HEALTH
UNIVERSITY OF ALBERTA
EDMONTON, ALBERTA

R. D. STUART, M.D., D.Sc., F.R.F.P.S.G., D.P.H.
PROVINCIAL BACTERIOLOGIST
DIRECTOR

D. SHUTE, M.D., D.T.M.
DIRECTOR, SOUTHERN BRANCH
CALGARY, ALBERTA

FILE NO. **HH 1**

December 16th, 1960.

**Dr. Corrigan,
Charles Cammell Hospital,
Edmonton, Alberta.**

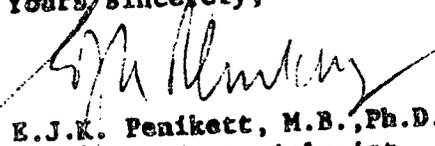
Dear Dr. Corrigan:

**North West Territories Serological
Survey**

Please find enclosed an outline of the plan for examining sera you obtained. The work on the first 240 sera is commencing at once. The methods have been selected so that only a small portion of the sera for each individual will be used for the tests; any other titrations which come to mind in the future will easily be able to be dealt with.

With best personal wishes for Christmas and the New Year,

Yours sincerely,


**E.J.K. Penkett, M.B., Ph.D.,
Sr. Asst. Bacteriologist.**

**EJKP/jw
encl.**

December 14, 1960.

N.W.T. SURVEY

Serum specimens (2-3 ml) have been received as follows:-

Inuvik R.C. Hostel	204
Ft. Simpson Hostel	188
Ft. Smith Hostel	391
Ft. McPherson Hostel	113
Anglican Hostel	<u>246</u>
Total	1142

The following tests will be carried out, in the first instance, on 240 sera, selecting 1 in 5 from each group. Should the fifth specimen in any instance be small in quantity the sixth specimen will be chosen.

1. Complement-Fixation Tests

Psittacosis
Q Fever
(Normal membrane)
(Control)

0.1 ml. serum to 0.9 ml. saline
giving 1 ml. of a 1:10 dilution.
Sufficient will remain from the
screen tests to allow for titrations
where indicated.

Antigen requirements

Source

Psittacosis 91:12) 5 ampoules (0.5 each)
Q Fever (1:16) 2 cc.
Normal membrane (1:6) 9 ampoules (0.5 each)

Ottawa
Ottawa
Ottawa

2. Agglutination Tests

Brucella
Tularemia

0.1 ml. serum to 2.4 ml. saline
giving a 1:25 dilution.
Sufficient available for final test
dilutions as follows:
1:50, 1:100, 1:200, 1:400.

Antigen requirements

Source

Brucella 5 cc concentrated - 1:100
Tularemia

Ottawa via Lilly
Ottawa via Lilly

3. Kolmer

0.1 ml. serum to 0.3 ml. saline.
Sufficient for a Kolmer Plate Test
at a 1:4 dilution with control.

- 2 -

4. Poliomyelitis

0.1 ml. serum to 1.5 ml. saline
giving 1.6 ml. of a 1:16 dilution.
Sufficient for neutralisation tests
against Types I, II, III at a final
serum level of 1:32.

Requirements

Polioviruses I, II and III.
Tissue

Source

Standard strains from Ottawa as used
in Prov. Lab. Routine.
H.K. cell line (Ottawa) as used in
Prov. Lab. routine.
21 tubes for each serum tested -
18 if more than one tested at same time.

5. Measles (C.F.T.)

The following items sufficient for 240+
tests have been ordered from Microbiol-
ogical Associates.

Measles C.F. antigen	20 ml.	\$35.00
Control antigen	20 ml.	\$19.00
Control serum	1 ml.	\$ 9.50

Sufficient of the 1:10 serum dilution
may remain from the Group I tests for
the measles survey.

TOTAL Serum Requirements

0.4 ml. + 0.1 for measles from each specimen.

Measles antibodies

Rivers - Enders et al.

"Neutralising and complement fixing antibodies appear soon after the rash and reach titres of 1:512. High initial titres maintained up to four months (longest tested) but presumably will decrease after that time since sera from patients with past history of measles usually show low titres".

Jawetz - 1960

"Years after clinical disease both types of antibody may be found for there is only a gradual decline of antibody titre with age".

354-14-4

Laboratory of Hygiene,
O t t a w a.

October 15, 1959.

Dr. Francis L. Black,
Section of Epidemiology and
Preventive Medicine,
Yale University School of Medicine,
333 Cedar Street,
New Haven 11, Connecticut.

Dear Frank,

Enclosed herewith is a copy of the
reprint you asked for.

I am sending your results to Dr. Nagler.
He will be very interested in seeing them.
Dr. Nagler was concerned with the Baker Lake
outbreak. You may hear from him about this.

Kindest regards,

Yours sincerely,

L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

Encl.
LG:rb

YALE UNIVERSITY SCHOOL OF MEDICINE
AFFILIATED WITH THE GRACE-NEW HAVEN COMMUNITY HOSPITAL

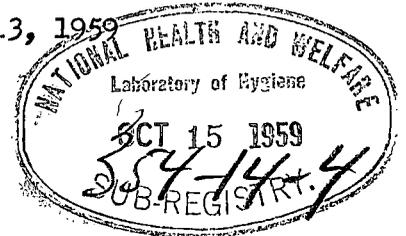
SECTION OF EPIDEMIOLOGY AND
PREVENTIVE MEDICINE

333 CEDAR STREET
NEW HAVEN 11, CONNECTICUT

s.19(1)

October 13, 1959

Dr. Louis Greenberg
Chief, Biologics
Control Laboratories
Laboratory of Hygiene
Dept. of National Health
and Welfare
Ottawa, Ontario, Canada



Dear Louis:

Here are the results of the antibody determinations we carried out on the sera you supplied from the Eastern Arctic.

As you warned us, a number of sera were in poor condition and several contaminated (C) but we were able to get some sort of result on most of them.

Measles antibodies are largely absent but if it is known that #799, [redacted] has been out of the Arctic that would be an interesting correlation.

The polio pattern is not as neat as that reported by Dr. Paul for Alaskan Eskimos. I had hoped it might be possible to date the last epidemics and determine antibody persistence but I don't see that that can be done here. These results are similar to those found by Hildes, Wilt and Stackiw.

I do not propose to publish any of these results unless they later fit into a more extensive study. There is insufficient work here to stand by itself.

Do you still have reprints of your 1958 paper in Can. M. A. J. 78, 27? If available I would appreciate one.

Sincerely yours,

Frank
Francis L. Black

FLB/mmp
Enc.

P.S. I have just been told by a graduate student who was there that polio occurred in Baker Lake in 1942. Evidently it was not type I.

000018

s.19(1)

Antibodies in Eskimo Sera

Coral Harbour:

No.	Name	Age	Sex	Measles	Poliovirus Neut		
					I	II	III
483			M	0	0	0	0
464			M		0	64	0
543			-	0	4	128	0
492			F	0	0	8	0
506			-	0	0	0	0
503			F	0	0	0	0
527			-	0	0	0	0
521			-	0	0	0	0
509			-	0	0	0	64
478			-	0	0	0	0

Pond Inlet:

794			- Contam.	-	8	<64	<64
812			- C	-	0	<16	<16
925			-	0	64	8	16
762			-	0	0	0	0
786			-	0	0	0	0
907			- C	-	0	64	64
919			-	0	0	0	16
799			- C	128	0	0	0
798			- C	-	16	0	0
915			-	0	0	512	0

Arctic Bay:

872			-		0	0	0
850			-		0	0	0
834			-	0	0	0	0
853			-		16	0	4
863			-		0	0	512

s.19(1)

Antibodies in Eskimo Sera

Baker Lake:

<u>No.</u>	<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>Measles</u>	<u>Poliovirus Neut</u>		
					<u>I</u>	<u>II</u>	<u>III</u>
28			M	0	0	8	256
19			F	0	128	0	>1024
29			M	0	0	32	4
17			M	+	0	0	0
26			F	0	0	4	0
30			M	0	0	4	8
5			F	<8	<16	<16	<16
2			F	0	0	16	0
12			F	0	0	32	4
18			M	0	8	128	32
22			M	0	0	32	4
36			F	0	0	32	256
24			M	0	0	64	256
13			M	C	-	-	-
21			M	0	0	4	1024
33			M	0	0	32	8
9			F	C	-	<16	0
23			F	0	0	16	64
34			F	0	0	8	512
16			F	0	32	16	32
25			F	0	0	256	0
7			F	0	0	128	32
6			F	0	0	0	16
14			M	0	0	128	8
8			M	0	0	16	>1024
20			F	0	0	0	8
31			F	C	-	-	-
1			F	0	0	0	0
37			M	0	0	4	128
3			F	0	0	64	16
32			F	0	16	4	64
38			-	0	0	512	16
4			-	0	0	0	0

354-14-4

Dr. P. E. Moore, Director,
Directorate of Indian and Northern
Health Services.

Laboratory of Hygiene.

July 28, 1959.

Immunization Programmes for Indians and Eskimos.

Dr. Willis and I have been discussing immunization programmes for Indian and Eskimo subjects. We feel that the procedures laid down a few years ago should be reviewed, particularly since a new immunizing agent, i.e., quadruple antigen--diphtheria-tetanus toxoids combined with pertussis and polio vaccines--has been introduced and is gradually replacing the triple vaccine.

It seems clear from morbidity and mortality data that early immunization of infants is extremely important for these groups of people and the suggestion that immunization with quadruple antigen be started during the first week of life has been raised. Such a procedure has a number of advantages, particularly in dealing with Eskimo children. However, certain studies would be in order before such a schedule could be universally adopted. A tentative schedule would be as follows:

- 1) 7 days - B.C.G. immunization and DPT-polio
- 2) 1 month - DPT-polio
- 3) 3 months - DPT-polio
- 4) 6-12 months - DPT-polio

If you feel that such a programme has merit, I would be glad to get together with Dr. Willis to discuss it further.

L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories

LG:rb

YALE UNIVERSITY SCHOOL OF MEDICINE
AFFILIATED WITH THE GRACE-NEW HAVEN COMMUNITY HOSPITAL

SECTION OF EPIDEMIOLOGY AND
PREVENTIVE MEDICINE

333 CEDAR STREET
NEW HAVEN 11, CONNECTICUT

June 15, 1959

Dr. Eric J. Hamilton
Biologics Control Laboratories
Department of National Health
and Welfare
Laboratory of Hygiene
Ottawa, Canada



Dear Dr. Hamilton:

Thank you for the Eskimo sera. They were delayed somewhere en route and only arrived today. The weather has been cool, however, and they seem to be in good condition. The case is being returned by railway express.

I will let Dr. Greenberg know of any results we obtain on them and consult him before publishing anything.

Sincerely yours,

F. L. Black

Francis L. Black, Ph.D.

FLB:RR

000022

*Sec. 14
Immunization
Northern Health.*

354-14-4

Laboratory of Hygiene,
O t t a w a.

June 8, 1959.

Dr. Francis L. Black,
Section of Epidemiology
and Preventive Medicine,
Yale University School of Medicine,
333 Cedar Street,
New Haven 11, Conn.

Dear Dr. Black,

Attached are the names, sex and ages,
rather incomplete, of the Eskimo sera being
forwarded to you tomorrow via railway express.
These should arrive on Wednesday, June 10, at
5:22 a.m. They are packed in dry ice and I trust
they will arrive in good condition.

Arctic Bay is situated at the top of
Baffin Island roughly on 85° longitude and 73°
latitude.

Sincerely yours,



Eric J. Hamilton,
Bacteriologist,
Biologics Control Laboratories.

EJH:rb

s.19(1)

Baker Lake

No.	Name	Sex	Age
1		F	
2		F	
3		F	
4			
5		F	
6		F	
7		F	
8		F	
9		F	
11		F	
12		F	
13		F	
14		F	
16		F	
17		F	
18		M	

No.	Name	Sex	Age
19		F	
20		F	
21		M	
22		M	
23		F	
24		F	
25		F	
26		F	
27		M	
28		M	
29		M	
30		M	
31		M	
32		F	
33		F	
34		F	
36		F	
37		F	
38		M	

Arctic Bay

834			
850			
853			
863			
872			

Coral Harbour

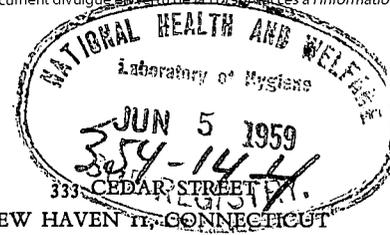
464		M	
478		-	
483		M	
492		F	
503		F	
506		-	
509		-	
521		-	
527		-	
543		-	

Pond Inlet

762			
786			
794			
798			
799			
812			
907			
915			
919			
925			

YALE UNIVERSITY SCHOOL OF MEDICINE
AFFILIATED WITH THE GRACE-NEW HAVEN COMMUNITY HOSPITAL

SECTION OF EPIDEMIOLOGY AND
PREVENTIVE MEDICINE



June 3, 1959

Dr. L. Greenberg
Chief
Biologics Control Laboratories
Department of National Health
and Welfare
Laboratory of Hygiene
Ottawa, Canada

Dear Louis:

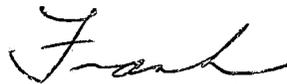
I would indeed like to test samples of the Eskimo sera. Their condition is not likely to be critical in using them in neutralization tests and I never anticipated being able to do complement fixation. A more likely problem is the data on them regarding age and, if possible, other history. Jim Logan intimated that he thought this was often incomplete.

I would suggest that they be sent railway express collect. Train connections from Ottawa are good and if they can make the transfer in Montreal we should be able to get them the next day.

Where is Arctic Bay? I was able to find the other places on a map but not that.

With best wishes.

Sincerely yours,


Francis L. Black, Ph.D.

FLB:RR

389-14-4

Laboratory of Hygiene,
O t t a w a.

May 27, 1959.

Dr. Francis L. Black,
Section of Epidemiology
and Preventive Medicine,
Yale University School of Medicine,
333 Cedar Street,
New Haven 11, Connecticut.

Dear Frank,

This is in connection with your request
for Eskimo sera.

We have some 60 sera that would meet the
specifications outlined in your letter of May 7 to
Jim Logan. Some of these are in rather poor shape.
They were held under doubtful condition for some
weeks before shipping to us and were completely
hemolyzed. These samples are not sterile and,
except when they were being tested, have been kept
frozen (-20°C) since their arrival at the laboratory
in August 1955. All the samples were taken in July.

If these are of any value to you, I will
be glad to send them along but will have to send
them in dried ice. Please let me know when and how
you would like them sent.

Yours sincerely,

L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

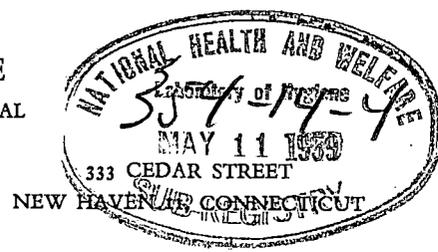
IG:rb

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Baker Lake	Venipunctured	July,	1955	35	sera
Coral Harbor	"	"	"	10	"
Pond Inlet	"	"	"	10	"
Arctic Bay	"	"	"	5	"

YALE UNIVERSITY SCHOOL OF MEDICINE
AFFILIATED WITH THE GRACE-NEW HAVEN COMMUNITY HOSPITAL

SECTION OF EPIDEMIOLOGY AND
PREVENTIVE MEDICINE



May 7, 1959

Dr. J. E. Logan
Acting Chief
Biologics Control Laboratories
Laboratory of Hygiene
Department of National Health
and Welfare
Ottawa, Canada

Dear Jim:

Thanks for your letters. I am in no rush and quite content to wait for Louis Greenberg's return. Fred Nagler pointed out that measles had occurred on both sides of the Hudson Strait in 1952. It attacked all ages so presumably had not been there before. This somewhat reduces the value of the collection for my purposes since any from that area would have had measles 3 years previously and sera from areas north of Hudson Strait will presumably all be negative. Are there any specimens from Labrador or the west side of Hudson Bay? Incidentally, a half ml of each serum would be ample for my purposes. If pre-measured we could do something with less.

Spring has finally sprung this week. No more snow as that week end at Atlantic City.

Sincerely yours,

Frank
Francis L. Black, Ph.D.

