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DEPARTMENT OF NATIONAL HEALTH AND WELFARE

FILE NO. 311-R1-1 VOLUME 2

SUBJECT EPIDEMIOLOGY

RABIES

New Volume

GENERAL

CLOSED

311-R1-1 Vol. 2
FILE NO.

REFERENCE				DISPOSAL			DD
Referred To	Remarks	By	Date	PA or BF	By	Date	For Registry Use Only
Epid	On Regulation		MAR 18 1963	—	JM	20/3/63	MAR 21 1963
Epid (via Sec't)	WITH PAPERS		MAR 22 1963	—	[illegible]	25/3/63	[illegible]
Epid	WITH PAPERS		SEP 3 1963	—	[illegible]	9/9/63	SEP - 9 1963
EPID	WITH PAPERS		MAY 14 1964	—	JM	20/5/64	MAY 21 1964
Epid	Brought Forward		27/5/64	—	JM	5/6/64	JUN 3 - 1964
Epid/Mr. Simon's request		SK	17-6-65	—	GS	17/6/65	[illegible]
Epid	WITH PAPERS	DWS	25-6-65	—	MJ	9/6/65	
Epid	WITH PAPERS	DWS	15-7-65	—	[illegible]	20/7/65	[illegible]
Mr. Lewis (C.K.) request		KH	28-10-66	—	CE	28-10-66	
Dr. Taylor (EH) request		CE	28-10-66	/	DC	31/10/66	
Epid/Mr. Simon req		PR	24-2-67	—	GS	10/3/67	
Epid/Mrs. Shulman		TC	3/5/67		GS	2/5/67	

DO NOT WRITE BELOW THIS LINE

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R.S. 1

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FILE NO. 311-R1-1 Vol 2

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TO	PER	DATE			BY	DATE			FILED BY
Eqid/Simard	R	17	6	65		18	6	65	
Eqid	WP	25	6	65		2	7	65	
		15	7	65		22	7	65	
Eliz (CR)	R	27	10	66					
Eqid/Mrs Simard		24	2	67					
Eqid/Shulman	B	3	5	67					

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FILE NO. ~~311-P11-~~ [redacted]

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K.S.-2

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FILE NO. 311-R1-1

VOL. 2

PLEASE KEEP ATTACHED TO TOP OF FILE

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THIS FILE IS TO BE USED FOR REFERENCE PURPOSES ONLY. SEE VOL. 3 FOR FURTHER CORRESPONDENCE.

REGISTRY SERVICES

DATE Aug. 31, 1965

PER DQ

R.S. 18

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DRAFT 2

SOME ASPECTS OF RABIES IN CANADA AND ITS PROPHYLAXIS

Rabies has existed in Canada since the turn of the century. Early outbreaks which were generally traced to importation of infected dogs from the U.S.A. or Europe were confined to the southernmost parts of the country. These early epizootics often persisted for lengthy periods, but all were eventually brought under control.

The present epizootic in animals appears to have had its beginning in the far North. In 1947, a disease known to the northern Eskimo as wild fox disease was diagnosed from pathological specimens as rabies for the first time(1). Although this condition had been known to exist for the previous 50 or 60 years, remarkably, no human infections had been recorded. Following this diagnosis at Baker Lake in the Northwest Territories, canine antirabies vaccination was introduced for the first time in Canada. Subsequently, the disease broke out in Northern Alberta in June 1952 and despite drastic control measures it later spread through the northern areas of British Columbia, Saskatchewan and Manitoba. In Ontario, the disease appeared late in 1964 and over the next 18 months spread southward. It has since become firmly established in the wildlife.

Rabies Trends

Statistics of confirmed rabies cases in animals have been collected by the Federal Department of Agriculture for a number of years. While these probably represent only a fraction of the cases occurring in nature, they provide at least a general indication of

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the extent of the problem and the species involved. In the 45 year period prior to 1952, less than 1,000 cases were confirmed in animals. A dramatic increase has occurred during the past decade. Table I shows the number of laboratory confirmed cases of rabies by province for the 10 year period (fiscal year) 1952-1962. It is seen that rabies isolations in animals reached a peak in Ontario in 1958 with 2,493 confirmed cases. With some annual variation, isolations in animals have remained at high levels since this period. In Quebec the peak was reached in 1957 with 265 confirmed cases, and have declined to average annual levels of 50 or less. At the present time Ontario continues to account for the majority of animal infections. In contrast, in most other provinces the disease, for unexplained reasons has declined to small proportions or is absent altogether.

In Table II are shown the number of laboratory confirmed rabid animals by species for the period 1952-1962. Approximately two-thirds of the total cases are accounted for by various species of wildlife, the fox and skunk being most frequently involved. With respect to domesticated animals, the bovine is affected more frequently than all other domestic animals combined and is followed by the dog and cat in that order. During the last 5 years, about 4 times more rabid cattle than dogs have been confirmed in the laboratory.

Rabies Control

In the control of rabies there are three distinct but closely inter-related forms to be considered, namely; the reservoir in wild-life (sylvatic rabies); rabies in domesticated animals (urban rabies); and finally human rabies.

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Rabies in Wildlife

From the figures provided in Tables I and II, it may be seen that wildlife in certain provinces is heavily infected with rabies virus. The fox and skunk account for more than 90 per cent of the diagnosed cases.

Control methods in wildlife aim at the reduction of the population level to a threshold which will not support an epizootic of rabies. Methods of predator control utilized include techniques such as trapping, gassing, and use of poison bait stations. There is a difference of opinion as to the value of many of these measures and further study of this problem under controlled conditions is required. Behaviour of the disease in the principal sylvatic vectors in different geographic areas is probably dependent on a number of different host and environmental factors which also require careful study.

Bat Rabies

This is the only species known in which recovery from the natural infection may occur. The virus has become adapted to the salivary glands; hence, symptomless bats may transmit the organism in the saliva. Only in recent years has bat rabies been recognized in North America, and its full significance in the ecology of the disease has yet to be determined. In Canada, to date ..... positive isolations have been made in provinces. An exhaustive study of bats in Ontario is underway at the present time.

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Rabies in Domestic Animals

Of all diagnosed cases in domestic animals during the past decade the bovine has been the principal species involved. Prior to 1956, the dog was affected more frequently than cattle but for the last seven years the position has been reversed. This may be partially a reflection of prophylactic vaccination of dogs which is an important weapon in control of rabies insofar as human exposure is concerned. Under this program, in designated areas, as many as 100,000 dogs have been vaccinated free of charge annually by the Federal Department of Agriculture in recent year ( ). In rabies affected communities, the value of this program is greatly diminished unless accompanied by intensive efforts to eliminate stray dogs, as well as rigid adherence to municipal licensing and leashing by-laws. Despite such efforts the number of rabid dogs comfirmed by the laboratory has, if anything, increased slightly. Rabid foxes and skunks in a number of provinces continue to be a source of infection for dogs, farm animals and humans. It would appear, therefore, that reduction of the risk to humans requires either the elimination of the disease in certain wildlife species, particularly the fox and skunk or the maintenance of a protective barrier in domestic animals by vaccination. Since cattle are now the most frequently involved domestic species, and they account for a high proportion of human exposures, consideration should be given to inclusion of this group in organized vaccination programs.

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One intramuscular injection of LEP Flury chicken-embryo vaccine in dogs three months of age or older produces immunity for about three years. Data on the use of vaccines in other animals are not as complete as those concerning the dog. Cats may be effectively immunized with HEP (Flury) strain or inactivated nervous tissue vaccine. The W.H.O. Expert Committee on Rabies recommends pre-exposure vaccination of cattle with chicken-embryo-adapted HEP (Flury) and Kelev strains or inactivated vaccines. Two doses confer protection for at least one year.

Rabies Legislation

Primary responsibility for the control of rabies in Canada rests with the Federal Department of Agriculture under the Animal Contagious Diseases Act 1927. In animals, rabies is designated a reportable disease and cases should be notified to the nearest Health of Animals veterinary officer for investigation. If this person cannot be readily located, the information should be given to any practising veterinarian, medical officer of health or game warden. Additional regulations are in effect to control the importation of infected dogs from foreign countries. Dogs imported into Canada are subject to quarantine for three months at the Port of Entry and to rabies vaccination. Dogs from the United Kingdom and certain rabies-free European countries are not subject to quarantine or vaccination provided they are accompanied by a veterinary certificate and certified free from contagious disease. Importation from the U.S.A. is permitted provided the dog has been vaccinated against rabies during the preceding 12 months.

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In all Canadian provinces, human rabies is designated a reportable infectious disease. The local medical officer of health should be notified of any case. Regulations under the Public Health Act (Ontario) and most of the provinces also require that the medical officer of health be notified when an animal suspected of rabies has bitten a person. The suspected animal may be impounded by order of the medical officer of health and kept under observation for a period of two weeks.

Except in the case of wild animals or in defence against attack, the animal should not be killed and the head should never be injured. Where there is human involvement through a bite, pets or livestock should be isolated under the care of a veterinarian in a room or stall to facilitate safe observation. The absence of symptoms in the biting animal during the first ten days of isolation indicates the animal was not infective at the time of biting. If symptoms suggestive of rabies are noted on or before the tenth day, isolation is continued until signs are definitely established. The animal is then killed and the head packed in ice in a leak-proof container and forwarded to the Animal Diseases Research Institute, Hull, Quebec, or to the nearest regional laboratory of the Federal Department of Agriculture for examination. A report on the microscopic examination of the brain for Negri bodies is generally available within 48 hours. If Negri bodies are not found this is reported as such and mice are inoculated intracerebrally with brain material. This may delay a

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confirmed diagnosis for several weeks. The fluorescent antibody test has been extensively used in the United States and, in competent hands, is said to be a reliable test for rabies. Fluorescent negative specimens involving human exposure are tested again in mice pending full evaluation of the fluorescent antibody test.

Rabies in Humans - Canada

(a) Treatments in Humans - During the years 1959 to 1962 Canadian manufacturers of rabies vaccine distributed slightly more than 5,000 rabies vaccine treatment courses (95% approx, being Semple vaccine). In addition, sufficient serum for approximately 400 individuals was released for use. At least four paralytic accidents have occurred following Semple vaccine since 1956, but no deaths attributable to vaccine have been recorded.

Unfortunately, the collection of data on vaccination in human cases involving rabies exposure has not been carried out in an organized fashion in Canada. The number of human exposures to animals proved to be rabid or of undetermined status is, however, considerable. The data in Table IV from the Province of Ontario for the years 1960 and 1961 is, therefore, of great interest. During the two years, 1,356 courses of vaccine were administered, complete returns being available in 528 cases. Of these, 356 (67%) were exposed to a rabid animal, 129 (24%) were negative, and in the remainder no specimen was available. These findings indicate the difficulty in deciding whether exposure to a rabid animal has taken place and suggest that,

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in certain instances the attending physician is inclined to "play it safe". Only 49 cases were exposed to a positive biting animal. The high proportion of human exposures to positive saliva (307 cases or 86% of the total) is of interest since the risk to such individuals is minimal unless the exposed part is cut or scratched.

With respect to the class of animal involved in the biting incident, rabid dogs or cats were incriminated in 191 of 356 cases (53%); farm animals in 129 of 356 cases (36%), and wild animals in the remainder (11%).

(b) Human Rabies Deaths - Since 1926, eighteen recorded human rabies deaths have occurred in Canada. The age and sex distribution of deaths are shown in Table III. It will be noted that 15 of the 18 cases (83%) were males and some two-thirds of the total deaths were under 14 years of age. Unfortunately, the full details surrounding these events are not available.

World Survey of Rabies Deaths

In 1962, the Veterinary Public Health Unit of W.H.O. published the results of a survey for the years 1960 to 1961 designed to give a general idea of rabies prevalence throughout the world. Of interest were the following facts:

The number of vaccinated individuals in 48 countries replying numbered 761,152; paralytic accidents occurred in at least 49 cases. There

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were 912 known deaths in the untreated and 124 deaths occurring during or after treatment. In 64 treated cases who died for whom full particulars were available, the age of the victims ranged from 3 to 90 years and 57 (89%) were bitten by dogs. Most fatalities had deep wounds on the face, head or upper extremities and 6 cases were bitten in the legs only. Fifty per cent of the victims were treated within 24 hours and 23 per cent (13 cases) treated 7 days or later after exposure with vaccine or serum. A variety of local treatments was used including local dressings with disinfectants in 27 cases, cauterization in an additional 7 and suturing in a further 9 cases. Thirty-one cases received no local treatment. Almost 40 per cent of the cases had an incubation period 21 days or under and the range was 12 to 346 days. One individual with an incubation period of 190 days received serum on the first day and 24 injections of vaccine. Some of these findings will be stressed in the section devoted to management of bites.

Modern Concepts of Pathogenesis and Treatment

The rabies virus with a diameter of 100 to 150 milli-microns is readily inactivated by some disinfectants such as formalin and bichloride of mercury and by certain detergents, especially benzalkonium chloride (Zephiran). It is resistant to the action of phenol.

The virus has a wide host range affecting all warm blooded animals and man. Isolated strains of rabies virus are serologically identical. The virus present in nature ("street virus") characterized by a long incubation period and by presence of virus in

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salivary glands as well as the central nervous system of the host c can be adapted to laboratory animals by serial passage. Infection is then characterised by a short incubation period and the inability of the agent to multiply in the salivary gland of the host ("fixed virus"). Virulence is increased for the host species but reduced for other animals.

Recent experiments in animals have shown clearly(with some exceptions, e.g. animals of highly susceptible species or the young) that rabies virus passes from the site of exposure to the central nervous system via the nerve trunks rather than the blood stream ( ). It is thought that virus becomes fixed in nervous tissue within hours of its introduction in the body. Centrifugal spread to the salivary glands may also occur and the virus may multiply therein. Although the virus appears to multiply locally in the wound, the outcome of infection appears to depend primarily on the introudction of an infective dose into the tissues.

Man is an accidental host to rabies virus which usually enters the body from the saliva of an infected animal following a wound or scratch. Airborne transmission is occasionally possible. Rabies cannot invade the body through an intact gastrointestinal tract. The pathogenesis of the infection is believed to be essentially the same as in experimental animals.