FLB:RR

354-14-4

Laboratory of Hygiene,
O t t a w a.

May 4, 1959.

Dr. Francis L. Black,
Section of Epidemiology and
Preventive Medicine,
Yale University School of Medicine,
333 Cedar Street,
New Haven 11, Connecticut.

Dear Frank,

I have received a reply from Louis Greenberg regarding the sera we have in storage. He would like to check them over again before making a decision about them. As he will be back in the laboratory on May 25th, you should receive a reply from him some time shortly after that date.

Hope you are enjoying a nice Spring in
New Haven!

Yours sincerely,



J. E. Logan, Ph.D.,
Acting Chief,
Biologics Control Laboratories.

JEL:rb

554-14-4

Laboratory of Hygiene,
O t t a w a.

April 27, 1959.

Dr. Francis L. Black,
Section of Epidemiology and
Preventive Medicine,
Yale University School of Medicine,
333 Cedar Street,
New Haven 11, Connecticut.

Dear Frank,

We are in receipt of your letter of April 20 to Dr. Greenberg regarding the availability of sera specimens from the Labrador and Arctic Coasts. We have a fairly large number of these sera still in storage and I have written to Dr. Greenberg, who is in Europe until May 22, about their release. I have also talked to Dr. Nagler and he states that their work was only on a relatively small number which he thought were turned over later to our section. He mentioned that he had been called to Baffin Island about 1952 to check an epidemic which was found to be measles. He suggested that you would probably find antibody titers in sera of persons living in that area.

It was nice to see you at the Federation meetings and I will write to you again when I receive a reply from Louis.

Yours sincerely,



J. E. Logan, Ph.D.,
Biologics Control Laboratories.

JEL:rb

000030

357-14-4

Laboratory of Hygiene,
O t t a w a.

April 27, 1959.

AIR MAIL

Dr. L. Greenberg,
c/o The Cumberland Hotel,
London, England.

Dear Louis,

Attached please find a copy of a letter from Frank Black in which he has inquired about sera specimens that were obtained by Bob Elder on his Arctic expedition in 1955. Eric Hamilton has checked and finds that we have approximately 500 sera taken from this area stored in our deep freeze. I have talked to Dr. Nagler to whom Frank also wrote and he said that the Virus Laboratory only used about 150 of these sera and he was not certain whether they had been passed back to us or not. He advised that we should, perhaps, retain some of these sera and felt that Frank probably could get some indicative information from a sample of about 100. I will write to Frank to tell him that we are awaiting your reply whether or not we can supply him with these sera.

I understand Muriel Guerin has resigned her position at the Virus Laboratory as of June 1st and she was inquiring about the positions open in our Section. I was not able to give her any information supplementary to the circular as I was not sure of your future planning for these positions.

Hope that you are enjoying your trip and we shall try and keep the place in order until you arrive back.

Yours sincerely,


J. E. Logan, Ph.D.,
Biologics Control Lab 000031 as

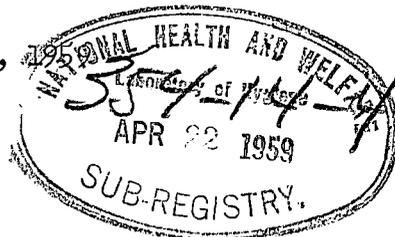
JEL:rb

YALE UNIVERSITY SCHOOL OF MEDICINE
AFFILIATED WITH THE GRACE-NEW HAVEN COMMUNITY HOSPITAL

SECTION OF EPIDEMIOLOGY AND
PREVENTIVE MEDICINE

333 CEDAR STREET
NEW HAVEN 11, CONNECTICUT

April 20, 1959



Dr. Louis Greenberg
Laboratory of Hygiene
Department of National Health
and Welfare
Ottawa, Ontario

Dear Louis:

I was sorry not to see you at the Federation meetings but presume your delegates will carry back good accounts of them.

Recently I have been doing work of measles antibodies and find the titers in persons in urban areas remarkably constant. It has been suggested, however, that sera from persons who have not been exposed for long periods and that the ideal place to obtain these would be the Labrador, Arctic coasts. This reminded me of the trip Bob Elder made there in the summer of 1955 and I wondered if any of his specimens might be available of, if not, if his trip might furnish a guide as to how I might make a similar excursion.

Stuart Kitchen and Joe Morgan tell me that Elder left some time ago but that you or Nagler, to whom I am also writing, might be able to answer my questions.

Sincerely,

Frank

Francis L. Black, Ph.D.

FLB:RR

*Reply
Apr. 27/59
approx. J.L.
50000
mm.*

354-14-4

J.H. Wiebe, M.D., M.P.H.
Regional Supt., Eastern Region.

150-1-3(E70)

Chief,
Biologics Control Laboratories,
Laboratory of Hygiene.

Nov. 20/58

Shingling
Inoculations - Simultaneous and Shingling of

This is in reply to your memo of November 3rd.

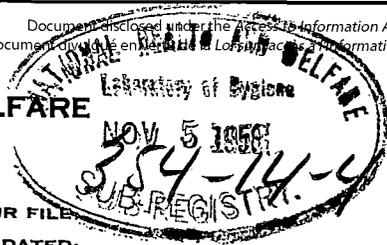
I am not familiar with the expression "Shingling". I presume you mean combining. Polio vaccine has already been added to D.P.T. vaccine by a number of laboratories and should be available on the Canadian market very soon. In the meantime there is no objection to administering it at the same time as D.P.T. in the same or in separate syringes. As far as we can tell, the addition of the Polio vaccine does not interfere with the antigenic efficiency of the other three antigens. The few field trials completed to date suggest that the response to the Polio vaccine is at least as good as that when Polio vaccine is given alone. However, in this last regard, there is some evidence that the presence of inherited antibody in young infants may interfere with the immunization for Polio. In the United Kingdom they are recommending that immunization be delayed until six months of age or later when the quadruple antigen is used. As you know, we have been recommending that immunization be started between the second and fourth month for the triple antigen.

LG/PL

L. Greenberg, Ph.D.

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE



To: Dr.L. Greenberg,
Chief, Biologics Control Laboratories,
Lab. of Hygiene - Tunney's Pasture

YOUR FILE:
DATED:
OUR FILE: 150-1-3(E70)

FROM: Regional Supt., Eastern Region

DATE: 3 Nov.1958

SUBJECT:

Shingling
Inoculations - Simultaneous and Shingling of

You will be aware that many of our field personnel, particularly in isolated and relatively unorganized areas, are constantly faced with the problem of reconciling the two dimensions of time and place in developing and maintaining their immunization schedules among the natives. An ideal schedule of immunization often requires far more doctor(or nurse)-patient contacts than are physically possible. Moreover, poor communications, occasional lack of transport and weather militate against the desired regularity of such contact.

We have had numerous requests from the field regarding the feasibility of combining a number of antigens at any such doctor-patient contact. Normally this is already done in such cases as D.P.T. vaccine and one assumes that the immune reaction is not impaired by such doubling up of antigens. Could one, for example, combine D.P.T. and salk vaccine? Or could one shingle the injections by beginning, say, with D.P.T. then give a salk vaccine injection one week later, and then give a smallpox vaccination another week later? Even shingling would be to advantage in that the total time for an immunization schedule could be telescoped.

It is my impression that probably the major objection to the innovations above might lie in the enhanced febrile or other systemic reaction to the increased quantity of foreign body introduced at anyone time.

Your advise and comments would be gratefully received. The more specific you can be the better of course.

J. H. Wiebe, M.D., M.P.H.
Regional Supt., Eastern Region

JHW/cf

000034

DEPARTMENT OF NATIONAL HEALTH AND WELFARE
INTRADEPARTMENTAL CORRESPONDENCE

NATIONAL HEALTH AND WELFARE
Laboratory of Hygiene
APR 23 1958
354-14-4
YOUR FILE NO. UB-REGISTRY
DATED
OUR FILE 1050-1 (1150)

TO: Chief Nurse Consultant,
I.N.H.S.

FROM: General Superintendent,
Northern Health Services.

DATE: April 21, 1958.

SUBJECT:

Immunization Program -- Nurses' Manual

1. With reference to the attached notes entitled "Public Health Program", which I take it are for your Nursing Manual, I have the following comments to make.

2. "Techniques and Procedures". The sentence, "If there is any infectious hepatitis in the area, a separate syringe should be used for each injection" raises an interesting point that I have discussed with the Epidemiology Division. I think that the viruses of infectious hepatitis and of serum hepatitis are so wide spread that it would perhaps be complicating the picture unnecessarily to ask the nurses to try to decide whether or not to use separate syringes for each injection. The greatest danger of using the same syringe for more than one injection lies in the transmission of serum hepatitis particularly when coupled with the instruction under (c) of your section "Inoculations" which instructs the nurse to withdraw "slightly on plunger to find out whether needle is in blood vessel". If any blood whatsoever gets into the syringe -- and the nurse would not know whether she was in the blood vessel unless blood did enter the syringe -- there is a real danger of transmitting serum hepatitis. On the other hand if the nurse is not instructed to withdraw the plunger she is taking a chance of putting the inoculum into a blood vessel. We are thus in a quandary to know what to advise the nurses. I refer you to "Control of Communicable Diseases in Man" put out by the American Public Health Association (1955) which on page 85 -- Section 9(2) recommends "thorough heat sterilization of syringes and needles and of stylets for finger-puncture. A fresh sterile syringe and

noted JY

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TO: Chief Nurse Consultant (II)

April 21, 1958.

needle or syret is essential for each patient; traces of blood from previous use contaminate these instruments". Surely it is a question of taking a calculated risk. If the nurses had the time and could carry the necessary equipment, it would be very nice indeed for them to use a fresh needle and syringe for every injection. But they do not have this kind of time nor can they cart around this much equipment. I think they should certainly be told that if they do draw blood into the syringe on giving an injection they should discard that syringe forthwith. I think they should be told too, as you say in your instructions, to use the syringe full of inoculum only once and then reesterilize it before refilling. Naturally they should carry on using a fresh needle each time.

3. The main safeguard I think is the fact that the more insanitary the population the more likely they are to have acquired immunity to infectious hepatitis and possibly serum hepatitis already. Although there may be no proof of this it is certainly suggested by the following extracts from the "Textbook of Virology" by Rhodes and van Rooyen;

"Thus, British and American troops who entered the Mediterranean Theater of Operations readily contracted infection, whereas the local inhabitants were apparently immune. British Indian troops in certain South African Union Defence Force units had a low case incidence....In the New Zealand Expeditionary Force some 2,000 cases occurred (approximately 35 per thousand in certain sectors), but these were mainly confined to the whites, whereas the Maori Units who fought alongside escaped lightly. Of the New Zealand Nursing Sisters who attended the sick at Base Hospitals, it has been recorded that only one developed jaundice, and during the 1942-43 epidemic in Serbia, only one British Nursing Sister was affected."

4. It is interesting to note that during the recent Yellowknife epidemic of infectious hepatitis, it was persons living in the better part of town who contacted the disease -- the incidence amongst Indians was low. This is based on more than 50 cases recently. This is also the story that I encountered in the Orient. My conclusion: that we must take a calculated

TO: Chief Nurse Consultant (III)

April 21, 1958.

risk and advise against the expense and delay in using a separate syringe for each injection. Where the nurse is giving odd injections in her office, for instance, with the patients spaced at convenient intervals, I do not think there is any excuse for not using a separate syringe for each injection. I shall be glad to discuss this further if you wish.

5. I think that in your section "Inoculations" it would be well to instruct the nurse to shake the bottle -- this is something commonly forgotten and one only has to look at the sediment in a bottle of D.P.T. that has been standing in a refrigerator to realize that the distribution of material is not at all times uniform throughout the fluid. You may decide that this should be included under "General Information".

6. Your "Suggested Immunization Schedule" raised a point that has always interested me but on which I have never seen satisfying evidence. We went to the literature after consultation with Drs. Webb, Greenberg and Kubryk of our Department. I attach pertinent extracts from various papers. Please return these when you are through with them -- they will be filed in HGE/HT/5 if you want them again. You can see from these extracts that,

- a. a child's antigenic response to early inoculation with D.P.T. is better where there has not been a high transmission of antibodies from the mother;
- b. F.H. Top, from his study of some 500 inoculated infants against just over 400 controls feels "that it is feasible and worth while to inoculate infants under the age of three months (as early as four to six weeks old) and to expect a protective level of better than 75 per cent".

7. I feel that we must assume that Indian women, at least in southern areas, pass on quite a high passive immunity to their infants because of the high immunity they themselves possess because of a lifetime of living under conditions that encourage "droplet" infections and infections acquired through

...4

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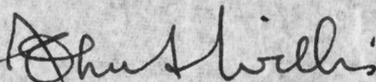
TO: Chief Nurse Consultant (IV)

April 21, 1958.

insanitary conditions. Probably the northern Indian groups which have had fewer contacts with the wide range of "white man's diseases" would not fit this argument. In these groups we might reasonably expect an optimum infant antigenic response. We haven't the time now to find out, so that I think we must deduce as best we can and hope to have the time to find out later on.

8. If these assumptions are correct, we must conclude that we shall not get better antigenic responses in our southern Indian infant groups than in whites and perhaps not as good, but that we may expect a good response in our northern infant groups.

9. On the balance of opinion, therefore, I would advocate an early program such as you suggested, modified slightly, with close attention to added boosters in the first ~~two~~ years of life. I have attached a modified program outlined accordingly.



John S. Willis, M.D., D.P.H.,
General Superintendent,
Northern Health Services.

eb:

encl.

cc Chief, Epid. Div.

→ cc Director, Lab. of Hygiene

...Attn. Dr. L. Greenberg

cc Chief, (CMI)

000038

PUBLIC HEALTH PROGRAM

SUGGESTED IMMUNIZATION SCHEDULE

AGE	IMMUNIZING AGENT	DOSAGE	NOTES
5th to 10th day	B.C.G.	Scarification (See Section on B.C.G.)	Record local and general effects on the child even if nil.
1 month	D.P.T. Smallpox Vaccine	0.5 cc. Vaccination- pressure method.	Subcutaneously. Read in 48 hours and record result.
2 months	D.P.T. Salk Vaccine	1.0 cc. 1.0 cc.	Subcutaneously - left arm Subcutaneously - right arm
3 months	D.P.T. Salk Vaccine	1.0 cc. 1.0 cc.	Subcutaneously - left arm Subcutaneously - right arm
1 year	D.P.T. Salk Vaccine	1.0 cc. 1.0 cc.	Subcutaneously - left arm Subcutaneously - right arm
5 years	D.T. Smallpox vaccine	1.0 cc. Vaccination - pressure method.	Subcutaneously
10 years	D.T. Smallpox vaccine	Vaccination - pressure method.	Subcutaneously

*see also
Immigration*

354-14-4

Dr. P.E. Moore,
Director, Indian & Northern Health Services.

Laboratory of Hygiene.

April 14, 1958

Comments - "Immunological Study of the Canadian Eskimo"

Thank you for forwarding us a copy of Dr. Colyar's letter dated March 19, 1958. It is always pleasant to receive a compliment. Sometimes one wonders just how our work is being received.

[Signature]
James Gibbard,
Director.

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

DEPARTMENT OF NATIONAL HEALTH AND WELFARE
Laboratory of Hygiene
APR 14 1958
YOUR FILE: 359-14-4
DATED: B-REGISTR.
OUR FILE: 1002-1 (H50)

TO: Director,
Laboratory of Hygiene.

FROM: Director, Indian and Northern
Health Services.

DATE: April 11, 1958.

SUBJECT:

Comments -- "Immunological Study of the Canadian Eskimo"

I attach a copy of a letter from Dr. A. B. Colyar, Medical Officer in Charge, Arctic Health Research Center, P.O. Box 960, Anchorage, Alaska, dated March 19, 1958, commenting on a copy of the reprint of "Immunological Study of the Canadian Eskimo" by Drs. Greenberg and Blake. I felt that you would be interested in his comments.

P. E. Moore
P. E. Moore, M.D., D.P.H.,
Director, Indian and Northern
Health Services.

encl.

D. Greenberg
al

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

Bureau of State Services
Arctic Health Research Center
P. O. Box 960
Anchorage, Alaska

HSO

March 19, 1958

Dr. P. E. Moore
Director, Indian and Northern
Health Services
Department of National Health and Welfare
Ottawa, Canada

Dear Dr. Moore:

Thank you for the reprint of the "Immunological Study of the Canadian Eskimo."