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The attack rate in humans following bites of rabid animals depends on at least two factors: the severity of the laceration and the amount of virus introduced into the wounds. Head and neck wounds have the highest mortality, about one in three of all untreated cases.

The incubation period of the disease is of more than theoretical interest in the prophylaxis of human cases as well as in the evaluation of the effectiveness of vaccine or other preventive measures. Dean has collected information on the incubation period of 964 cases of untreated rabies comprising eight separate series of cases. The incubation period for each series combined was 0 to 30 days in 27 per cent of cases; 31 to 60 days in 40 per cent of cases; 61 to 90 days in 19 per cent of cases; and more than 90 days in 14 per cent of cases. In contrast, in the 61 of 64 treated but fatal cases documented in the W.H.O. World Survey of Rabies, the incubation period was 0 to 31 days in 41 cases (67%); 32 to 60 days in 13 cases (21%); 61 to 90 days in 1 case (2%); and 91 days or more in 6 cases (10%).

Rabies Treatment in Humans

The first problem facing the practising physician who is responsible for the decision to institute antirabies treatment in a particular case concerns the clinical condition of the biting animal. In the absence of signs or symptoms of rabies, a period of observation for about ten days will often be necessary. Symptoms of rabies, when they develop, vary somewhat in different species but there are two

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main forms, the "dumb type" and the "furious type". Both types show a change in disposition and behaviour. In canines the furious type often commences with depression, but after two or three days a period of great excitement sets in. The animal will frequently bite if touched and will gnaw or swallow sticks, stones or other foreign objects. Early signs of rabies are drooping of the upper eyelids, followed by drooping of the lower jaw and paralysis of the throat muscles with drooling saliva. Paralysis of the limbs becomes pronounced before death. Cats are frequently vicious and in cattle spasm of muscles, a characteristic bellowing and the appearance of choking is common. In such cases farmers frequently insert their arm into the pharynx in error to retrieve a non-existent foreign body.

Treatment will be considered seriously only in areas where rabies is known to exist in the animal population for the vaccine itself is not without risk.

Local Treatment of Bite Wound

Careful and thorough toilet of the wound is of prime importance in rabies prophylaxis and should be carried out as soon as the patient is seen. In experimental animals, Zephiran chloride 1 per cent or soap solution are far superior to other methods. Swabbing with these reagents about 2 hours after insertion of virus will give a 90 per cent survival rate in experimental animals as compared to controls. Mechanical cleansing of all parts of the wound using, if necessary, a large syringe containing these reagents should be

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thorough and prolonged to dilute or destroy the virus. Fuming nitric acid, a procedure recommended in some text books and suturing of wounds is best avoided.

Antirabies Serum

Experimental evidence in animals has shown that antirabies serum is highly effective in rabies prophylaxis and that serum plus vaccine is superior to a course of vaccine alone. This experience has been confirmed in humans in an incident in Iran which involved 27 humans bitten by the same rabid wolf. The individuals were divided into 3 groups - in the first receiving vaccine alone 3 of 5 persons died; in the second given serum plus vaccine 1 of 5 individuals died; in the third group given two doses of antiserum 5 days apart plus a full course of vaccine, all 7 survived. The effectiveness of serum is increased if it is infiltrated locally around the wound.

The W.H.O. Guide for specific post-exposure treatment recommends the use of serum following severe exposure only (multiple bites, face, head, neck or finger bites), and in all cases of unprovoked wild animal bites ( ).

Rabies antiserum is a concentrated and purified product of equine origin and may cause allergic reactions following administration. Serum sickness occurs in 15 to 25 per cent of persons given serum. Anaphylactic reactions may be avoided by careful questioning about past history of allergy and routine intradermal testing. Serum

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should never be given unless a syringe containing adrenalin is available for immediate use. Administration of antihistamines will reduce the incidence of later reactions.

Serum should be administered intramuscularly in a single dose of not less than 40 I.U. per kilo of body weight. Part of this dose should be infiltrated locally around the wound.

Rabies Vaccines

Pasteur in 1885 was the first to introduce a vaccine as a preventive against rabies. Dissatisfaction with the vaccine has led to many modifications and more recently the growth of rabies virus in tissue-culture has facilitated the development of many different types of vaccine. They are unique in that they are expected to produce an active immunity to the infection after the agent itself has been introduced into the body. The rationale behind this unusual time relationship is based on the long incubation period of the disease. One cannot expect such preparations to be effective, however, in cases with a short incubation period or where virus is fixed in nervous tissue soon after its introduction into the body. Although the incubation period in about one-third of untreated human cases is less than 30 days and despite the failure to demonstrate appreciable protective value in experimental animals, vaccine is indicated when careful enquiry shows exposure has taken place.

Vaccine evaluation in humans is fraught with difficulty because the degree of exposure in humans bitten by animals is so

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variable. For this reason statistics produced by treatment centres in support of vaccine should be interpreted with caution.

(a) Nervous Tissue Vaccine - The type available in Canada consists of a 4 per cent suspension of "fixed" rabies virus prepared from the brains of rabbits and inactivated with phenol (modified Semple type). A complete course of vaccine consists of 14 daily doses of 2 ccs. In the case of severe bites, 7 additional doses are recommended during the first week making 21 doses altogether. When serum is used, 2 additional doses of vaccine should be administered 10 and 20 days after the completion of the schedule. Local reactions consisting of redness and tenderness are most marked from the fifth to the eighth day of the injections and then become less severe.

The incidence of neuroparalytic accidents following nervous tissue type vaccines varies greatly from country to country. In the United States reactions have been noted as frequently as 1 in 600 to 1 in 2,025 persons vaccinated. In Canada, the incidence appears to be about 1 in 1,000. When paralytic accidents occur or, if premonitory symptoms such as headache, vomiting, tingling sensations or numbness develop, administration of nervous tissue vaccine should be discontinued and replaced by duck embryo vaccine. Administration of A.C.T.H. or cortisone should be considered in such cases remembering that those products may suppress antibody response. Because of these potential hazards, vaccine

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should be used therefore with judgement and discrimination, and only after careful assessment of the circumstances surrounding the biting incident.

(b) Duck Embryo Vaccine - This vaccine is a suspension of embryonic duck tissue infected with attenuated (fixed) virus to which beta propiolactone has been added as a virucidal agent. The product is lyophilised and has a long shelf life. Since it contains little or no nervous tissue, the risk of neuroparalytic accidents is greatly diminished, but not completely eliminated. Local reactions such as redness, tenderness, induration and itching may occur. Occasionally malaise, headache and lymphadenopathy may develop.

Duck embryo vaccine is less antigenic than nervous tissue vaccine. A complete course consists of 14 doses. Its main advantage over nervous tissue vaccine lies in the reduction of the frequency of neuroparalytic accidents.

Pre-exposure Vaccination

In the case of individuals at high risk from rabies such as veterinarians, certain laboratory workers, farmers etc., two products - duck embryo vaccine and HEP (high egg passage) Flury strain of modified live rabies virus produced in embryonating chicken eggs have been used, mainly on an experimental basis, to produce an active immunity prior to potential exposure to the agent. Schedules are still experimental and are assessed on the basis of the serologic response obtained. If these products are utilized, booster injections should be continued until good anitbody levels are obtained.

June 24, 1964.
JWD/JM

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National Health and Welfare
311-R1-1
JUN 1 1964
Registry Services
REFER TO FILE

Province of Saskatchewan

DEPARTMENT OF PUBLIC HEALTH

PROVINCIAL LABORATORY

May 28, 1964.

Dr.E.W. R. Best, Chief,
Epidemiology Division,
Department National Health
and Welfare,
408 Jackson Building,
Ottawa 4, Ontario.

Dear Doctor Best:

Following my letter of May 2, in which I reported that we could not find the details on the case reported as a fatal case of rabies to you in 1925, we have now, fortunately, rechecked, and the director of the Vital Statistics Division was able to determine the case as a 12 year old boy by the name of Arthur Clyderman, who was admitted on July 22, 1925 to the Grey Nuns' Hospital Regina, where he died under clinical symptoms of rabies on July 23. The medical record of this boy has been found and is attached in copy, as well as the death certificate. The physician, Dr. Black, reported briefly on this case to the medical staff of the Grey Nuns' Hospital at a meeting in October 1925, and stated that the final diagnosis was rabies, although it could not be confirmed by rabies tests. Neither autopsy specimen showed proof nor did rabbits succumb after injection with blood from the patient. Dr. Black died several years ago and I am unable to obtain further information. No mention is made of mode and time of exposure.

Rabies in animals has been confirmed since December 1963, and to-date in 13 skunks, 7 cows and 4 cats. Suspicious cases have been noted in a dozen more instances. 18 humans were regarded as directly or indirectly exposed to the virus, 4 were given Semple Type antirabies vaccine and 14 were vaccinated with the Duck Embryo rabies vaccine. No side effects have been observed and no signs of rabies has developed in these exposed persons to-date. The use of rabies vaccine and antiserum as recommended in our Province is described on the first page of a circular to the medical profession of January 1964, which is attached.

Vaccines and Antisera are provided by the Dept. of Health, free of charge.

Yours sincerely,

H. Dillenberg, M.D.,
Provincial Epidemiologist.

HD/lpf
attach.

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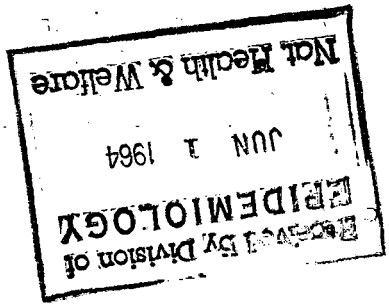

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Form C.

This form, if placed in an unsealed envelope marked "Dominion Statistics—FREE" and addressed to the Registrar of the Registration Division in which the death occurred, will pass through the mail "FREE."

For use of Department

Record No. 3322 19 25

PROVINCE OF SASKATCHEWAN

RECORD OF REGISTRATION OF DEATH

Registration Division of Wellington Municipality No. 97

1. Place of Death Grey Nuns Hospital, Regina
(If in city give street and number. If outside the limits of a city, town or village, give sec., tp. and rge. If in hospital, give name.)

2. Name of Deceased Edvid Arthur Cryderman.
Residence Sec. 28-11-15. W 2nd. Coalfax Sask.
(Usual place of abode)

PERSONAL AND STATISTICAL INFORMATION

3. Sex	4. Racial Origin	5. Single, Married, Widowed or Divorced (Write the word)	6. Birthplace (Province or country)
Male.	English	Single.	Saskatchewan

7. Date of Birth May 14. 1913 (Month, day and year) | 8. Age: Years 12. Months 2. Days 9. If less than one day ——hrs. or ——mins.

9. Occupation of Deceased:—(a) Student (Trade or occupation or kind of work) (b) School (Kind of industry)

10. Length of Residence (in years and months):
(a) At place of death 15 hours (b) In province Life (c) In Canada Life (If an immigrant)

PARENTS

11. Name of Father Edward Blake Cryderman
12. Birthplace of father Ontario (Province or country)
13. Maiden name of mother Mary Ethel Slumton
14. Birthplace of mother Ontario (Province or country)

15. Informant's Signature Jacob Plumpton
Address Coalfax Sask.

16. Relationship to deceased Uncle

17. Place of burial, cremation, or removal Regina Sask. Date of burial July 25 19 25

18. Undertaker's signature [illegible] (Name and address)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

19. Date of death July 23rd 19 25
(Month, day and year)

20. I HEREBY CERTIFY that I attended deceased from July 23rd 19 25 to July 23rd 19 25, that I last saw him alive on July 23rd 19 25 and that death occurred on the date stated above, at 11.30 a.m.
(hour, p.m. or a.m.)

21. The CAUSE OF DEATH was as follows: Babies

(duration) years months 4 days

CONTRIBUTORY (Secondary)
(duration) years months days

22. Where was disease contracted, if not at place of death?
Did an operation precede death? No Date of Was there an autopsy? Yes
Nature of operation

(Signed) J. C. Black M.D.
Date July 23rd 25 Address Regina Sask.

State the Disease causing Death or in Deaths from Violent Causes, state (1) Means and Nature of Injury. (2) Whether Accidental, Suicidal or Homicidal. (See paragraph *cause of death* on back of this form.)

23. Where physician did not attend, state probable cause of death

I hereby certify that the above return was made to me at
on the 24 day of July 19 25
J. A. Derbyshire
Division Registrar.

SEC. 58—Vital Statistics Act, makes it the duty of the Undertaker or person acting as Undertaker to obtain all the particulars required in the "Record of Registration of Death" and to file the same with the Division Registrar, who shall issue the burial permit.

Motion Lic 579

N.B.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. RACIAL ORIGIN will be described by stating to what people or tongue the deceased person belonged, whether English, Irish, Scotch, French, German, etc.; the terms "American" or "Canadian" should not be used, as they express CITIZENSHIP or NATIONALITY BUT NOT A RACE OR PEOPLE. See instructions on back of Form.
ANSWER ALL QUESTIONS.
DO NOT ABBREVIATE.
USE UNFADING BLACK INK.
WRITE IN LEGIBLE HANDWRITING.

Dr Black

Document disclosed under the Access to Information Act
Document divulgué en vertu de la Loi sur l'accès à l'information

Form C.

This form, if placed in an unsealed envelope marked "Dominion Statistics—FREE" and addressed to the Registrar of the Registration Division in which the death occurred, will pass through the mail "FREE."

For use of Department only.
Record No. 3322 1925

PROVINCE OF SASKATCHEWAN

RECORD OF REGISTRATION OF DEATH

Registration Division of Wellington Municipality No. 97

1. Place of Death Grey Nuns Hospital, Regina
(If in city give street and number. If outside the limits of a city, town or village, give sec., tp. and rge. If in hospital, give name.)