All of us here are quite interested in the technique for the study of immunological status of the Eskimo which you have used. To date little has been done in Alaska along this line with the exception of several very small surveys.

I am calling this particular paper to the attention of our epidemiological group with the hope that it will stimulate them in that direction.

Sincerely yours,

A. B. Colyar, M.D.
Medical Officer in Charge

000042

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

DEPARTMENT OF NATIONAL HEALTH AND WELFARE
FEB 17 1958
354-14-4
SUB-REGISTRY

TO: Director,
Laboratory of Hygiene

YOUR FILE:

DATED:

OUR FILE:

FROM: Director, Indian & Northern
Health Services

DATE: February 13th, 1958.

SUBJECT:

Typhoid Vaccine Trials on Indians

Thank you for your memorandum dated January 7th, 1958. We were interested to see the letter from Dr. Cockburn to you and the copy of your reply.

Much as we are interested in further immunological studies on Indians and Eskimos, we cannot feel that we should spend the time of our personnel and the limited resources at our disposal to attempt a study of typhoid vaccine of the type described. Before we could give further consideration to the proposal, we would have to know a lot more about what it would involve in terms of personnel time and expenditure, and we doubt very much that, on examination of more details, we could justify a trial of sufficient size to yield information scientifically valuable.

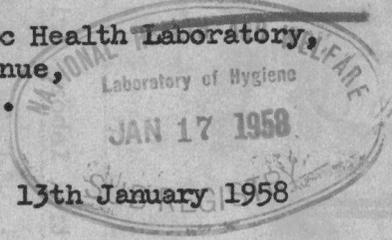
P. E. Moore
for P. E. Moore, M.D., D.P.H.,
Director, Indian and Northern
Health Services.

lg

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354-14-4

Central Public Health Laboratory,
Colindale Avenue,
London, N.W.9.



13th January 1958

Dear Dr. Greenberg,

Thank you very much for your letter of 7th January. I think the best thing for me to do at present is to send a copy of it to Edsall, Payne and Cvjetanović to find out their reactions.

The big problem appears to me to be the follow-up which, coupled with the very large numbers we should require for a trial - something in the order of 100,000 persons perhaps - would probably make the scheme impracticable, but I shall let you know as soon as I hear from the others.

With best wishes,

Yours sincerely,

A handwritten signature in cursive script, appearing to read "Delos Cook".

Dr. Louis Greenberg,
Chief,
Biologics Control Laboratories,
Laboratory of Hygiene,
Ottawa,
Ontario,
Canada.

A handwritten signature or set of initials, possibly "L.G.", written in cursive.

BY AIR MAIL
PAR AVION
AIR LETTER
AEROGRAMME

HE HYDE
5-PM
14 JAN
1958
N.W.9.



Dr. Louis Greenberg,
Chief, Biologics Control Laboratories,
Laboratory of Hygiene,
Ottawa, Ontario, CANADA.

First fold here

Second fold here

Sender's name and address: Dr. W. Chas. Cockburn
Central Public Health Laboratory,
Colindale Avenue, London, N.W.9.

AN AIR LETTER SHOULD NOT CONTAIN ANY
ENCLOSURE; IF IT DOES IT WILL BE SURCHARGED
OR SENT BY ORDINARY MAIL.

George
Cockburn
Officer
Laboratory of Hygiene
Biologics Control Laboratory
Ottawa
Dr. Louis Greenberg

To open cut here

000045

Dr. H. A. Proctor,
Associate Director,
Indian and Northern Health Services.

Laboratory of Hygiene.

January 7, 1958.

*Dr. Greenberg
Immunization 2*
559-14-4

In accordance with our telephone conversation this morning, I am enclosing a copy of my letter to Dr. Cockburn and a copy of his letter to me.

L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

Encl.
LG:rb

000046

354-14-4

Laboratory of Hygiene,
O t t a w a.

January 7, 1958.

Dr. W. Chas. Cockburn,
Central Public Health Laboratory,
Public Health Laboratory Service,
Colindale Avenue,
London, N.W.9, England.

Dear Dr. Cockburn,

This is in reply to your letter of January 1st. I was rather interested to see that my name was on the list of participants for the Paris meeting. Actually, all I received from them was an invitation to attend and a tentative program. I would liked to have participated but having been over twice last year, I simply could not make it.

I took up the matter of field trials using Canadian Indians with Dr. Proctor, Associate Director of our Indian and Northern Health Services. (Dr. Percy Moore, the Director, is in Geneva at present and will be there for another month should Payne wish to see him.) As you know, I am only called in as an adviser on occasion. There are a number of difficulties associated with studies in the Indian population. The groups are small; they are extremely undisciplined and hard to follow; and finally, the Indian Health Services have always enjoyed a shortage of medical and nursing staff so that the addition of extra duties has not been encouraged.

Dr. Blake and I started some immunization studies about two years ago and after a year we were forced to give them up. However, notwithstanding the above, Dr. Proctor informed me that a meeting of Regional Indian Health Medical Superintendents will be held in Ottawa on February 13th and he would be glad to put up any proposition you had to the group at that time. If you feel it worthwhile, you could write directly to Dr. Proctor (Dr. H. A. Proctor, Associate Director, Indian and Northern Health Services, Booth Building, Ottawa, Ontario), or if you would rather, send it

- 2 -

to me and I will see that he gets it.

Kindest regards,

Yours sincerely,

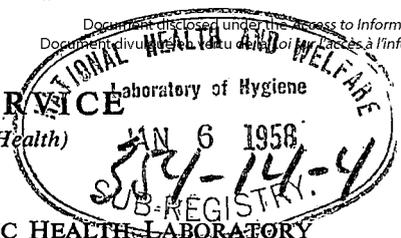
L. Greenberg, Ph.D.,
Chief,
Biologies Control Laboratories.

LG:rb

000048

PUBLIC HEALTH LABORATORY SERVICE

(Directed by the Medical Research Council for the Ministry of Health)



CENTRAL PUBLIC HEALTH LABORATORY

COLINDALE AVENUE

LONDON, N.W.9

1st January 1958

Telephone: COLINDALE 7041 (8 Lines)
Telegrams: DEFENDER, NORPHONE, LONDON.

Dear Greenberg,

I have been reading with interest your paper on the immunological study of the Canadian Indian. I had hoped that we might have been able to talk about it in Paris, when I saw your name on the list of participants, but was disappointed that you remained only a name on the list!

As you probably know I have been associated with the World Health Organization trials of typhoid vaccine, as has Geoffrey Edsall in Washington. We are still thinking of getting another trial going to see whether we can sort out the vexed problem of the relation between laboratory tests and protection in persons. It occurred to me that the Indian population of Canada still has a considerable amount of enteric infection and I am wondering whether it is worth discussing - in a purely preliminary fashion - the possibility of doing a trial with, let us say, an acetone-dried vaccine and a phenol vaccine. It would mean a very great deal of work and would need a pretty careful follow-up. From your paper it would appear to me that the trial would most likely fall down on this question of follow-up, but I would be glad of your comments.

I am sending a copy of this letter to Geoffrey Edsall and to Payne at Geneva and Cvjetanović in the European office of the World Health Organization in Copenhagen.

With best wishes for 1958,

Yours sincerely,

Dr. L. Greenberg,
Chief,
Biologics Control Laboratories,
Laboratory of Hygiene,
Tunney's Pasture,
Ottawa,
Ontario, Canada.

357-14-47

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADPARTMENTAL CORRESPONDENCE

W.C.
Indian Health Service
June

TO: Dr. Greenberg,
Laboratory of Hygiene,
OTTAWA, Ont.

YOUR FILE:
DATED:
OUR FILE: 151-1

FROM: Sup't., Pacific Region, I.H.S.

DATE: Sept. 20, 1957

SUBJECT:

Re: Return of Multiple Antigen Vaccine, Lots 24-1 and 28-1

Enclosed is the residue of antitoxin originally supplied for a Multiple Antigen Survey in this region, now being returned pursuant to instructions received by Dr. Moore.

2
Forward

[Signature]
W.S. Barclay, M.D.,
Regional Sup't.,
Pacific Region,
Indian Health Services.

RJ/b
Enc.

hly

28-1
24-1

30 vials
30 ampoules
30 vials.

Rec'd Sept 27/57.

[Signature]

000050

354-14-4

Laboratory of Hygiene,
O t t a w a.

July 17, 1957.

Dr. W. S. Barclay,
Regional Superintendent,
Pacific Region, Indian Health Services,
Department of National Health and Welfare,
4824 Fraser St.,
Vancouver 10, B. C.

Dear Dr. Barclay,

On July 8th, we received two specimens:
1) gall bladder bile and 2) gall bladder mucosa
from Dr. Fiddes, Prince Rupert. Both specimens
were cultured and were found to have S. paratyphi B.
The laboratory reports are enclosed. Would you
please notify Dr. Fiddes.

Yours sincerely,

L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

LC:rb

354-14-4

Laboratory of Hygiene,
O t t a w a.

May 9, 1957.

Dr. Cameron Corrigan,
Zone Superintendent,
North Battleford Indian Hospital,
Box 219,
North Battleford, Sask.

Dear Dr. Corrigan,

Enclosed are the inserts you asked for.

Kindest regards,

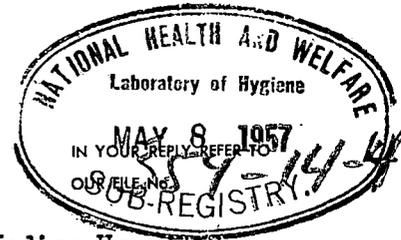
Yours sincerely,

L. Greenberg, Ph.D.,
Chief,
Biologies Control Laboratories.

LG:rb



DEPARTMENT OF
NATIONAL HEALTH AND WELFARE



North Battleford Indian Hospital,
Box 219,
North Battleford, Sask.
May 2nd, 1957

Dr. Louis Greenberg,
Laboratory of Hygiene,
45 Spencer Street,
O T T A W A, Canada.

Dear Louis:-

Your letter received. Thanks very much.

You mention directions accompanying preparation. I haven't any of these.
Could you please send some if possible?

Hope to see you out here this summer.

Yours truly,

CAMERON CORRIGAN, M.D.,
Zone Superintendent

CC/s

Forle

~~353-1-6~~
354-14-4

Laboratory of Hygiene,
O t t a w a.

April 29, 1957.

Dr. Cameron Corrigan,
North Battleford Indian Hospital,
Box 219,
North Battleford, Sask.

Dear Cameron,

This is in reply to your letter of April 23rd. Anti-measles serum is pooled human serum concentrated five times. If given at any time between the first and tenth day after contact, it will protect against measles. Gamma globulin is the more or less purified fraction of the blood containing the greater portion of antibodies. It represents a 16-fold concentration of the normal blood. Poliomyelitis gamma globulin is merely gamma globulin that has been tested for and found to have antibodies to Types 1, 2 and 3 poliomyelitis. The dosage will vary, depending upon the disease, and we usually follow the directions accompanying the preparation. If the latter is not available to you, please let me know. I am certain I can dig up some package inserts.

Kindest regards,

Yours sincerely,

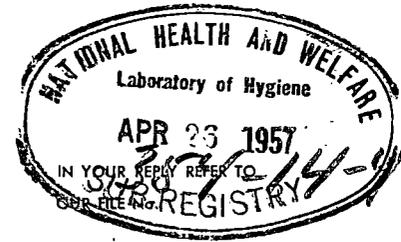
L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

LG:rb

000054



DEPARTMENT OF
NATIONAL HEALTH AND WELFARE



North Battleford Indian Hospital,
Box 219,
North Battleford, Sask.
April 23rd/57

Dr. Louis Greenberg,
Laboratory of Hygiene,
45 Spencer Street,
O T T A W A, Ontario.

Dear Louis:-

What can you tell me about anti-measles serum? How long does it give protection? What is the proper dose? Is there any difference between anti-measles serum, gammaglobulin and so-called polio serum?

Yours truly,

CAMERON CORRIGAN, M.D.,
Zone Superintendent

CC/s

Dr. E. H. Lossing,
Chief, Epidemiology Division.

354-14-4

Laboratory of Hygiene.

February 12, 1957.

Current Morbidity Statistics Projects.

immunization

In reference to your memorandum of January 29 dealing with the above subject, we have just completed two studies on Indians and Eskimos which could be included with data sent to the Department of Health, Education, and Welfare of the United States Government.


James Gibbard,
Director.

Encl.
LG:rb

ABSTRACT:

Purpose: To determine the immunological status of the Canadian Indian in an effort to evaluate past immunization procedures; to determine which infectious diseases are of particular importance in different areas.

Population: Canadian Indians from Ontario, Canadian provinces west of Ontario, the Yukon and Northwest Territories.

Method of obtaining data: Blood samples were collected from cross-sections of Indians in the above territory and titrated specifically for antitoxins against diphtheria and tetanus and for agglutinins to B. abortus, H. pertussis, P. tularensis, S. typhi and S. paratyphi A, B and C.

Stage of progress: Completed. (1955-1956).

ORGANIZATION:

Laboratory of Hygiene and Indian and Northern Health Services, Department of National Health and Welfare, Ottawa, Ontario.

PRINCIPAL INVESTIGATORS:

Greenberg, Louis, Ph.D.
Blake, J. Desmond, M.B., B.Ch., D.P.H.

PUBLICATION PLANS & REFS.:

To be published in the Canadian Medical Association Journal.

FOR FURTHER INFORMATION:

Dr. L. Greenberg, Chief, Biologics Control Laboratories, Laboratory of Hygiene, and
Dr. J. D. Blake, Indian and Northern Health Services, Department of National Health and Welfare, Ottawa, Canada.

ABSTRACT:

Purpose: To determine the immunological status of the Canadian Eskimo in an effort to evaluate past immunization procedures; to determine which infectious diseases are of particular importance in different areas.

Population: Canadian Eskimos in the Northwest Territories and Northern Quebec.

Method of obtaining data: Blood samples were collected from as many Eskimos as possible in the above areas. A greater than 10% sampling of Eskimos was carried out.

Stage of progress: Completed. (1955-1957).

ORGANIZATION:

Laboratory of Hygiene and Indian and Northern Health Services, Department of National Health and Welfare, Ottawa, Ontario.

**PRINCIPAL
INVESTIGATORS:**

Greenberg, Louis, Ph.D.
Blake, J. Desmond, M.B., B.Ch., D.P.H.

**PUBLICATION
PLANS & REFS.:**

To be published in the Canadian Medical Association Journal.

**FOR FURTHER
INFORMATION:**

Dr. L. Greenberg, Chief, Biologics Control Laboratories, Laboratory of Hygiene, and
Dr. J. D. Blake, Indian and Northern Health Services, Department of National Health and Welfare, Ottawa, Canada.

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

TO: Mr. J. Gibbard,
Director, Laboratory of Hygiene,
45 Spencer St.

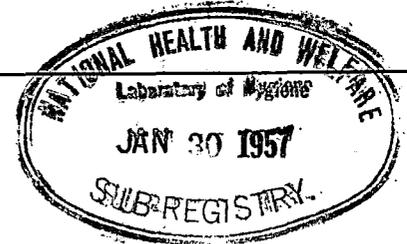
OUR FILE NO. 308-6-11

REF. YOUR FILE NO.
DATED

FROM: Chief, Epidemiology Division.

DATE: January 29, 1957.

SUBJECT:



D. Gibbard
?
J.D.

For the past four years we have co-operated with the Department of Health, Education and Welfare of the United States Government in compiling a record of research studies in Canada for inclusion in their Clearinghouse on Current Morbidity Statistics projects. Last year we were in touch with one or two Divisions of the Department and gained information from them on the projects they were conducting which fulfilled Clearinghouse requirements.

This year we have decided to circulate certain Divisions of the Department to make sure there is no possibility of any research project within the Department being missed.

Attached for your information is an outline of the criteria required by a project to ensure its inclusion in their next publication

Should you have in your Division any project which you feel might come within the criteria outlined, we would be most interested in hearing about it. We will then forward to you the necessary forms to be filled out.

Thank you for the kind consideration you will give this matter.

Margaret Whitridge

(Mrs.) Margaret Whitridge
for
E.H. Lossing, M.D., M.P.H.