2. Name of Deceased Edward Arthur Creyderman.
Residence Sec 28-11-15 W 2nd. Coalfax Sask.
(Usual place of abode)

PERSONAL AND STATISTICAL INFORMATION

3. Sex	4. Racial Origin	5. Single, Married, Widowed or Divorced (Write the word)	6. Birthplace (Province or country)
Male.	English	Single.	Saskatchewan

7. Date of Birth May 14. 1913 (Month, day and year) 8. Age: Years 12. Months 2. Days 9. If less than one day ——hrs. or ——mins.

9. Occupation of Deceased:—(a) Student (Trade or occupation or kind of work) (b) School (Kind of industry)

10. Length of Residence (in years and months): (a) At place of death 15 hours (b) In province Life (c) In Canada Life (If an immigrant)

PARENTS

11. Name of Father Edward Blake Creyderman
12. Birthplace of father Ontario (Province or country)
13. Maiden name of mother Mary Ethel Slumton
14. Birthplace of mother Ontario (Province or country)

15. Informant's Signature Jacob Plumton
Address Coalfax Sask

16. Relationship to deceased Uncle

17. Place of burial, cremation, or removal ~~Coalfax Sask~~ Regina

Date of burial ~~July~~ July 25, 1925

18. Undertaker's signature [illegible] (Name and address)

MEDICAL CERTIFICATE OF CAUSE OF DEATH

19. Date of death July 23rd 1925 (Month, day and year)

20. I HEREBY CERTIFY that I attended deceased from July 23rd 1925 to July 23rd 1925, that I last saw him alive on July 23rd 1925 and that death occurred on the date stated above, at 11.30 a.m. (hour, p.m. or a.m.)

21. The CAUSE OF DEATH was as follows: Rabies

(duration) years months 4 days

CONTRIBUTORY (Secondary)

(duration) years months days

22. Where was disease contracted, if not at place of death? [illegible]
Did an operation precede death? No Date of Was there an autopsy? Yes
Nature of operation

(Signed) J. C. Black, M.D.
Date July 23rd 25 Address Regina, Sask

State the Disease causing Death or in Deaths from Violent Causes, state (1) Means and Nature of Injury. (2) Whether Accidental, Suicidal or Homicidal. (See paragraph *cause of death* on back of this form.)

23. Where physician did not attend, state probable cause of death

I hereby certify that the above return was made to me at
on the 25 day of July 1925
J. A. Desrosiers
Division Registrar.

SEC. 58—Vital Statistics Act, makes it the duty of the Undertaker or person acting as Undertaker to obtain all the particulars required in the "Record of Registration of Death" and to file the same with the Division Registrar, who shall issue the burial permit.

Notification Let 5-7-8

N.B.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. RACIAL ORIGIN will be described by stating to what people or tongue the deceased person belonged, whether English, Irish, Scotch, French, German, etc.; the terms "American" or "Canadian" should not be used, as they express CITIZENSHIP or NATIONALITY BUT NOT A RACE OR PEOPLE. See instructions on back of Form.
ANSWER ALL QUESTIONS.
DO NOT ABBREVIATE.
USE UNFADING BLACK INK.
WRITE IN LEGIBLE HANDWRITING.

Use Black

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Regina Grey Nuns Hospital Case No 1269

Master Arthur Cryderman
Colfax Sask age 12 sex male race Canadian

Occupation school boy admitted July 22 1925 Died July 23 1925

Provisional diagnosis rabies

Final diagnosis same

Condition on discharge died visiting physician Dr. Black

History

Family history mother living not very strong
father died from influenza 2 years ago
one brother and two sisters healthy

Personal history good appetite bowels regulat
micturition normal sleeps well

Past illness none he has always been rather delicate in health

Physical findings

July 20 had headache and was feverish On July 21 began to have difficulty in swallowing and decided to take a drink. Temp on this day was 103 Wed. July 23 could not drink and had a violent spasm every time he attempted it.

Exp 10.40 am signed J.C.Black

Order sheet

July 22 moph. grs. 5 and if unable to inject give grs 15 cl.hydrate by rectum
tap water 3/4 to pint every hour 1/4 J.C.Black

July 23 ch. hydrate 15 grs Dr. Tucker per E. Morton

P.M. inconclusive.

Doubts are in place re diagnosis "rabies"
perhaps tetanus?
botulism?

May 26/64

H. Fillesberg, MD

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RABIES DEATHS, CANADA

Province	year	Victim Age	Victim Sex	Biting animal	Location of Bite(s)	Severity of Bite(s)	Date commenced Treatment	Treatment: Local (Type)	Treatment: General - Vaccine or Serum (Type & Dose)	Time between exposure (days) vaccine or serum	Time between exposure & first clinical symptoms	Time between first clinical symptoms & Death
Saskatchewan	1925	12	m	?	?	?	July 22, 1925	Sedation	none	?	?	2 days.

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File No. 311-R1-1

408 Jackson Building
Ottawa

May 15, 1964

Dr. A-R. Foley, D.P.H.,
Epidemiologist,
Department of Health,
Province of Quebec,
Quebec, P.Q.

Dear Dr. Foley,

Attached is a request from Dr. Altman for permission to publish the rabies incident at Fort Huntingdon, Quebec, in the U.S.A. Weekly Morbidity and Mortality Report.

I have taken the liberty of replying directly to Dr. Altman and, if you agree, would you please send on the attached correspondence to him. You will note that I have included a copy of your original report to us as well as a copy of the April issue of the Bulletin. If you do not think it advisable to include the original report, please detach it from the letter.

Yours sincerely,

Original Signed by
DR E. W. R BEST

E.W.R. Best, M.D., D.P.H.,
Chief, Epidemiology Division

WRS:jn
Attach.

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Document divulgué en vertu de la Loi sur l'accès à l'information

File No. 311-R1-1

403 Jackson Building
Ottawa

May 15, 1964

Dr. Lawrence K. Altman,
Editor,
Morbidity and Mortality Weekly Report,
Department of Health, Education, and Welfare,
Communicable Disease Center,
Atlanta, Georgia 30333,
U. S. A.

Dear Dr. Altman,

This will acknowledge your letter of May 12 requesting a report on the rabies incident in Quebec for reproduction in your Morbidity and Mortality Weekly Report.

By now you may have received a copy of our April issue of the Epidemiological Bulletin in which this report was published. Dr. Foley has agreed to its reproduction in your Weekly Report. Would you please give credit for this report to Dr. Foley rather than to the Epidemiological Bulletin.

Yours sincerely,

Original Signed by
DR. E. W. R. BEST

E.W.R. Best, M.D., D.P.H.,
Chief, Epidemiology Division.

EWRB:jn

Attach.

c.c. Dr. A-R. Foley
Epidemiologist

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

Communicable Disease Center
Atlanta, Georgia 30333

May 12, 1964

Refer to:

National Health and Welfare
MAY 14 1964
Registry Services

E. W. R. Best, M.D., Chief
Epidemiology Division
Department of National Health & Welfare
408 Jackson Building
Ottawa, Canada

Dear Dr. Best:

I am enclosing a copy of a report of a case of rabies in Montreal (the patient was bitten in Cazaville) which appeared in the CDC Veterinary Public Health Notes, and which was based on a newspaper clipping.

We would be interested in using a report on this for the Morbidity and Mortality Weekly Report if you could verify the facts and supply any additional information, clinical and epidemiological?