Att.(1)

000059

Instructions for "Morbidity Statistics Project Notice" Form

Criteria for inclusion of a project, study, survey, or experiment in the Clearinghouse on Current Morbidity Statistics Projects are as follows:

- (1) It must be concerned with statistics of illness, disease, injuries, or physical impairments. (Note: Studies concerned entirely with statistics of mortality or statistics from the notifiable disease reporting system are excluded.)
- (2) It must have as its objective the measurement of morbidity in a population group, as contrasted with case finding.
- (3) It must have a valid population base so that measures of incidence, prevalence, and so forth, may be stated for the whole of the population studied.
- (4) The population selected for study must be one of which the health status is initially unknown; hence, studies in which the population base is a group of patients or persons known to have some disease or defect are excluded. (Notes: (a) Studies in which a population determined to be free of a specific disease is observed over a period of time to measure the incidence of this disease are included; (b) tests of preventive measures in human population groups are included, but tests of therapeutic measures are not.)
- (5) Projects involving collection of statistical data on utilization of one or more types of medical services are included providing: (a) the size and characteristics of the population receiving the services are known; (b) the medical services covered in the project constitute virtually all of the medical services of that particular type or types which the population receives; and (c) there is some interest shown in the morbidity aspects of the data, as, for example, the tabulation of services by diagnosis for which received.
- (6) The project must also be: (a) one that is in progress now or that has been completed since January 1, 1950; (b) one conducted in the United States, its possessions, or in Canada.

In Question 5, if project is expected to continue indefinitely, enter "Continuing" after 5(b).

In Question 6, if some results have already been published, please give at least one reference to published results.

In Question 7, if there are any other limitations or restrictions that you wish to place on the use of this description, please describe them under "Remarks" on the back of the form.

In Question 8, it is not necessary to follow this form of Abstract exactly; however, information on each of the items in (a), (b), (c), and (d) is desired, if possible. Use a separate sheet to continue the Abstract if you choose.

Please return this form (even if your answers to Questions 1 and 2 are negative) at your earliest convenience so that up-to-date listings may be published. ~~An addressed envelope that requires no postage is enclosed.~~

Dr. P. E. Moore,
Director,
Indian and Northern Health Services.
Laboratory of Hygiene.

~~353-1-6~~
354-14-4/
850-1-2 (M23)

January 15, 1957.

Prenatal Immunization.

Mr. Gibbard has asked me to reply to Dr. Rath's memorandum of December 18, 1956. The vaccine now held by Dr. Rath contains six separate immunizing agents: diphtheria and tetanus toxoids, pertussis and paratyphoid A, paratyphoid B, paratyphoid C vaccines. We are not in a position to recommend that it be used in the indiscriminate manner suggested by Dr. Rath.

In the first place, we have yet to determine the cause of death in infants amongst the Saskatchewan Indians. There is no assurance that the antigens in the vaccine have any relationship to the causative agents of these deaths. Secondly, the presence of antibodies passed from the mother to the fetus could have considerable effect on subsequent active immunization and in this sense might do more harm than good.

As you know, we started a study on prenatal immunization some time ago to clarify some of the above points but, unfortunately, your officers did not see fit to carry it through. With our present state of knowledge, we feel it would be inadvisable to use the vaccine in the manner suggested. If it is to be used at all, some follow-up should be undertaken.

We are not too clear about what Dr. Rath is referring to in his paragraph concerning Drs. Kendrick and Webb. In the past, we have had a number of meetings with Dr. Webb and so far as we know, she has constantly recommended that immunization of infants be started in the third or fourth month of life. We are not too certain how these views disagree with Dr. Kendrick's since Dr. Rath was not specific on this point. The purpose of early immunization is, of course, to save lives and if that is not reason enough for Drs. Kendrick and Rath, then I am afraid we can suggest no other.

L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

LG:rb

000061

DEPARTMENT OF NATIONAL HEALTH AND WELFARE
INTRADEPARTMENTAL CORRESPONDENCE

35346

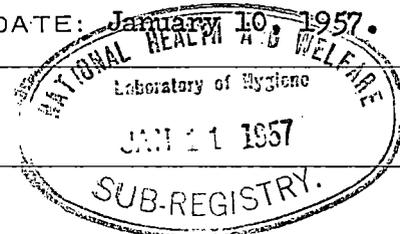
TO: Chief,
Laboratory of Hygiene.

YOUR FILE:

DATED:

OUR FILE: 850-1-2 (M23)

FROM: Director, Indian and Northern Health Services. DATE: January 10, 1957.



SUBJECT:

Prenatal Immunization.

We are attaching a copy of a letter just received from Doctor Rath our Regional Superintendent in Regina, in which he makes reference to the prenatal immunization study that we had begun to think was practically moribund. However, it will appear that in its re-birth it is assuming a somewhat different form.

Your comments, particularly on the first paragraph, would be appreciated.

*D. G. ...
3
JH*

[Signature]
P. E. Moore, M.D., D.P.H.,
Director,
Indian and Northern Health
Services.

encl.
c.c. Reg. Supt., S.R.

000062

C. J. Rath

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

To: The Director,
Indian & Northern Health Services,
Booth Building, Ottawa.

YOUR FILE:
DATED:
OUR FILE:

FROM: Regional Supt., Regina, Sask.

DATE: Dec. 18/56

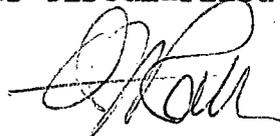
SUBJECT:

Prenatal Immunization

The question of prenatal immunization has been discussed at the various Zones and the consensus of opinion would seem to indicate that it would be worth while to carry out a programme of prenatal immunization, but without carrying out the blood investigation for immunological status.

May we have your approval to use the vaccine that was supplied to us for use in this special study, since there is some evidence that the infant would thus receive at least a passive immunity from such immunizations.

Doctor P. Kendrick, who has done considerable work on pertussis vaccine, states that there is fair agreement that the response to DPT given the first week of life is not as good as it will be a little later, say at three or four months of age. She also states that unless there is some compelling reason for vaccinating the newborn baby, for which she is not convinced, she would prefer delaying the first injection until the third or fourth month of age. This would seem to disagree with Doctor Webb of our Department in a statement that was circularized recently.



O.J. Rath, M.D., M.P.H.,
Regional Superintendent,
Saskatchewan Region.

OJR/DS

000063



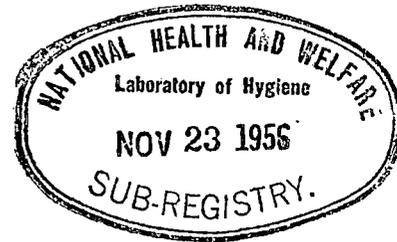
CANADA

DEPARTMENT OF
NATIONAL HEALTH AND WELFARE

IN YOUR REPLY REFER TO FILE No.

150-1

Miller Bay Indian Hospital,
Prince Rupert, B.C.
November 19, 1956



Dr. L. Greenberg,
Chief,
Biologics Control Laboratories,
Dept. National Health & Welfare,
OTTAWA.

Dear Dr. Greenberg:

Re your letter of October 30th forwarded to
Dr. Barclay, Regional Superintendent, Pacific Region on a specimen
of blood sent from Miller Bay Hospital October 18th, 1956.

This specimen was sent from the Out-Patient
Clinic in error, requesting an Icteric Index on this sample, inasmuch
as we had had an epidemic of Infectious Hepatitis and this was a marginal
case. At the time when this specimen was sent our own Laboratory was
not set up to do these tests, and as you had been requesting specimens
the physician in Out-Patient Department felt that the Laboratory of Hygiene
would be able to carry out this test for us. It is, therefore, an error
in requisition and you may discard the specimen.

Yours very truly,


G.W.J. Fiddes, M.D.
Zone Superintendent

GWJF:f
c.c. Dr. Barclay.

000064

Laboratory of Hygiene,
O t t a w a,
November 1, 1956.

Dr. J. H. Wiebe,
Medical Superintendent,
Lady Willingdon Hospital,
Ohsweken, Ont.

Dear Dr. Wiebe,

Enclosed herewith is Immunization Card
No. OH-C1 for your files.

Yours sincerely,




L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

FG:rb

October 30, 1956.

Dr. W. S. Barclay,
Regional Superintendent,
Pacific Region, Indian Health Services,
Department of National Health and Welfare,
4824 Fraser Bldg.,
Vancouver 10, B. C.

Dear Dr. Barclay,

The attached card was received with a sample of blood. It was probably sent to us by mistake since we do not do Icteric Indices, and besides it could probably be done more rapidly in Prince Rupert.

We have separated the serum and are storing it since we see no point in sending it back. If there is something special you want us to do with it, please let me know.

Kindest regards,

Yours sincerely,

L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

LG:rb

000066

Dr. P. E. Moore,
Director,
Indian and Northern Health Services.
ATTENTION: Dr. J. D. Blake.

780-1-2(P23)

Laboratory of Hygiene.

October 19, 1956.

Immunological Status Survey.

The attached correspondence is being returned. While not complete, the procedures as outlined fit in well with our survey results.

L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

Encl.
LG:rb

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

To: Chief, Laboratory of Hygiene,
.....ATTENTION..Dr. L. Greenberg,

YOUR FILE:

DATED:

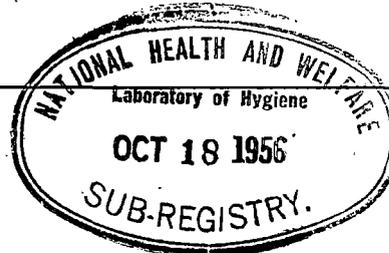
OUR FILE: 780-1-2 (P23)

FROM: Director, Indian and Northern
Health Services.

DATE: October 15, 1956.

SUBJECT:

Immunological Status Survey.



We are attaching some material we have just received from Doctor Barclay in reply to our letter of June 20, 1956. In it you will find a good deal of information on the type of immunological procedures that have been carried out in the various areas in British Columbia, but as Doctor Barclay points out you may find correlation of all this information a difficult job inasmuch as the place names, reserves and geographical areas mentioned may not mean too much to you in some cases. However, we will be very glad to help you elucidate as many of these problems as we can and points that still remain obscure can be referred to Doctor Barclay.

Would you please return this correspondence to us when it has serviced your purpose?

A handwritten signature in dark ink, appearing to read 'P. E. Moore'.

P. E. Moore, M.D., D.P.H.,
Director,
Indian and Northern Health
Services.

encl.

cc Reg. Supt. Pacific

000069

Dr. G. R. Howell,
Zone Superintendent,
Miller Bay Hospital.

Laboratory of Hygiene.

September 24, 1956.

Immunity Status Survey.

Enclosed herewith are Immunity Status
Cards Nos. Para B 10, 11, 12, 13 and 14 for your
files.



 L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

Encl.
FGarb

Indian Health
Immunization

354-14-4

7 September, 1956.

Dr. F. J. Porth,
Medical Superintendent,
Qu'Appelle Indian Hospital,
Fort Qu'Appelle, Sask.

Dear Doctor Porth,

Enclosed are the syringe containers which I mentioned during my recent visit. They come in various sizes. These are the two we thought most useful and you might like to try them out. The tape enclosed is High temperature material. The package is sealed with it and, as its name indicates, it can be autoclaved and still maintain its seal.

It may be ordered from -

Robert Busse Co., Inc.,
64 E. 8th Street, N.Y.3.

The specifications are -

Syringe Bags -

(a) $2\frac{1}{2} \times 1\frac{1}{2} \times 6\frac{1}{2}$

(b) $2\frac{1}{4} \times 1\frac{1}{4} \times 10\frac{3}{4}$

High temperature tape -

$\frac{3}{4}$ " x 60 yds.

Yours sincerely,

L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

Encls.
LG/HC

000071

354-14-4

7th September, 1956.

Dr. O. J. Rath,
Indian Health Services,
REGINA, Sask.

Dear Otto,

Enclosed are the syringe containers which I mentioned during my recent visit. They come in various sizes. These are the two we thought most useful and you might like to try them out. The tape enclosed is High temperature material. The package is sealed with it and, as its name indicates, it can be autoclaved and still maintain its seal.

It may be ordered from -

Robert Busse Co., Inc.,
64 E.8th Street, N.Y.3.

The specifications are -

Syringe Bags -

- (a) $2\frac{1}{2} \times 1\frac{1}{2} \times 6\frac{1}{2}$
- (b) $2\frac{3}{4} \times 1\frac{1}{4} \times 10\frac{1}{4}$

High temp. tape -

$\frac{3}{4}$ " x 60 yds.

Yours sincerely,

L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

Encls.
LQ/HO

000072

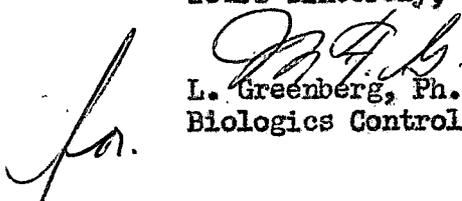
August 28, 1956

Dr. G.R. Howell,
Zone Superintendent,
Indian Health Services,
Miller Bay Indian Hospital,
Prince Rupert, B.C.

Dear Dr. Howell:

We are enclosing herewith Immunity Status Survey Cards
Nos. Para B1 to Para B9.

Yours sincerely,


L. Greenberg, Ph.D.,
Biologics Control Laboratories.

LG/jk

000073



DEPARTMENT OF
NATIONAL HEALTH AND WELFARE

IN YOUR REPLY REFER TO
OUR FILE No.

Dr. J. J. Marrie
Norway House Indian Hospital,
Norway House, Man.
Aug 12, 1956

Laboratory of Hygiene,
Dept. of National Health & Welfare,
Ottawa, Ont.

Dear Sir,

The Regional Superintendent for Indian and Northern Health Services of Manitoba Dr. W. S. Wood has requested that blood samples be taken from the Indians on the reserves in this area to determine the state of immunity of this population against Typhoid, Paratyphoid A & B and Tularemia. Could you please determine the state of immunity from the enclosed samples for the mentioned diseases and advise if immunization of this population is required.

Yours truly

J. J. Marrie M.D.



DEPARTMENT OF
NATIONAL HEALTH AND WELFARE

IN YOUR REPLY REFER TO
OUR FILE No.

DR. J. J. MURIE
NORWAY HOUSE INDIAN HOSPITAL
NORWAY HOUSE MAN
AUGUST 19, 1956.

LABORATORY OF HYGIENE
DEPT. OF NATIONAL HEALTH & WELFARE
OTTAWA ONT.



Dear Sir.

Could you please determine the state of immunity of the Poplar River and Cross Lake reserve Indians from the enclosed blood samples against Typhoid, Paratyphoid A & B and Tularemia and advise us regarding the possibility of immunizing this population.

Samples from Gods Lake, Oxford House, St. Therese Pt and Garden Hill Reserves were shipped with a letter of explanation on August 13, 1956.

Yours truly

J. J. Murie M.D.

000075

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

To: Director,
Laboratory of Hygiene.

YOUR FILE:

DATED:

ATTENTION: Chief, Biologics Control
Laboratories, Dr. L. Greenberg.

OUR FILE: 780-1-2(M23)

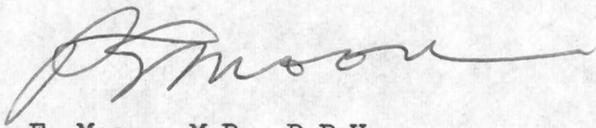
FROM: Director, Indian and Northern Health Services.

DATE: August 9, 1956.

SUBJECT:

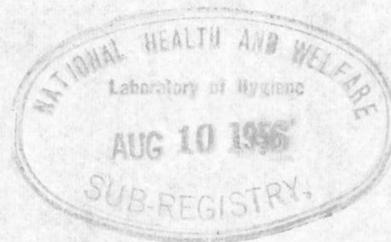
Prenatal Immunization Survey

We are attaching a copy of a letter which we have just received from Dr. Rath. We believe it adds nothing new to what you already know but you may like to have it for your files. We are also attaching a copy of our reply to Dr. Rath.


P. E. Moore, M.D., D.P.H.,
Director,
Indian and Northern Health
Services.

encl.

ly



000076

(4)

(9)

*Dr Greenberg -
Rob. Hyman*

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

TO: The Director,
Indian & Northern Health Services,
Booth Bldg., Ottawa.

OUR FILE NO. 780-1-2

REF. YOUR FILE NO.
DATED

FROM: Regional Supt., Regina, Sask.

DATE: July 27/56

SUBJECT:

Prenatal Immunization Survey

Reference is made to your letter dated June 27, file 780-1-2 (M23).

Prior to Doctor Greenberg's recent visit to this Region, the prenatal immunization survey study was further discussed with the three Zone Superintendents with a view to the possibility of its adoption on the basis of the limitation of the study to ninety expectant mothers.

Most of us are convinced of the intrinsic value of the study but that it is not feasible to complete this study within a reasonable length of time. At the present rate, it would still take us at least several years before even this limited series could be completed. It is felt that the main obstacle to the completion of this study is the lack of personnel to carry out the project. It is therefore recommended that we be allowed to discontinue this survey unless you could provide a trained nurse with a vehicle in each of the three Zones, to do nothing but work on this survey.

It is felt that Doctor Greenberg now understands the situation in this Region and he will no doubt discuss this further with you.



O.J. Rath, M.D., M.P.H.,
A/Regional Superintendent,
Saskatchewan Region.

OJR/DS

045321

INDIAN HEALTH
SUB-REGISTRY

AUG 29 9 16 AM '56

FILE NO:

300

This copy for the Director, Laboratory of Hygiene,
ATTENTION: Dr. Greenberg.

Regional Superintendent,
Saskatchewan Region, I.N.H.S.

780-1-2 (M23)

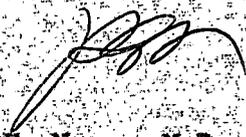
Director, Indian and Northern Health Services.

August 9, 1956.

Prenatal Immunization Survey

This is in reply to your letter of July 27, 1956. As you anticipated, Dr. Greenberg has been in touch with us concerning the situation in Saskatchewan and we have become reconciled to the fact that, with the best will in the world, you are not in a position to take on this study. Your suggestion that we might provide you with a trained nurse to do this work on a full-time basis is not feasible, so we must cast about for some other area in which to display our wares.

We are sorry that you could not follow through on the study but we are convinced that it was impracticable under the circumstances you have described.



P. E. Moore, M.D., D.P.H.,
Director,
Indian and Northern Health
Services.

:JS

✓ c.c. Dir., Lab. of Hyg.,
Att: Dr. Greenberg.

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

TRANSMITTAL SLIP

Date.....

To..... Dr. L. Greenberg,
Laboratory of Hygiene,
Dept. of N.H. & W.,
OTTAWA.

- | | |
|--|---|
| <input type="checkbox"/> Note and file | <input type="checkbox"/> Prepare reply for my signature |
| <input type="checkbox"/> Note and see me about this | <input type="checkbox"/> Take appropriate action |
| <input type="checkbox"/> Note and return | <input type="checkbox"/> Per your request |
| <input type="checkbox"/> Investigate and return | <input type="checkbox"/> For your approval |
| <input checked="" type="checkbox"/> For your information | <input type="checkbox"/> For your signature |

Comments Blood Specimens sent to you.....
July 24th, brought in from Churchill.....
.....
.....

From W. J. Wood, M.D., 000080
Regional Supt.,
I. & N. Health Ser.

READ TERMS AND CONDITIONS ON BACK.

MERCHANDISE RECEIPT. APPROVED BY THE BOARD OF TRANSPORT COMMISSIONERS FOR CANADA.

LIABILITY LIMITED TO \$50.00, OR 50 CENTS PER POUND (ACTUAL WEIGHT) FOR ANY SHIPMENT IN EXCESS OF 100 POUNDS, UNLESS HIGHER VALUE IS DECLARED BY SHIPPER AND INSERTED HEREIN, IN WHICH CASE AN EXTRA CHARGE IS MADE DEPENDING UPON VALUE DECLARED. NO EXTRA CHARGE IF VALUE DECLARED IS LESS THAN THE AMOUNT STATED ABOVE.

THE POST OFFICE ACT GIVES THE POSTMASTER GENERAL THE EXCLUSIVE RIGHT OF CONVEYANCE OF LETTERS WITHIN CANADA. THIS INCLUDES CIRCULARS, ETC., ENCLOSED IN ENVELOPES, SEALED, OR READY TO BE SEALED AT THE POINT OF DESTINATION.

HEAVY PENALTIES ARE IMPOSED FOR VIOLATION OF THE ACT.

THE COMPANY DOES NOT ACCEPT FOR TRANSPORTATION PACKAGES CONTAINING SUCH LETTERS OR CIRCULARS.



WHEN REMITTING, PURCHASE
CANADIAN NATIONAL EXPRESS
MONEY ORDERS AND FOREIGN CHEQUES
PAYABLE EVERYWHERE

PROMPT REFUND MADE IF LOST, STOLEN, OR DELAYED IN THE
MAILS. WHEN TRAVELLING, CARRY TRAVELLERS CHEQUES,
ISSUED BY CANADIAN NATIONAL EXPRESS.

CANADIAN NATIONAL RAILWAY COMPANY—EXPRESS DEPARTMENT

NOT NEGOTIABLE

OFFICE AT WINNIPEG, PROVINCE OF MAN. DATE July 20, 1958

RECEIVED OF Indian Health Services (HEREIN CALLED THE SHIPPER)

1 Ctn blood specimens
SAID TO CONTAIN

VALUED AT _____ DOLLARS

ADDRESSED Dr L Greenberg
Lab of Hygiene
Dept of Nat Health & Welfare

WHICH THE CANADIAN NATIONAL RAILWAY COMPANY—EXPRESS DEPARTMENT, HEREIN CALLED THE "COMPANY," AGREES TO CARRY AND DELIVER UPON THE TERMS AND CONDITIONS ON THE BACK HEREOF, TO WHICH THE SHIPPER HEREBY AGREES, AND, AS EVIDENCE OF SUCH AGREEMENT, ACCEPTS THIS SHIPPING RECEIPT.

FOR THE COMPANY, [Signature]

THIS AGREEMENT IS ISSUED SUBJECT TO THE CLASSIFICATION AUTHORIZED BY THE BOARD OF TRANSPORT COMMISSIONERS FOR CANADA, AND ALL THE CLAUSES OF SAID CLASSIFICATION, NOT INCONSISTENT WITH THIS AGREEMENT, ARE INCORPORATED HERewith.

TERMS AND CONDITIONS

1. THE WORD "COMPANY" SHALL INCLUDE ANY CONNECTING EXPRESS COMPANY SUBJECT TO THE RAILWAY ACT.

2. THIS AGREEMENT SHALL EXTEND TO AND BE BINDING UPON THE SHIPPER AND ALL PERSONS IN PRIVITY WITH HIM, CLAIMING OR ASSERTING ANY RIGHT TO THE OWNERSHIP OR POSSESSION OF THE SHIPMENT, AND SHALL INURE TO THE BENEFIT OF ANY PERSON OR COMPANY TO WHOM THE SHIPMENT MAY BE DELIVERED FOR THE PERFORMANCE OF ANY ACT OR DUTY IN RESPECT THEREOF, OR IN WHOSE CUSTODY OR CHARGE THE SAME MAY LAWFULLY BE, OR IN WHOSE VEHICLES OR VESSELS THE SAME IS BEING CARRIED UNDER THIS AGREEMENT, AND SHALL APPLY TO ANY RECONSIGNMENT OR RETURN THEREOF.

3. THE LIABILITY OF THE COMPANY UPON ANY SHIPMENT IS LIMITED TO THE VALUE DECLARED BY THE SHIPPER AND EMBODIED HEREIN, OR, IF LESS, TO THE ACTUAL VALUE OF THE SHIPMENT AT THE TIME OF THE RECEIPT THEREOF BY THE COMPANY, INCLUDING THE EXPRESS AND OTHER CHARGES, IF PAID, AND THE DUTY, IF PAYABLE OR PAID, AND NOT REFUNDED. IF THE SHIPPER DOES NOT DECLARE THE VALUE OF THE SHIPMENT, LIABILITY IS LIMITED FOR ANY SHIPMENT OF ONE HUNDRED POUNDS OR LESS TO FIFTY DOLLARS (\$50.00), AND FOR ANY SHIPMENT IN EXCESS OF ONE HUNDRED POUNDS TO AN AMOUNT NOT EXCEEDING FIFTY CENTS (50 CENTS) PER POUND (ACTUAL WEIGHT); OR, IF THE VALUE IS LESS, TO THE ACTUAL VALUE OF THE SHIPMENT, IF THE SHIPPER DESIRES THE COMPANY TO ASSUME LIABILITY IN EXCESS OF THAT STATED HEREIN, AN ADDITIONAL CHARGE WILL BE MADE AS PROVIDED BY THE CLASSIFICATION.

4. MONEY, SPECIE, COMPLETELY SIGNED AND EXECUTED BONDS, COUPONS, BANK NOTES AND NEGOTIABLE PAPER, OR INCOMPLETELY EXECUTED LEGAL TENDER AND BANK NOTES, JEWELLERY AND PRECIOUS STONES SHALL NOT BE PACKED, OR INCLUDED, WITH SHIPMENTS OF ORDINARY FREIGHT, AND IF SO PACKED THE COMPANY SHALL NOT BE LIABLE FOR LOSS OF, OR DAMAGE TO, SUCH GOODS.

5. THE COMPANY SHALL NOT BE LIABLE —

(A) FOR DIFFERENCES IN WEIGHT OR QUANTITY CAUSED BY SHRINKAGE, LEAKAGE, OR EVAPORATION, OR

(B) FOR LOSS OR DAMAGE OCCURRING AFTER FORTY-EIGHT HOURS (EXCLUSIVE OF LEGAL HOLIDAYS), AFTER NOTICE OF THE ARRIVAL OF THE SHIPMENT AT DESTINATION, OR AT POINT OF DELIVERY, HAS BEEN MAILED TO THE ADDRESS OF THE CONSIGNEE;

UNLESS, IN EITHER CASE, SUCH LOSS OR DAMAGE IS CAUSED BY THE NEGLIGENCE OF THE COMPANY;

(C) FOR ANY LOSS, DAMAGE OR DELAY CAUSED BY THE ACT OF GOD, THE QUEEN'S OR PUBLIC ENEMIES, THE AUTHORITY OF THE LAW, QUARANTINE, RIOTS, STRIKES, PERILS OF NAVIGATION, DEFECT OR INHERENT VICE, OR THE ACT OR DEFAULT OF THE SHIPPER OR OWNER;

(D) FOR ANY LOSS OR DAMAGE CAUSED BY DELAY OR BY INJURY TO, OR LOSS OR DESTRUCTION OF THE SHIPMENT, OR ANY PART THEREOF, FROM CONDITIONS BEYOND THE CONTROL OF THE COMPANY, UNLESS SUCH LOSS OR DAMAGE IS CAUSED BY THE NEGLIGENCE OF THE RAILWAY COMPANY UPON WHOSE TRAINS OR PROPERTY THE SHIPMENT WAS AT THE TIME SUCH LOSS OR DAMAGE OCCURRED;

(E) FOR ANY LOSS OR DAMAGE OCCURRING IN CUSTOMS WAREHOUSE;

(F) FOR ANY LOSS, DAMAGE OR DELAY RESULTING FROM IMPROPER OR INSUFFICIENT PACKING, SECURING OR ADDRESSING, OR FROM CHAFING WHEN PACKED IN BALES;

(G) FOR ANY LOSS OR DAMAGE, IF THE PROVISIONS OF CLAUSE 4 BE VIOLATED IN WHOLE OR IN PART;

(H) FOR ANY DAMAGE TO OR LOSS OF ANY FRAGILE ARTICLE, OR TO SHIPMENTS CONSISTING WHOLLY OR IN PART OF OR CONTAINED IN GLASS, UNLESS SO DESCRIBED UPON THE PACKAGE CONTAINING THE SAME, UNLESS SUCH DAMAGE OR LOSS IS DUE TO THE NEGLIGENCE OF THE COMPANY, ITS AGENTS OR EMPLOYEES;

(I) FOR LOSS OR DAMAGE FROM DELAYS BEYOND ITS CONTROL, OR CAUSED BY THE REFUSAL OF ANY RAILWAY, STEAMBOAT, STAGE, OR OTHER TRANSPORTATION LINE TO RE-LOAD FORWARD THE SAID PROPERTY OWING TO ANY UNUSUAL OR UNFORESEEN MOVEMENT OF OR INTERFERENCE WITH TRAFFIC;

(J) FOR LOSS OR DAMAGE IN ANY WAY ARISING OUT OF THE EXAMINATION BY OR PARTIAL DELIVERY TO THE CONSIGNEE OF C.O.D. SHIPMENTS;

(K) FOR ANY LOSS OR DAMAGE TO SHIPMENTS OF LIVE OBJECTS ARISING FROM THE CONDUCT OR ACTS OF SUCH OBJECTS TO THEMSELVES OR TO EACH OTHER, OR ARISING FROM THE CONDITION OF SUCH OBJECTS WHEN RECEIVED FOR SHIPMENT, OR FROM THEIR NATURE OR PROPENSITIES, OR FOR DELAY, INJURY TO OR LOSS OF SUCH OBJECT, UNLESS SUCH DELAY, INJURY OR LOSS IS CAUSED BY THE NEGLIGENCE OF THE COMPANY;

(L) FOR ANY DAMAGE, PARTIAL LOSS, OR SHORTAGE, UNLESS WRITTEN NOTICE THEREOF IS GIVEN AT ANY OFFICE OF THE COMPANY WITHIN THIRTY DAYS FROM DELIVERY;

(M) FOR ANY LOSS OR DAMAGE OCCURRING TO SHIPMENTS ADDRESSED TO STATIONS WHERE THERE IS NO AGENT OF THE COMPANY AFTER SUCH SHIPMENTS HAVE BEEN LEFT AT SUCH STATION;

(N) FOR NON-DELIVERY OR LOSS OR DESTRUCTION OF THE SHIPMENT IN CANADA, UNLESS WRITTEN NOTICE THEREOF IS GIVEN AT ANY OFFICE OF THE COMPANY WITHIN FOUR MONTHS FROM THE TIME DELIVERY SHOULD, IN THE ORDINARY COURSE OF TRANSIT, HAVE BEEN MADE.

6. DUTY AND CUSTOM HOUSE EXPENSES ARE GUARANTEED BY THE SHIPPER.

7. (A) AT POINTS WHERE THE COMPANY HAS DELIVERY SERVICES, TENDER OF THE SHIPMENT FOR DELIVERY TO THE CONSIGNEE WILL BE MADE AT THE ADDRESS GIVEN, IF WITHIN SUCH DELIVERY LIMITS.

(B) WHERE THERE IS NO DELIVERY SERVICE, THE COMPANY WILL FORTHWITH NOTIFY THE CONSIGNEE, AT THE ADDRESS GIVEN, OF THE ARRIVAL OF THE SHIPMENT.

(C) THE COMPANY'S LIABILITY TO DELIVER TO ADDRESSES OUTSIDE DELIVERY LIMITS SHALL BE GOVERNED BY THE CLASSIFICATION OR SPECIAL TARIFFS.

(D) IF NO EXPRESS COMPANY SUBJECT TO THE RAILWAY ACT HAS AN OFFICE AT THE PLACE TO WHICH THE SHIPMENT IS ADDRESSED, THEN, UNLESS OTHERWISE ROUTED, THE COMPANY ONLY AGREES TO CARRY THE SAME TO ITS OFFICE, OR THAT OF SOME OTHER EXPRESS COMPANY SUBJECT TO THE SAID ACT, MOST CONVENIENT FOR FURTHERANCE TO DESTINATION, AND UPON ARRIVAL THERE, THE COMPANY MAY SO NOTIFY THE CONSIGNEE, OR, UPON DIRECTION OF THE SHIPPER OR CONSIGNEE, WILL, OR UPON ITS OWN DISCRETION MAY, DELIVER THE SHIPMENT TO ANY CONNECTING CARRIER FOR FURTHERANCE TO DESTINATION.

(E) IF THE SHIPMENT IS DELIVERED TO AN EXPRESS COMPANY OR CARRIER NOT SUBJECT TO THE RAILWAY ACT, THE COMPANY SHALL ACT AS THE AGENT OF THE SHIPPER IN EFFECTING SUCH DELIVERY, AND CONTRACTING FOR FURTHER TRANSPORTATION, AND THE LIABILITY OF THE COMPANY SHALL THEREUPON CEASE.