Thank you very much. With best regards,

Sincerely yours,

Lawrence K Altman

Lawrence K. Altman, M.D., Editor
Morbidity and Mortality Weekly Report

Enclosure

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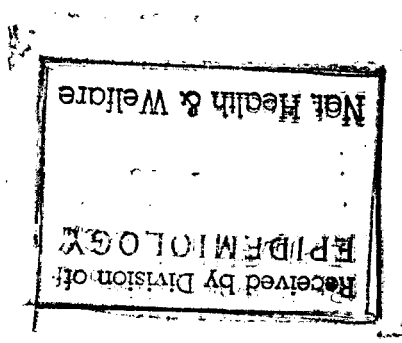

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Canadian Girl Dies of Rabies

According to a newspaper clipping (Watertown Daily Times, Watertown, New York, April 6, 1964) furnished to us by Dr. Grant S. Kaley, Director of the Division of Animal Industry, New York State Department of Agriculture and Markets, a 14-year-old girl died of rabies during the week of April 1, in Montreal, Canada.

The girl was bitten late in February by a skunk while sleeping in the family cabin at Cazaville on a winter week-end holiday. The girl was bitten on the face; however, the wound, which healed rapidly, was not considered serious and was not reported to her physician. About two weeks after the bite the girl became ill and her physician was called. After examination at one hospital, she was taken to Children's Memorial Hospital, Montreal, where she died.

During her illness, the girl bit her mother, who had to undergo antirabies treatment.

Dr. Kaley reported that the biting incident took place about a mile from the New York State border. Franklin County (New York) health officials have urged all residents to consult their physicians if they are bitten by any wild animal.

Rabies Control - U.S.-Mexico Border

At a special meeting on rabies held in conjunction with the annual meeting of the United States - Mexico Border Public Health Association in March 1964, the following conclusions were reached by U.S. and Mexican public health officials.

The group recognized the value of the regional rabies control councils, and proposed that these councils meet at least three times a year. It was also suggested that local rabies control committees meet at least four times a year to attempt to provide a solution to the rabies problem in the areas served by the committees. The group recommended that local authorities concerned with rabies control maintain an exchange of all information relating to the execution of the control programs.

In view of the success of the special meeting on rabies, it was proposed that such meetings be held yearly in conjunction with the United States-Mexico Border Public Health Association meeting.

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Province of Saskatchewan

DEPARTMENT OF PUBLIC HEALTH

PROVINCIAL LABORATORY

National Health and Welfare
311-R1-1
MAY 6
Registry Services
REFER TO FILE

May 2, 1964.

Dr.E.W.R.Best, Chief,
Epidemiology Division,
Department of National
Health and Welfare,
4o8 Jackson Building,
Ottawa 4, Ontario.

Dear Doctor Best:

Thank you for your letter of April 8 your file 311-RI-I, re: history of rabies deaths.

Our attempts to locate details of the one reported rabies fatality in 1925 have ended in failure. Neither correspondence of that year of the Division of Communicable Disease Control, nor the Vital Statistics records of 1925 list a death from rabies. How then it could have been reported as such I fail to understand and I am afraid that we shall be unable to furnish details on this case.

The enclosed letter by Mr. Goss, administrative supervisor of the present C.D. Control Division, explains his findings.

Yours very truly,

H. Dillenberg

HD/lpf
encl.

H. Dillenberg, M.D.,
Provincial Epidemiologist.

Dr Davies

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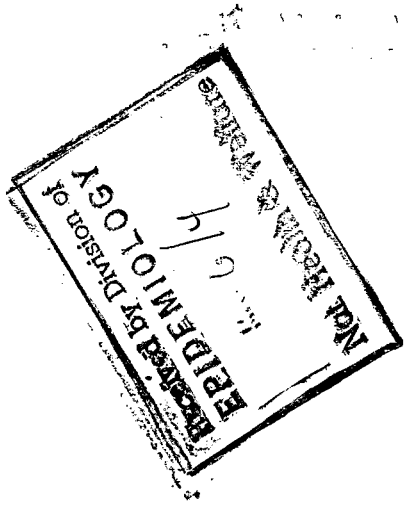

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GOVERNMENT OF THE PROVINCE OF SASKATCHEWAN

DEPARTMENT MEMO

FROM Communicable Disease Control Division (Dept.) **DATE** May 1, 1964. (Location)

TO Dr. H. O. Dillenberg, Provincial Epidemiologist, (Dept.)
Provincial Laboratory, Regina, Saskatchewan. (Location)

RE: Fatal Case of Rabies in Saskatchewan - 1925.

Your Ref. .....

Our File C-3

Referring to your memorandum of April 28 concerning the abovementioned subject.

A check of monthly reports for the year 1925 has failed to disclose particulars of any reported rabies case. Similarly, examination of weekly reports for that year does not reveal any information.

Typed annual reports from this division for the year 1925 refer to a reported case of rabies, in the narrative portion of the report, but in an attached table of morbidity and mortality for the first 10 months of 1925 a case is shown, not in the morbidity column but under mortality. Thus, we feel an error was made and a death from rabies did not occur. In the printed annual report of the department, as a whole, one case of rabies is shown for 1925, but there is nothing under "deaths". Reports for the years, prior and subequent to 1925, have been checked with nil results.

We are unable to find any pertinent details of the case shown as having occurred in 1925.

C. J. GOSS,
Supervisor.

CJG/rp

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P.A

67/839

311-P1-1

THE GOVERNMENT OF
THE PROVINCE OF BRITISH COLUMBIA

HEALTH BRANCH

DEPARTMENT OF HEALTH SERVICES AND HOSPITAL INSURANCE
PARLIAMENT BUILDINGS
VICTORIA, B.C.

IN REPLY REFER TO FILE No.....

May 1st, 1964.

Dr. E.W.R. Best,
Chief, Epidemiology Division,
Department of National Health and Welfare,
OTTAWA, Ontario.

Dear Dr. Best:

Attached is a photocopy of a letter from Dr. Stovell, which is self-explanatory and corrects the estimate of the number of bat rabies cases made by Dr. Stovell in a telephone conversation with me.

The article to which he refers and which you may care to read is entitled "The Isolation of the Rabies Virus from Insectivorous Bats in British Columbia" by R.J. Avery and J.M. Tailyour and appeared in the May 1960 issue of the Canadian Journal of Comparative Medicine.

Bill
Please return
reference

Yours very truly,

Anthony Larsen

A.A. LARSEN, M.D., D.P.H.,
Director,
Division of Epidemiology

Dr Davies

AAL:mms
Encl.

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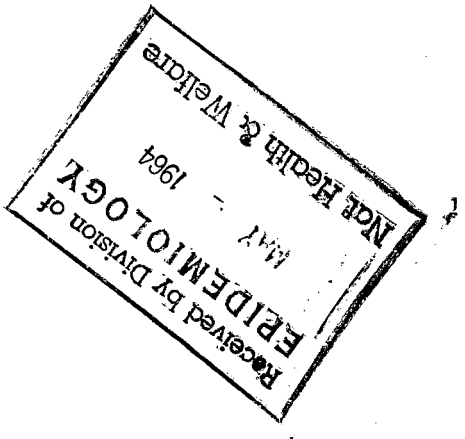

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CANADA

DEPARTMENT OF AGRICULTURE 13-3-27

PRODUCTION SERVICE

HEALTH OF ANIMALS DIVISION

ANIMAL PATHOLOGY LABORATORIES
ANIMAL PATHOLOGY LABORATORY
(PACIFIC AREA)
BUILDING 0-10, U.B.C.
VANCOUVER 8, B.C.