8. IF ANY SUM OF MONEY, OTHER THAN THE CHARGES FOR TRANSPORTATION, IS TO BE COLLECTED FROM THE CONSIGNEE UPON THE DELIVERY OF THE SHIPMENT, AND THE SAME IS NOT PAID WITHIN THIRTY DAYS, THE COMPANY MAY RETURN THE SAME AND COLLECT THE CHARGES FOR TRANSPORTATION BOTH WAYS, AND THE LIABILITY OF THE COMPANY SHALL THEREUPON CEASE. WAREHOUSEMEN ONLY WHILE THE SHIPMENT REMAINS IN ITS POSSESSION FOR THE MAKING SUCH COLLECTION.

000082

July 30, 1956.

Dr. J. H. Wiebe,
Medical Superintendent,
Lady Willingdon Hospital,
Ohsweken, Ont.

Dear Dr. Wiebe,

Enclosed herewith is Immunization Card
No. OH-A-1 for your files.

Yours sincerely,


L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

LG:rb

000083

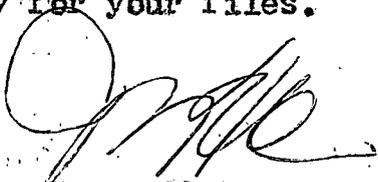
Dr. O. J. Rath, A/Regional Supt.,
Indian Health Services,
Regina, Sask.

Laboratory of Hygiene.

July 30, 1956.

PRENATAL IMMUNIZATION SURVEY.

Enclosed herewith are Prenatal Immunization
Card Nos. FC-13, FC-14 and M-17 for your files.



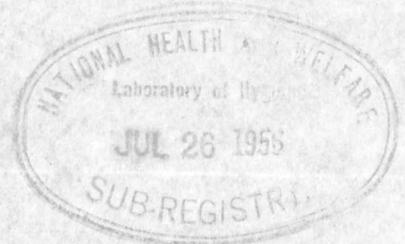
L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.



Encl.
FC:rb

Churchill, Man.,
22 July 56.

Dr. L. Greenberg,
Chief of Biologics Control Lab.,
Laboratory of Hygiene,
Ottawa, Ont.



Dear Doctor Greenberg:

re - Blood Studies, 1956 Eastern
Arctic Patrol.

We are forwarding to you several hundred specimens of blood taken at random from all Eskimos seen to date (except children and infants) on the Patrol this year.

We had hoped to decant the serum after clot retraction, but as you will note, most specimens do not show retraction even two weeks after taking.

We are interested this year especially in determining the extent, if any, to which Lues exists among Eskimos. Our feeling is that there is very little. We had hoped also to do Vitamin C studies of the bloods, but this will now be impossible. The blood has been kept refrigerated.

All tubes are coded with a number which is specific to the patient for the 1956 survey.

Hemoglobins have been done on as many as there is time for.

The bloods have been refrigerated but not frozen. Would you care to store these specimens for us until we can add to them those accumulated during the balance of our trip. You may have some special studies of your own in mind in this connection and I would wish you to feel free to proceed. Thank you for this and past favors.

Yours Sincerely,

A handwritten signature in cursive script, appearing to read "Wiebe".

J.H. Wiebe, M.D.,
Regional Supt., E. Region,
Indian & Northern Health Services.

Dr. O. J. Rath, A/Regional Supt.,
Indian Health Services,
Regina, Sask.

Laboratory of Hygiene, Ottawa, Ont.

July 16, 1956.

PRENATAL IMMUNIZATION STUDY.

The following Prenatal Immunization cards
are being returned for your files:

FC-7
FC-11
FC-17
FC-18

FQ2-6
FQ2-7

LR-7
LR-10



L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

Encl.
FC:rb

Dr. O. J. Rath, A/Regional Supt.,
Indian Health Services,
Regina, Sask.

Laboratory of Hygiene, Ottawa.

July 5, 1956.

PRENATAL IMMUNIZATION STUDY.

Enclosed herewith are Prenatal Immunization
Cards Nos.:

Mist-6	FC-16	LR-8
Mist-11		LR-9
Mist-20		LR-11




L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

Encl.
FC:rb

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

TRANSMITTAL SLIP

Date 16.7.56

780-1-2 (M23)

To Chief, Laboratory of Hygiene.

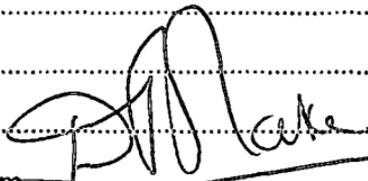
.....ATTENTION... Doctor Greenberg.....



- | | |
|--|---|
| <input type="checkbox"/> Note and file | <input type="checkbox"/> Prepare reply for my signature |
| <input type="checkbox"/> Note and see me about this | <input type="checkbox"/> Take appropriate action |
| <input type="checkbox"/> Note and return | <input type="checkbox"/> Per your request |
| <input type="checkbox"/> Investigate and return | <input type="checkbox"/> For your approval |
| <input checked="" type="checkbox"/> For your information | <input type="checkbox"/> For your signature |

Comments.....

*Noted
Ry*



From _____
for Director, I. & N. H00088

2

→ Chief, Lab. Hygiene
Attention Dr. Greenberg.

The Director,
Indian & Northern Health Services,
OTTAWA.

780-1-2(M23)
2:23

Regional Office - Winnipeg.

July 11/56.

IMMUNOLOGICAL STATUS - INDIANS.

Reference your letter of 20th June, 1956.

D.P.T. - used in all areas in the past five years. Prior to that we used D.P. antigen. We cannot say accurately what proportion of the population has been immunized, but it must be between 65 to 95%. Prior to 1950 we gave lcc of D.P. in all northern reserves once a year at treaty time ages 6 months to 20, and in some cases to 30 or 40 years. After several years we discontinued treaty immunizations and field nurses started on the regular course of D.P.T.

Blood had been tested at intervals at the Laboratory of Hygiene in Toronto and showed a high degree of immunity after even one yearly dose and still higher after two. We still think that this is a good way to do them if transportation is difficult.

T.A.B. - not used except in emergency or outbreaks of typhoid. These have been limited to three reserves - Sandy Bay, Long Plains and Swan Lake in the Portage Agency. We were never able to do more than half the population on these reserves as the Indians usually refused a second shot and many would not have even one.

The only outbreak in the Arctic occurred this year at Coral Harbour. All the natives and whites were immunized, during and after the small epidemic (3 cases).

We do not consider it advisable to carry out routine T.A.B. immunizations as it tends to establish opposition to others due to the severity of the reaction.

Dr. Murie suggests T.A.B.T.D. the last factor being Diphtheria. I have never used this and doubt it's usefulness.

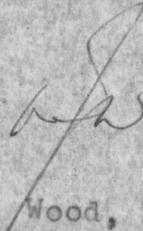
- forward -

The Director.

- 2 -

11/7/56.

Smallpox Vaccine - We try to repeat vaccination every 5 years. The percentage immunized would be probably over 95%.



W. J. Wood, M.D.,
Regional Superintendent,
Indian & Northern Health Services.

WJW/km

WITE 404

NO 15 5 50 1956

200-8601214
INDIAN HEALTH

0 3 0 0 4 1

000090

039941

INDIAN HEALTH
SUB-REGISTRY

JUL 12 2 20 PM '56

FILE NO.

Dr. W. S. Barclay,
Regional Superintendent,
Indian Health Services,
Vancouver, B. C.
Laboratory of Hygiene, Ottawa.

June 20, 1956.

IMMUNIZATION SURVEY.

Enclosed herewith is immunization card
No. 1 for your files.



fo.
L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

FC:rb

N.B. Multiple dose study

Dr. O. J. Rath,
A/Regional Superintendent,
Indian Health Services, Regina.

Laboratory of Hygiene, Ottawa.

June 20, 1956.

PRENATAL IMMUNIZATION SURVEY.

Enclosed herewith are Prenatal Immunization
Cards #FC-12 and #OL-10 for your files.



L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

FC:rb

June 21, 1956.

Dr. J. J. Murie,
Medical Superintendent,
Norway House Indian Hospital,
Norway House, Manitoba.

Dear Dr. Murie,

This is in reply to your letter of June 9th concerning the inoculation of adult Treaty Indians with T.A.B.T.D. This prophylactic is specially prepared for adult use. Experience has shown that the diphtheria toxoid is the antigen responsible for most of the sensitivity reactions in the adult white population, and because of this the diphtheria content in this preparation is reduced, and further it is bound to alum phosphate. Binding it to alum slows down its absorption rate and practically eliminates the probability of anaphylactic shock.

The parenteral administration of any drug to a human, of course, involves a calculated risk. The risk in this case is small but it goes without saying that you should be prepared for any eventuality, including a severe anaphylactic reaction, i.e., have adrenalin at hand.

I think you should feel free to use the T.A.B.T.D. without the Schick test, particularly since the latter test is highly impractical in your case--the results not being available for five to seven days after injection.

Yours sincerely,

L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

LG:rb

000094

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

TO: Chief,
Laboratory of Hygiene.
Attention: Dr. Greenberg

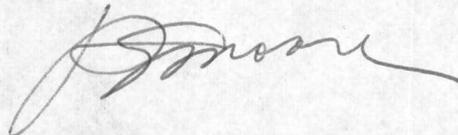
FROM: Director, Indian & Northern Health Services.

YOUR FILE:
DATED:
OUR FILE: 780-1-2 (M23)
DATE: June 18, 1956.

SUBJECT:

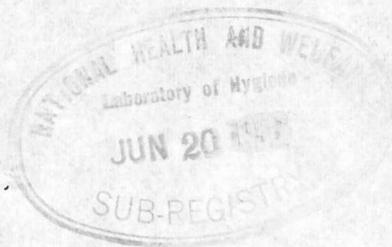
Prenatal Immunization Program

We are enclosing a letter just received from Doctor Rath to which is attached ~~is~~ a letter to him from Doctor Porth at Fort Qu'Appelle. It lends further strength to the argument that this programme should be reorganized along the lines you discussed with Doctor Blake recently. It is probably fair to assume that the letters from the other two Zone Superintendents in Saskatchewan will echo the views expressed by Doctor Porth.



P.E. Moore, M.D., D.P.H.,
Director,
Indian and Northern Health
Services.

encl.2



000095

(4)

DEPARTMENT OF NATIONAL HEALTH AND WELFARE
INTRADEPARTMENTAL CORRESPONDENCE

TO: The Director,
Indian & Northern Health Services,
Booth Bldg., Ottawa.

YOUR FILE:
DATED:
OUR FILE: 780-1-2

FROM: Regional Supt., Regina, Sask.

DATE: June 5/56

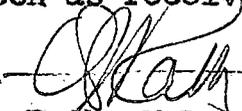
SUBJECT:

Prenatal Immunization Program

We have asked for comments on the above-noted program from the three Zone Superintendents of this Region.

Doctor Porth's comments are forwarded for your information.

The comments from the other two Zone Superintendents will be forwarded as soon as received.


O.J. Rath, M.D., M.P.H.,
A/Regional Superintendent,
Sask. Region, I.N.H.S.

OJR/DS

Encl.

000096

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

TO: Regional Superintendent,
Indian & Northern Health Services,
Regina, Sask.

783-1-3/18
OUR FILE NO.
REF. YOUR FILE NO. 780-1-2
DATED

FROM: Zone Superintendent, Ft. Qu'Appelle, Sask.

DATE: May 26th, 1956.

SUBJECT:

Prenatal Immunization Program

We are unable to actually evaluate this program as we have not received any word from Dr. Greenberg, as to results obtained so far. It would also seem that the number of specimens obtained from this region has not been too large, 18 from Fort Qu'Appelle, 4 from Kamsack, 16 from Broadview, for a total of 38.

Since this survey was begun we have had unusually terrific roads. Many of the pregnant females have been confined at home by midwives. In most areas nurses have not been able to get out except by team. Thus follow ups have been almost totally impossible.

The taking of specimens of bloods from infants has been done entirely by our laboratory staff in this region. The infants have to be brought to this Institution for this purpose as field conditions do not invite this procedure under local conditions.

As we cannot actually evaluate this survey not knowing what results have been obtained so far, our recommendations of necessity are inconclusive.

We can continue and hope for better follow up with better road conditions this coming summer and fall. I might add that with the many programs being carried out, which are necessary e.g. B.C.G., Immunizations, Tbc and V.D. follow-ups, our hoped for Polio vaccination program, that this program commits the field nurses to a great deal of time which they can ill afford.



T. Partridge
Zone Superintendent,
Qu'Appelle Indian Hospital.

000097

Dr. O. J. Rath, A/Regional Supt.,
Indian Health Services,
Regina, Sask.

Laboratory of Hygiene, Ottawa.

June 15, 1956.

PRENATAL IMMUNIZATION SURVEY.

Enclosed herewith are Prenatal Immunization cards Nos. -

OL-3

OL-4

Mist-10



L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

FC:rb

000098

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

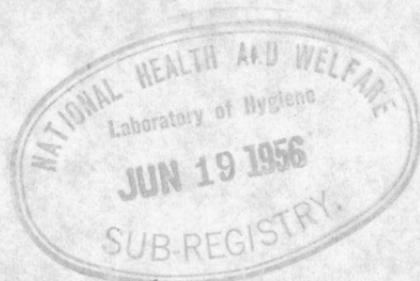
Memorandum:

To D. W. WIERBE

~~WADA~~

Would you please re-
direct this letter to Dr Greenberg.
Thank you

DR. J. J. MURIE





DEPARTMENT OF
NATIONAL HEALTH AND WELFARE

YOUR FILE No.

IN YOUR REPLY REFER TO FILE No.

Norway House Indian Hospital,
Norway House, Manitoba.
June 9, 1956.

Dr. Greenberg,
National Research Council,
Ottawa, Ontario.

Dear Sir:

RE: T.A.B.T.D. Inoculations
Page 72-Biological Products 1952 2nd Edition.

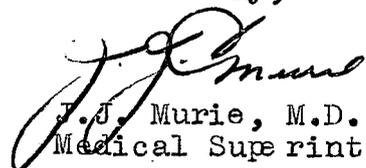
We are contemplating using T.A.B.T.D. to
immunize approximately 1,200 adult Treaty Indians.

Our problems are- (1) These people are spread
over a wide area where transportation is by boat or
plane and dependent on weather conditions.

(2) It would be impractical to have central clinics
because of lack of co-operations from the native people.

Therefore we feel that giving doses of T.A.B.T.D.
would have to be the extent of our efforts. Is it
possible to safely by-pass the Schick test. We are not
concerned with state of immunity but possible reactions
to diphtheria protein.

Yours truly,


J.J. Murie, M.D.,
Medical Superintendent.

JJM/hm

000100

Dr. P. E. Moore, Director,
Indian & Northern Health Services.

780-1-2 (H23)

Laboratory of Hygiene.

June 4, 1956.

Immunology Surveys in B.C.

In reference to your memorandum of May 29th:

- 1) Immunological Status Survey--We have stopped collecting samples for our Immunological Status Survey. We feel that we have collected enough for this purpose and are now in the process of titrating the sera and assessing our results. The B.C. group have already sent in all the blood samples they were supposed to.
- 2) Multiple Antigen Survey--This matter was taken up with me by Dr. Barclay some time ago and our reply was sent to him on May 7, 1956, a copy of which was sent to Dr. Blake. The study was started in B.C. at Dr. Barclay's suggestion. However, after reviewing the situation, all of us (Dr. Barclay, Dr. Blake and myself) agreed that the project in question was somewhat overly ambitious for this particular area; hence, I suggested to Dr. Barclay that this project be held in abeyance. Since that time, we have received two infants' blood samples and I am not certain whether they plan to proceed in special areas or not. However, I do not see any point in attempting a large study of this type in this area, and unless we can get a more suitable area to work from, I am afraid this is one project we will have to drop.

L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

P.S.

The attached copy was inadvertently enclosed with the original memo. to me.

000101

Dr. O. J. Rath,
A/Regional Superintendent,
Indian Health Services, Regina.

Laboratory of Hygiene, Ottawa.

May 31, 1956.

PRENATAL IMMUNIZATION SURVEY.

Enclosed herewith, for your files, are the
following Prenatal Immunization Cards:

FC-8
FC-15
FC-16

M-21
M-22

LR-1
LR-4
LR-10

OL-1

FQ1-17




L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

Encls.
FC:rb

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

To: Chief, Laboratory of Hygiene.
Att'n: Dr. L. Greenberg

YOUR FILE:

DATED: 780-1-2 (H23)

OUR FILE:

FROM: Director, Indian & Northern Health Services.

DATE: May 29, 1956.

SUBJECT:

Immunology Surveys in B.C.

The following excerpt from the minutes of the Conference of Regional Officers held in Vancouver on April 7 may be of interest to you:-

"On the Immunological Status Survey Dr. Campbell reports that they had accomplished approximately fifty cases - reports had been received, and there is no further action in his Zone.

Dr. Galbraith reported that they had received reports back - they couldn't understand them too readily. Dr. Galbraith reported that he understood he was to attempt one project which was to do the Kamloops School - he has done so and he has no further programme in effect. Therefore, it is agreed that the Immunological Status Survey is completed in this Region.

Multiple Antigen Survey - Dr. Campbell reports no activity in his Zone. Dr. Galbraith reports no activity in his Zone. Dr. Howell reports that they had allocated the project to one physician, but no subjects had thus far been found. Dr. Barclay wondered if Dr. Howell wanted us to steer Dr. Yue towards some opportunity to observe techniques while he is in Vancouver this coming week, and it was agreed that we should attempt this.

It is suggested that this is a far too ambitious programme, and that Indian Health Services lack the significant and proper resources to attempt to embark on it. Beyond this, it is a means whereby our public relations with Indians and others could very easily be damaged."

...2

- 2 -

We would be very interested to hear any comments
you might care to make on this.



P.E. Moore, M.D., D.P.H.,
Director,
Indian & Northern Health
Services.

cc. Reg'l. Supt.,
Pacific Region, I.N.H.S.



MADE

CHE

ADA

X

A/Regional Superintendent,
Indian & Northern Health Services,
Saskatchewan.

780-1-2 (123)

Director, Indian & Northern Health Services.

May 25, 1956.

Prenatal Immunization Study

389-14-9

This is in reply to your letter of May 14. We have checked with the Laboratory of Hygiene and are assured that the Toxoid batches you have will be satisfactory for routine use for the remainder of this year at least.

DB/rb

P.E. Moore, M.D., D.P.H.,
Director,
Indian and Northern Health
Services.

LG

Dr. O. J. Rath, A/Regional Superintendent,
Indian Health Services,
Regina, Sask.

Laboratory of Hygiene, Ottawa, Ont.

May 23, 1956.

PRENATAL IMMUNIZATION SURVEY.

The following Prenatal Immunization Cards are being
returned for your files:

OL-1

M-14

LR-2

FC-9

OL-7

M-15

LR-7

OL-11

M-18

OL-12

M-19

OL-13

M-20



for
L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

Encls.
FC:rb

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

TO: Dr. L. Greenberg,
Chief, Biologics Control Laboratories,
Laboratory of Hygiene,
45 Spencer St, Ottawa

FROM: Regional Superintendent, Eastern Region

YOUR FILE:
DATED:
OUR FILE: 300/5/10/56(E41)
DATE: 22 May '56

SUBJECT:

Diphtheria Toxoid, Pertussis Vaccine & Tetanus toxoid (combined)
with alum.

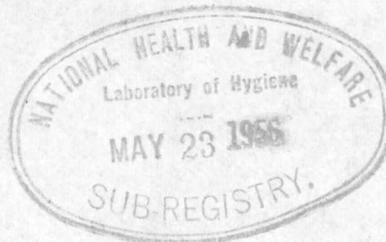
As mentioned in our telephone conversation the other day we shall be requiring in the neighbourhood of 2,000 doses of the above biologic for the Eastern Arctic Patrol. If my memory serves me correctly you indicated that you had an ample supply of this vaccine. If this is so, would you please indicate this by writing "confirmed" across the copy of this attached and returning it to us. Thank you.

I have ordered the B.C.G. and requested that it be shipped directly to you. Fifty of these will be for use by you.

J. H. W.
Regional Superintendent,

JHW/CF

confirmed
LL



Dr. O. J. Rath,
A/Regional Superintendent,
Indian Health Services,
Regina, Sask.

Laboratory of Hygiene, Ottawa, Ont.

May 10, 1956.

PRENATAL IMMUNIZATION SURVEY.

Enclosed herewith are Prenatal
Immunization Card Nos. M-17, OL-9 and OL-10 for
your files.

for
L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

Encls.
FC:rb

May 7, 1956.

Dr. J. B. Newton,
Medical Officer - Edmonton Agency,
Charles Camshell Indian Hospital,
Edmonton, Alberta.

Dear Dr. Newton,

This is in reply to your letter of April 21. I was away when it arrived and have not been able to reply until now.

At the moment, we are away over our heads and have a lot more sera at hand than we can test comfortably. As a result, we are reassessing our work program before taking on any new projects. The problem you have in mind seems very interesting but I am afraid it cannot be answered simply by taking one blood sample from each child. To get a complete answer, we would have to take a preliminary blood sample, give a booster dose and take further blood samples one week and possibly three months and a year after the booster has been given. The results from a preliminary blood sample alone would be somewhat limited in value. As you can see, this would make considerably more work than you had planned for. I will write you again once our program has been cleared here. In the meantime, I will be in touch with Dr. Blake, who will keep you informed as to our progress.

Yours sincerely,

L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

LG:rb
c.c. to Dr. Blake

000109

Your File No. O-7-7

May 7, 1956.

Dr. W. S. Barclay,
Regional Superintendent,
Pacific Region,
Indian Health Services,
4824 Fraser St.,
Vancouver 10, B. C.

Dear Dr. Barclay,

This is a belated reply to your letter of April 12. I was away when it arrived and this is the first opportunity I have had to reply.

I have discussed your problem with Dr. Blake and I am afraid we are in complete sympathy with you and your men in the field. We do feel that this particular study could be carried out much more efficiently and with more certain possibilities of success from a larger centre or from a central hospital.

At the present time, we are taking a fresh look at our immunization studies and we hope soon to come up with a new program for study. In the meantime, would you mind holding on to the vaccines until you hear either from myself or Dr. Blake.

Kindest regards,

Yours sincerely,

L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

IG:rb

c.c. to Dr. Blake

000110

Dr. O. J. Rath,
A/Regional Superintendent,
Indian Health Services,
Regina, Sask.

Laboratory of Hygiene.

May 3, 1956.

PRENATAL IMMUNIZATION STUDY.

Enclosed herewith are card Nos. FC-13 and FC-14
for your files.



L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

Encl.
FC:rb

Dr. O. J. Rath, A/Regional Supt.,
Indian Health Services,
Regina, Sask.

Laboratory of Hygiene, Ottawa.

April 25, 1956.

PRENATAL IMMUNIZATION SURVEY

Enclosed herewith are the following
Prenatal Immunization Cards for your files:

FC-10	M-9
LR-6	M-16
LR-8	M-17


L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

FC:rb

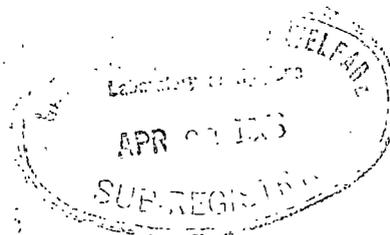


DEPARTMENT OF
NATIONAL HEALTH AND WELFARE

IN YOUR REPLY REFER TO
OUR FILE No.

Charles Camsell Indian Hospital,
Edmonton, Alberta.
April 21, 1956.

Dr. Louis Greenberg,
Laboratory of Hygiene,
45 Spencer Street,
Ottawa, Ontario.



Dear Doctor Greenberg:

We are aware that you are presently completing a survey on antibody levels in blood samples obtained at this hospital and points north. It would appear from our copies of the findings that most samples were from adults, many with incomplete histories.

We would like to undertake a survey of diphtheria, tetanus and pertusis antibody level in grade one children in the Edmonton Agency. All of them have had numerous immunizations but only 25% have had the regular course of three doses at monthly intervals and the problem is to decide whether or not the remaining 75% require a complete course at this point. We have reliable histories on all the children. The survey would include about one hundred persons.

If this could be arranged, would you oblige us with information on the collection of samples and on the significance of values and perhaps some references.

Yours very truly,

J. B. Newton, M.B. Ch. B.
Medical Officer - Edmonton Agency.
FOR: Medical Superintendent.



CANADA

DEPARTMENT OF
NATIONAL HEALTH AND WELFARE

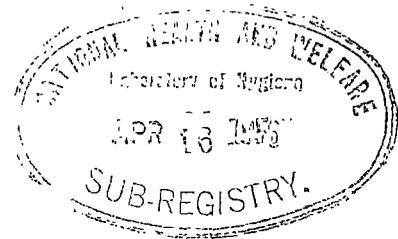
IN YOUR REPLY REFER
TO FILE No. 0-7-7

YOUR FILE No.

4824 Fraser St.,
Vancouver 10, B.C.
12 April, 1956.

Director,
Laboratory of Hygiene,
OTTAWA, Ontario.

Attention: Dr. L. Greenberg



Dear Doctor Greenberg:

Multiple Antigen Survey

I believe I indicated to you last summer that our Zone Officers were anything but enthusiastic over the mechanics of handling this Survey. The chief difficulty seemed to be securing consents of mothers to have their young infants submitted to this rather difficult technical procedure - securing the necessary blood specimens - also the difficulty in getting personnel (mostly part-time medical officers, assisted as much as possible by our own field nurses) who were not accustomed to securing infant blood specimens, to actually do this work when there was no significant or serious clinical indication.

Within the past few days we have had a meeting of our Zone Superintendents here, and I asked them for their up-to-date report on how much had been accomplished. As I suspected, there has probably not been a single specimen obtained to send to you. Comments volunteered were along the lines I have indicated above. I still have all but one package each of Lot 24 and Lot 28 in our Regional Office refrigerator - each Zone Hospital was supplied with one set some few months ago in order to get the procedure under way. Expiry dates, of course, are July, 1956, and if memory serves me rightly I believe you indicated the stock would be good for at least a year beyond that time.

I regret to have to report this present apparent impasse. I suggested to the doctors that they still try to get some specimens going, but I am afraid that we are faced with a situation which would mean the proposed project is not feasible here. The Zone Superintendents' impression was that this was more a project which could and should be carried out in some large institution where personal contact with the mothers involved would not be a deterrent, and where the hospital staff was used to securing the necessary specimens.

Any comments you feel like making would be appreciated.

Yours very truly,

W.S. Barclay, M.D.,
Regional Sup't.,
Pacific Region,
Indian Health Services.

WSB/o
cc: Director

Dr. O. J. Rath,
Indian Health Services,
Regina, Sask.

Laboratory of Hygiene, Ottawa, Ont.

12th April 1956

PRENATAL IMMUNIZATION STUDY.

Enclosed herewith are Prenatal Immunization
Card Nos. -

FC-6	FQ-4-6	LR-7	M-15	OL-6
	FQ-4-7			
	FQ-4-8			
	FQ-4-9			
	FQ-4-10			
	FQ-4-11			
	FQ-4-12			
	FQ-4-14			
	FQ-4-15			
	FQ-4-16			



L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

Dr. O. J. Rath, A/Regional Supt.,
Indian Health Services,
Regina, Sask.

Laboratory of Hygiene, Ottawa, Ont.

April 3, 1956.

PRENATAL IMMUNIZATION STUDY.

Enclosed herewith are Prenatal Immunization
Card Nos. -

FC-7 FQ-1-18 OL-8 M-11
 M-13
 M-14

J.A.C.
for
L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

Encls.
LG:rb

Mar 21/56

Mr. O. J. Raetz.

A) Regional Superintendent
Indian Health Services Regina.

Enclosed herewith are cards
numbered

OL 6	FC 9	PA 6
OL 7	FC 10	PA 14
	FC 11	
	FC 12	

for your file.

JGR

J. Greenberg
Chief.

Biological Control Lab.

for

for for

March 21, 1956.

Miss Marion E. Cross,
Sanatorium Board of Manitoba,
Clearwater Sanatorium P.O.,
Manitoba.

Dear Miss Cross,

Enclosed herewith are completed cards Nos.
CSE1-CSE50, inclusive, and CS1-CS46, inclusive, for
your files.

Yours sincerely,



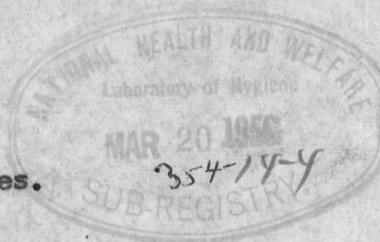

L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

Encls.
FC:rb

000118

A/Regional Superintendent,
Indian Health Services,
Saskatchewan.

Director, Indian Health Services.



850-1-2 (M23)

March 16, 1956.

Prenatal Immunization Program - Saskatchewan

We passed your memorandum of March 1 to the Laboratory of Hygiene for their comments and are now attaching a copy of a letter received from Doctor Greenberg. You will note that he would consider it most unfortunate if the study had to be abandoned at this stage.

We must admit that we had high hopes for this project. We believe that of all the immunological studies we have had, or now have, in progress this was the one most likely to yield results of a practical nature. As you know, we have been concerned for a long time with the very high infant death rate amongst Indians and any piece of research that may result in the lowering of this rate, even slightly, would be of value. The ultimate solution will, of course, lie in improved living conditions and better sanitary standards amongst Indians, but in the interim we believe that anything that may strengthen their natural defences against infection is worth doing. We agree with Doctor Greenberg that the results of the study in Montreal or in some other large urban centre might not be particularly applicable to rural groups. We cannot assume that the predominating types of invading organisms would be the same in both groups.

All the foregoing does not mean that we think the points you have raised are not well taken. We realize quite well that the difficulties you have pointed out are very real ones. However, we would like to examine the matter again and discuss it in some detail with your various Zone Superintendents. We shall be looking forward to hearing from you again and we hope that you may find it possible to salvage at least part of the study.


P.E. Moore, M.D., D.P.H.,
Director, Indian Health Services.


/rb

000119

March 14, 1956.

Mr. Alex. Campbell,
Bacteriologist,
Charles Camshell Indian Hospital,
Edmonton, Alberta.

Dear Alex,

Enclosed are completed cards Nos. CC-258 -
CC-280, inclusive, for your files. This completes
the survey from your hospital.

Yours sincerely,



for
L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

Encls.
FC:rb

Dr. O. J. Rath, A/Regional Supt.,
Indian Health Services,
Regina, Sask.

Laboratory of Hygiene.

March 13, 1956.

PRENATAL IMMUNIZATION STUDY.

Enclosed herewith are prenatal immunization
card Nos.:-

LR-2
LR-5
LR-6

FQ1-17



for L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

Encls.
FC:rb

Dr. P. E. Moore, Director,
Indian Health Services.
ATTENTION: Dr. J. D. Blake.

Laboratory of Hygiene.

March 12, 1956.

Prenatal Immunization Program (Field Study) - Interim Report.

I have read Dr. Rath's memorandum of March 1. The hazards outlined in his memo. are, unfortunately, only too true and, with the exception of a few of them, are what we have encountered in every immunization program we have carried out in the past 12 years.

I would like to assure Dr. Rath that the points he has raised were all considered very carefully before this study was started. Almost two years of planning went into the study before starting and this involved several meetings in Saskatchewan and here with the officers concerned and included two field tours through Saskatchewan. Each of the points he has mentioned were considered and while it was realized that the loss of experimental subjects would probably be high and that opposition would be received from time to time from both the subject in the field and the experimenters, the study was possible and would be worth all the trouble and expense that was being put into it.

The suggestion that this study might be done in larger urban centres is of no value in this instance. We already have studies of this type proceeding in Montreal but I am afraid the results of the latter would be of no value to the Saskatchewan Indians. The Saskatchewan study is peculiar to the Saskatchewan Indians and while the results may be applied to Canadian Indians in other territories, it will have to be done in a place like Saskatchewan and it was only after considering all Canadian districts that this particular area was selected.

I feel it would be most unfortunate if the study had to be abandoned at this stage, particularly

- 2 -

since the preliminary results of the Montreal trials indicate fairly clearly that prenatal immunization, at least against whooping cough, has merit.

L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

LG:rb

000123

Dr. P. E. Moore,
Director,
Indian Health Services.