28 April, 1964

Dr. A. A. Larsen
Director
Division of Epidemiology
Department of Health Services
and Hospital Insurance
Parliament Buildings
Victoria, B.C.

Dear Dr. Larsen:

Re: Rabies Positive Findings in B.C.
Bats, from the First Discovery (1957)

Further to our telephone conversation, and conversation with Dr. E. Bowmer, please find attached a reprint of the original article on Bat Rabies, describing four cases diagnosed by virus isolation (as evidenced by negri bodies and S.N. tests) in mice.

There were no cases in 1959. Two cases occurred in 1960. The first of these, from Salmon Arm, was diagnosed on the basis of mouse inoculation; the second, from Vancouver, was diagnosed on the basis of negri body examination only. Although the microscopical picture was quite distinct, the finding was not confirmed in mouse inoculation.

To this date, the cases of confirmed bat rabies in B.C. stands at a total of five. One additional case was diagnosed on the basis of miscropical examination of the original material.

Yours truly,

P. L. Stovell
Officer in Charge

Enc.
Distribution
Dr. Larsen - 1
Dr. Bowmer - 1
File - 1

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PROVINCE OF QUEBEC
MINISTRY OF HEALTH

National Health and Welfare
311-R1-1
APR 15 1964
Registry Services

April 13, 1964.

Doctor E.W.R. Best, Chief,
Epidemiology Division,
Department of National Health,
OTTAWA, Ont.

Dear Dr. Best,

I beg to acknowledge receipt of your letter of April 8, 1964 - your file No. 311-R1-1 - relative to a retrospective study of rabies in Canada.

Permit me to say that I do not place much faith in the value of such a study unless your source of information is really adequate and this does not happen to be true in the case of rabies, and by the way, a similar study made on Smallpox deaths was also of a very limited value.

From 1926 to 1931, we have no epidemiological records which would permit us to answer more than one of the ten questions appearing on your table: that is, the age and sex of the victim. To obtain them, we would have to sort about 150,000 I.B.M. cards representing the death certificates of these years. I do not think the work is worth the trouble involved.

I have no report of a death of rabies in 1933. I sent you a note on the 1964 death and a detailed report will be published by Dr Allan Ross of the Montreal Children's Hospital.

I do not happen to know any instances of proven bat rabies in this province. A better source of information might be the Animal Pathological Laboratory in Hull.

In this province, we use both rabies vaccine and rabies antitoxin. We advise the phisician on the administration of these products according to the epidemiological information which is available. The distribution is made free of charge.

Yours very truly,

A.-R. Foley, m.d.,
Epidemiologist.

ARF/om

000416

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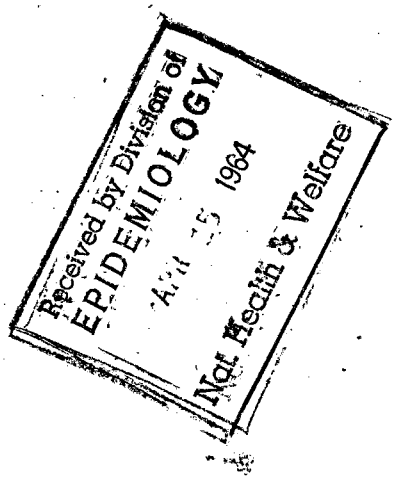

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File No. 311-R1-1

408 Jackson Building
Ottawa

AIRMAIL

April 21, 1964

Dr. Martin M. Kaplan,
Chief,
Veterinary Public Health,
W. H. O.
Palais des Nations,
Geneva, Switzerland.

Dear Dr. Kaplan,

I have been most interested in the information collected by The Veterinary Public Health Unit, W.H.O. on rabies as contained in your booklet "World Survey of Rabies III" (Rabies/inf./6).

We do not appear to have received copies of the previous publications, namely - "Rabies/inf./1" and "Rabies/inf./4", and if they are still available we would greatly appreciate receiving a copy of each.

Yours sincerely,

John W. Davies, M.B., B.S., D.P.H.,
for E.W.R. Best, M.D., D.P.H.,
Chief, Epidemiology Division.

JWD:jm

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ACTION REQUEST

TO Dr Davies | DATE Apr 16

LOCATION

FROM E 03 | RE FILE NO.

FOR:

	ACTION		NOTE & FORWARD
	APPROVAL		NOTE & RETURN
	COMMENTS		P.A. ON FILE
	DRAFT REPLY		REPLY DIRECTLY
	INFORMATION		REPLY, PLEASE
	INVESTIGATE AND REPORT		SEE ME, PLEASE
	INVESTIGATION		SIGNATURE
	MAKE.....COPIES		TRANSLATION
	MORE DETAILS		YOUR REQUEST
	NOTE AND FILE		.....

PREPARE MEMO TO:.....

REPLY FOR SIGNATURE OF:.....

REMARKS I would be reluctant to approach Herrmann in view of our recent correspondence

.....

.....

000419

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ACTION REQUEST

TO Dr Best | DATE

LOCATION

FROM J.W. Davis | RE FILE NO.

FOR:

☐	ACTION	☐	NOTE & FORWARD
☐	APPROVAL	☐	NOTE & RETURN
☐	COMMENTS	☐	P.A. ON FILE
☐	DRAFT REPLY	☐	REPLY DIRECTLY
☐	INFORMATION	☐	REPLY, PLEASE
☐	INVESTIGATE AND REPORT	☐	SEE ME, PLEASE
☐	INVESTIGATION	☐	SIGNATURE
☐	MAKE.....COPIES	☐	TRANSLATION
☐	MORE DETAILS	☐	YOUR REQUEST
☐	NOTE AND FILE	☐	.....

PREPARE MEMO TO:.....

REPLY FOR SIGNATURE OF:.....

REMARKS This is some information I asked Len to try to obtain for me. Could I have it back when you have seen. Maybe we should write Dr Dillenburg to see if he could give us something for the Pribilof Is.

000420

CGSB 6-GP-12 P.P.&S. CAT. 3433

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CANADA DEPARTMENT OF AGRICULTURE

PRODUCTION AND MARKETING BRANCH 311-R1-1

HEALTH OF ANIMALS DIVISION

YOUR FILE NO.:

OUR FILE NO.: 675-13

Ottawa, April 13th, 1964.

Mr. L. Christie,
Epidemiology Division,
Department of National Health and Welfare,
408 Jackson Building,
O t t a w a.

Dear Mr. Christie:

As requested, I am enclosing a copy of the report on the March 25th meeting of the Provincial Interdepartmental Rabies Committee, Province of Saskatchewan.