ATTENTION: Dr. J.D.Blake

354-14-4.

780-1-2(M23)

Laboratory of Hygiene.

March 7, 1956.

Immunization Schedule.

The schedule attached to your memorandum of February 27 has been reviewed and, I think, is satisfactory. It is understood, of course, that the P.T.A.P. referred to is the triple antigen--diphtheria and tetanus toxoids combined with pertussis vaccine.

I think we should wait some time for this schedule to become firmly established before making any changes or additions. Eventually, we might consider the adoption of a booster dose against diphtheria and tetanus at the age of ten.

L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

LG:rb



Dr. O. J. Rath,
A/Regional Superintendent,
Indian Health Services, Regina.
Laboratory of Hygiene, Ottawa.

March 7, 1956.

PRENATAL IMMUNIZATION STUDY.

Enclosed herewith is card No. OL-2
for your files.



L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

Encl.
FC:rb

March 6, 1956.

Mr. Alex. Campbell,
Bacteriologist,
Charles Camsell Indian Hospital,
Edmonton, Alberta.

Dear Alex,

Enclosed are completed cards, Nos. CC-138
to CC-257, inclusive, for your files.

Kindest regards,

Yours sincerely,


L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

Encls.
LG:rb



Dr. O. J. Rath,
A/Regional Superintendent,
Indian Health Services, Regina.

Laboratory of Hygiene.

March 5, 1956.

PRENATAL IMMUNIZATION STUDY.

Enclosed herewith are cards Nos.

FQ1-15
FQ1-16
PA-13
Mist-10

for your files.

L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

FC:rb

Rob - 1/1/91

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

TO: The Director,
Indian Health Services,
Booth Bldg., Ottawa.

OUR FILE NO. 780-1-2

REF. YOUR FILE NO.
DATED

FROM: Regional Supt., Regina, Sask.

DATE: March 1/56

SUBJECT:

Prenatal Immunization Program (Field Study)
- Interim Report -

Reference 780-1-2 (M23) dated February 27.

In all fairness to the originator of this study, it is felt that he be informed as to its lack of progress in this Region and the reasons for same. I am convinced of the value of this study and what it purports to accomplish, but I am equally and regrettably convinced of its unfeasibility in this Region. The following are some of the reasons:

- (1) Scattered rural population.
- (2) Reserves and homes of individuals are inaccessible over 50 per cent of the time. This winter conditions were even worse than usual.
- (3) Vehicles are not always available to transport mothers and babies to hospital or doctor's office for bleeding.
- (4) The field nurse cannot be expected to bleed infants when many physicians are not capable of doing so and many refuse to do so.
- (5) As the study progresses, more and more extra trips will have to be made by the field nurse whose program is such that she will not be able to cope with this program.
- (6) Some parents refuse to co-operate.

Not discussed with [unclear]

I would therefore recommend that this study be dropped in this Region. In view of the fact that this study statistically depends on large numbers of participants,

- 2 -

may I suggest that it be carried out at prenatal clinics and child health conferences in the out-patient departments of the larger urban centres in Canada.



O.J. Rath, M.D., M.P.H.,
A/Regional Superintendent,
Indian Health Services,
Saskatchewan Region.

OJR/DS

001174 001173

INDIAN HEALTH
SUB-REGISTRY

INDIAN HEALTH
SUB-REGISTRY

MAR 5 10 47 AM '56 MAR 5 10 47 AM '56
FILE NO: FILE NO:

DEPARTMENT OF NATIONAL HEALTH AND WELFARE
INTRADEPARTMENTAL CORRESPONDENCE

TO: Chief,
Laboratory of Hygiene.
Attention: Doctor Greenberg

FROM: Director, Indian Health Services.

YOUR FILE:

DATED:

OUR FILE:

780-1-2 (M23)

DATE:

February 27, 1956

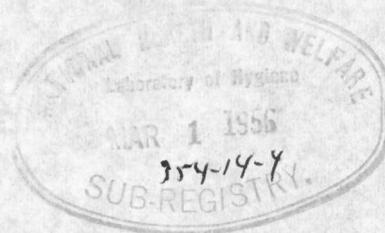
SUBJECT:

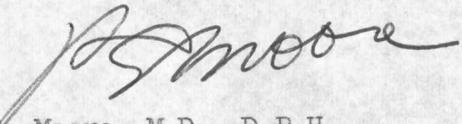
Immunization Schedule

We are attaching a copy of a revised immunization schedule as prepared by Doctor Rath for use in Saskatchewan Region.

Would you be good enough to look it over and let us have your comments for transmission to Doctor Rath?

encl.




P.E. Moore, M.D., D.P.H.,
Director,
Indian Health Services.

000131

DEPARTMENT OF NATIONAL HEALTH AND WELFARE *Dr Greenberg*

INTRADEPARTMENTAL CORRESPONDENCE

TO: The Director,
Indian Health Services,
Booth Bldg., Ottawa.

YOUR FILE: 780-1-2

DATED:

OUR FILE: 783-0

FROM: Regional Supt., Regina, Sask.

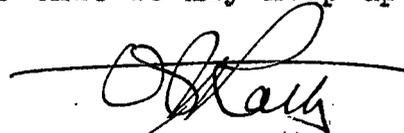
DATE: Feb. 22/56

SUBJECT:

Immunization Schedule

Enclosed are copies (4) of an immunization schedule in use in this Region. It has been revised according to Doctor Greenberg's suggestions.

We would be anxious to hear of any advances in the field of immunology so that we may keep up to date in this regard.



O.J. Rath, M.D., M.P.H.,
A/Regional Superintendent,
Indian Health Services,
Sask. Region.

OJR/DS

000132

IMMUNIZATION SCHEDULE

<u>AGE</u>	<u>VACCINE</u>	<u>DOSAGE AND TOXOID - IF BORN</u>	
		<u>PRIOR TO JULY/55</u>	<u>AFTER JULY/55</u>
<u>PRIMARY SERIES</u>			
5 - 7 days	B.C.G.		
3 months		$\frac{1}{2}$ c.c. D.P.T.	$\frac{1}{2}$ c.c. P.T.A.P.
4 months		1 c.c. D.P.T.	$\frac{1}{2}$ c.c. P.T.A.P.
5 months		1 c.c. D.P.T.	$\frac{1}{2}$ c.c. P.T.A.P.
6 months	Smallpox		
<u>BOOSTER INJECTIONS AND REVACCINATIONS</u>			
14 - 18 months		1 c.c. D.P.T.	$\frac{1}{2}$ c.c. P.T.A.P.
5 years	Smallpox	1 c.c. D.P.T.	
10 years	Smallpox	$\frac{1}{2}$ c.c. D.T.	
15 years	Smallpox	$\frac{1}{4}$ c.c. D.T.	

If a longer interval than 4 months occurs between the 1st and 2nd dose, the next immunization should be considered as the 1st dose of the series.

If a longer interval than 6 months occurs between the 2nd and 3rd dose, two more doses can be considered as a completed primary series.

Refer to: B.C.G. policy

Prenatal and Infant Immunization Policy



A/Regional Superintendent,
Indian Health Services,
Saskatchewan.

780-1-2 (M23)

Director, Indian Health Services.

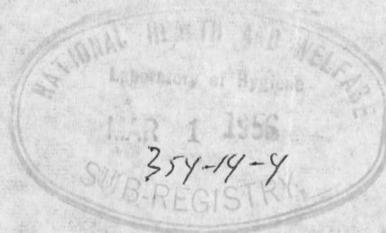
February 27, 1956.

Prenatal Immunization Survey - Saskatchewan

Quite a few pre-delivery maternal bloods have been received for examination by the Laboratory of Hygiene. However, there appears to be a dearth of cord, post partum and infant samples.

You have already pointed out, and we fully appreciate, the difficulties you are encountering in having these cases followed through to the desired end. However, much of the point of the survey will be lost if this cannot be done. Do you think it would be possible to get a sizable proportion of these later samples from certain areas? We will be very glad if you look into the matter again and let us know what degree of success we can hope to achieve.


P.E. Moore, M.D., D.P.H.,
Director,
Indian Health Services.



s.19(1)

February 27, 1956.

Dr. O. J. Rath,
A/Regional Superintendent,
Indian Health Services,
735 New Federal Bldg.,
Victoria Avenue and Rose Street,
Regina, Sask.

Dear Dr. Rath,

In connection with our prenatal study and the FQ-4 series, we have just received a blood sample with a short note attached with the number FQ-4-12. The patient is [REDACTED] She is listed as having been given 1/9 of a cc. of Lot #21-1. This is, no doubt, an error since we have only three lots in Saskatchewan, namely, Lots 26, 27 and 28. Also, 1/9 of a cc. seems to be a rather unusual amount to give anyone. I wonder if you could check these data for us.

Further, from the same series, we received bloods but no cards for the following:

FQ-4-6
-8
-9
-10
-11
-12

Receipt of the cards for the latter would be of help.

Yours sincerely,

L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

LG:rb

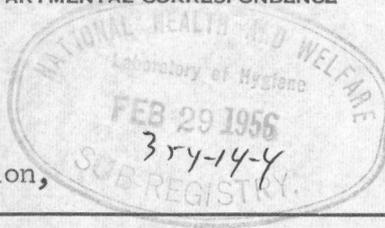
000135

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADepartmental Correspondence

To: Laboratory of Hygiene,
Ottawa.

FROM: Mistawasis Nursing Station,
Leask, SASK.



OUR FILE NO.

REF. YOUR FILE NO.
DATED

DATE: Feb. 24/56

SUBJECT:

Could you please supply the following,

Pre-Natal Blood Containers 48

Post -Natal Blood and Cord Blood

Containers 48

A supply of addressed labels

100 sent Feb 29/56
50 sent Mar 2/56

Yours Faithfully

A. J. Collins
Nurse in Charge.

Mar 2/56
000136
11/19/56

Dr. O. J. Rath, A/Regional Supt.,
Indian Health Services,
Regina, Sask.

Laboratory of Hygiene.

February 20, 1956.

PRENATAL IMMUNIZATION STUDY.

Enclosed herewith is card No. M-13 for
your files.



for
L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

Encl.
FC:rb



Dr. O. J. Rath, A/Regional Supt.,
Indian Health Services,
Regina, Sask.

Laboratory of Hygiene.

February 17, 1956.

PRENATAL IMMUNIZATION STUDY.

Enclosed herewith are Prenatal Immunization
Card Nos. M-11 and M-12 for your files.



L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

FC:rb



Dr. O. J. Rath, A/Regional Supt.,
Indian Health Services,
Regina, Sask.

Laboratory of Hygiene.

February 16, 1956.

PRENATAL IMMUNIZATION STUDY.

Enclosed herewith is card No. Mist.-6
for your files.


L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

Encl.
FC:rb

Dr. O. J. Rath, A/Regional Supt.,
Indian Health Services,
Regina, Sask.

Laboratory of Hygiene, Ottawa, Ont.

February 13, 1956.

PRENATAL IMMUNIZATION STUDY.

Enclosed herewith are the following Prenatal
Immunization cards for your files:

F.C.-6	FQ1-11
F.C.-7	
O.L.-5	P.A.-2
	P.A.-3
	P.A.-8
N.B.-33	
N.B.-37A	
N.B.-38	
L.R.-4	
L.R.-5	
P.A.-11A	


L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

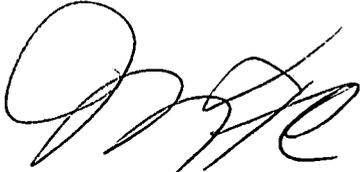
Encls.
FC:rb


Dr. O. J. Rath, A/Regional Supt.,
Indian Health Services,
Regina, Sask.
Laboratory of Hygiene.

February 6, 1956.

Prenatal Immunization Study.

Enclosed herewith is Prenatal Immunization
card No. FQ-4-4 for your files.



L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

Encl.
FC:rb

DR. O. J. RATH,
INDIAN HEALTH SERVICES,
REGINA, SASK.

Laboratory of Hygiene, Ottawa.

January 26, 1956.

Prenatal Immunization Study.

Enclosed herewith are the following prenatal immunization cards for your files:

FC-5	Mist-5	NB-26	LR-2	FQ1-16	PA-11
	Mist-9	NB-37			
	Mist-10				
	Mist-3				
	Mist-4				



fn
L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

FC:rb

January 23, 1956.

Dr. Cameron Corrigan,
Medical Superintendent,
North Battleford Indian Hospital,
Box 219,
North Battleford, Sask.

Dear Cameron,

I have your letter of January 19th.

We are very interested in the results of your throat swabbing. The presence of hemolytic streptococci in nose and throat is, of course, not uncommon at this time of the year. There are almost no strains of streptococci resistant to penicillin and that might be your best bet for ridding yourself of these carriers. As a precautionary measure, however, it would be best if all personnel wore masks until the situation cleared up. Usually, under these circumstances, the majority of your staff will become streptococci carriers sooner or later.

The presence of monilia is not startling or surprising. If one looks hard enough, probably the majority of us would be found to have monilia. Mycostatin, an antibiotic prepared by Squibbs, seems to work well for this particular organism and you might be interested in trying it on your vaginal monilia cases.

Your diphtheria carriers are the most interesting to us. I discussed this with Dr. Bynoe, Chief of our Bacteriology Section. We would be very interested in getting sub-cultures from your isolated strains. Five diphtheria carriers seem to be an unusually large number. We would be interested in

- 2 -

checking their virulence and, if they are virulent, to type them. If you have strains available, would you send them to this Laboratory, attention of Dr. Bynoe.

Incidentally, a number of hospitals have had some success in clearing up skin infections in nurseries by using hexachlorophine soap (Phiso-hex--made by Winthrop & Stearns) throughout their hospital by putting it into use in the washrooms and wards.

Kindest regards,

Yours sincerely,

L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

IG:rb

000144



DEPARTMENT OF
NATIONAL HEALTH AND WELFARE

IN YOUR REPLY REFER
TO FILE No. 82-2-20

YOUR FILE No.

North Battleford Indian Hospital,
Box 219,
North Battleford, Sask.,
January 19, 1956



Dr. L. Greenberg,
Laboratory of Hygiene,
45 Spencer Street,
Ottawa, Ont.

Dear Louis:-

I have recently taken throat swabs of the entire staff of the hospital and about twenty of them are positive for hemolytic streptococci in either throat or nose swabs. In addition, there were five diphtheria carriers and five monilia carriers. What should one do in a case like this?

I gave the diphtheria carriers one million units of penicillin at once. I hesitate to start treatment on the streptococci carriers and yet we have so much infection in the hospital - for instance for about two months we had some skin infection in our newborn nursery which while it looked like impetigo, was not. We have had several cases of vaginal monilia in the hospital. What would you advise in this matter be. In case you do not feel like expressing an opinion as regards treatment, would you please obtain the opinion of somebody down there.

Yours truly,

Cameron Corrigan, B.Sc., M.D., M.P.H.,
Medical Superintendent

CC/md
c.c. The Director

000145

Dr. O. J. Rath, A/Regional Supt.,
Indian Health Services,
Regina, Sask.

Laboratory of Hygiene, Ottawa.

January 12, 1956.

Prenatal Immunization Study.

Enclosed herewith are Prenatal Immunization
Cards Nos. PA-10 and OL-4 for your files.



L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

Encl.
FC:rb

Dr. O. J. Rath, A/Regional Supt.,
Indian Health Services,
Regina, Sask.

Laboratory of Hygiene, Ottawa.

January 6, 1956.

PRENATAL IMMUNIZATION STUDY.

Enclosed herewith are card Nos. PA7, PA9,
FQ1-15, NB-18B, NB-22A, NB-24 and NB-34, for your
files.


for
L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

Encls.
FC/rb

324-14-4

Dr. W. J. Wood,
Regional Superintendent, I.H.S.,
Winnipeg, Man.

Laboratory of Hygiene.

January 4, 1956.

Immunity Status Survey.

Enclosed are Immunity Status Cards Nos. BL-E1 to BL-E38 containing the results of Eskimos from Baker Lake. Cards Nos. BL-E33 and BL-E35 are omitted since they are duplicates of others within the series. You will note that practically none of them have antibodies for diphtheria, tetanus or pertussis.

L. Greenberg, Ph.D.,
Chief,
Biologics Control Laboratories.

Encls.
LG:rb

c.c. to Dr. J. D. Blake.

000148