This report was prepared by the Regional Health Services Branch, and will give you some idea of the efforts being made in that province with respect to their predator control program.

If this office may be of further help, do not hesitate to contact us again.

Yours truly,

W. A. Maynichan

for R. J. McClenaghan,
Director,
Contagious Diseases Division.

Encl.

WAM/ef

000421

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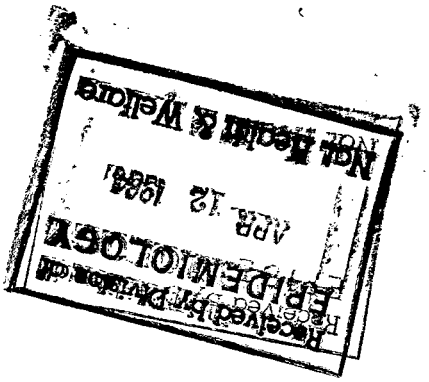

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GOVERNMENT OF THE PROVINCE OF SASKATCHEWAN

Board Room #2
March 25, 1963.
9:00 a.m.

Notes of Discussion at

RABIES MEETING

HEALTH OF ANIMALS DIVISION
APR 1 1964
ORIGINAL: BACK

In attendance:

Federal Health of Animals Division
Dr. E.E. Carlson
Dr. W. A. Seymour

Provincial Department of Agriculture
Dr. V. E. Senior

Provincial Department of Natural Resources
Mr. E. L. Paynter

Provincial Department of Public Health
Dr. V. L. Matthews
Dr. H. E. Robertson
Dr. H. O. Dillenberg
Mr. E. Abbott
Dr. S. L. Skoll

Purpose of Meeting:

I. To review the current rabies situation in the Province.

II. To review and assess the efficacy of the skunk eradication and predator control program presently being carried out by the Wildlife Branch. The program is confined to the southeastern portion of the province.

III. To decide on our future course of action.

. . . . . .

I. The Current Rabies Situation in the Province.

a. Confirmed Rabies in Animals

The Health of Animals Division has supplied the the following list of positive confirmations.

Animal	Location	Date
Skunk	Kipling	Dec. 5,1963
Skunk	Maryfield	Jan. 9,1964
Skunk	Kipling	Jan. 9,19[illegible]
Cat	Milestone	Jan.14,19[illegible]
Skunk	Parry	Jan.23,19[illegible]
Bovine	Arcola	Jan.23,19[illegible]
Skunk	Amulet	Jan.28,19[illegible]
Cat	Rouleau	Feb. 3,19[illegible]

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Document divulgué en vertu de la *Loi sur l'accès à l'information*

cont'd

Animal	Location	Date
Bovine	Milestone	Feb.24.1964
Skunk	Arcola	Feb.28,1964
Cow	Grenfell	Mar. 6,1964
Skunk	Milestone	Mar.18,1964

In addition to the above table, Dr. Carlson drew attention to a warning letter which had been received from the Health of Animals Division in Ottawa. Because the letter is such an important one permission has been obtained to reproduce it in full. (see attached - Note: please be very discreet about disclosing the date and place of death of child referred to in the first paragraph.)

b. Human Exposures to Rabid Animals
- Report by Dr. H.O.Dillenberg

1. A total of 16 Saskatchewan persons have received anti-rabies vaccine. About half this number have received Semple vaccine, the other avian vaccine. In a minority of cases there have been some local side-effects both to avian and Semple vaccines. Fortunately no long-term complications have been reported.

2. Human exposure is still confined to the southeastern portion of the province with one possible exception. This is a young boy in the City of Saskatoon who was recently attacked by a stray cat and bitten about the scalp. The patient is receiving "duck embryo" vaccine because the cat cannot be traced. The vaccine is being given purely as a precautionary measure.

Note

i. Of the 12 animals confirmed as being rabid, seven were skunks, three cows, and two cats.

ii. The number of identifications in animals appears to be decreasing. There have thus far been no positive identifications in dogs, foxes or coyotes.

iii. 16 human contacts have thus far completed courses of vaccine. In each case there was more than one human exposure to one or other of the infected cows.

..... 3

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II. Skunk Eradication and Predator Control Program
report by Mr. E. L. Paynter.

The following is an interim report on the skunk eradication and predator control program up to March, 1964. Mr. Paynter's presentation (quoted in full) refers to 19 rural municipalities in the westerly portion of the control area. Reports from the 16 easterly R.M.s are still awaited. I quote from Mr. Paynter's report:

"1. Total Number of R.M.s

There are 19 R.M.s in the area. Baits were placed in all 19. However, coverage was lighter in those which had previously placed baits under the coyote control program.

2. Total Number of Baits Placed

- 235.

3. Since the placing of baits in the R.M.s has been completed, a program of placing baits in the various PFRA pastures was undertaken and has now been completed. The staff has revisited all R.M.s in the area, checking on any baits placed by them under the coyote control program and replacing any baits that had been used up. At the same time, the staff contacted farmers and councillors ascertaining the whereabouts of any skunks and assisting in the destruction of them. Complaints about the loss of dogs and the removal of baits have been investigated and reports made to the R.C.M.P.

4. Destruction of Animals (Poisoned by "1080")

Type of Animal	Reported Found	Destroyed By Staff	Destroyed By Others
Skunks	9	*50	40
Foxes	30	7	1
1 coyote more than 10 dogs 1 cat			

* exact number not known due to fact that many live dens bombed.

5. Public Reaction

Very good cooperation being received at all times. However, some problems have arisen through the poisoning of dogs in two areas. It is suspected that some baits have been stolen and that certain individuals

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have taken advantage of the program to get rid of unwanted dogs in their area. The R.M. Councils involved have been contacted and their reaction towards the Department is very healthy but they are under heavy pressure from the owners of dogs which have been poisoned. The R.C.M.P. have been notified and are working on the matter.

Apart from these isolated cases, the rabies program has been accepted by all R.M. Councils."

III. Proposed Course of Future Action

1. The Department of Public Health will issue an immediate news release reviewing the current situation in the province. This release will embody a special warning to children not to handle seemingly wild animals. (already sent).

   It was suggested that we should also warn school children through the schools.

2. The skunk eradication program and predator control program should continue at least through April and May. This is the time of year when these animals are most likely to become active and constitute the greatest menace.

3. It is not proposed to send the heads of suspected animals to the laboratory for examination if there has been no human exposure. However, in each case of suspected disease in an animal, the Health of Animals Division should be notified so that they could investigate the circumstances very thoroughly. Their investigators will decide in each case whether or not the animal's head should be sent to Lethbridge.

Meeting adjourned.

****

Prepared by:
Regional Health Services Branch
March 30, 1964. SLS/p

Distributed to:
All members at meeting,
Regional Medical Health Officers
and Medical Health Officers.

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311-R1-1

~~311-H3-101~~

Province of Saskatchewan

DEPARTMENT OF PUBLIC HEALTH

PROVINCIAL LABORATORY

February 25, 1964.

REFER TO FILE

Dr. E.W. R. Best, Chief,
Epidemiology Division,
Department of National Health
and Welfare,
408 Jackson Building,
Ottawa 4, Ontario.

Dear Doctor Best:

Thank you very much for the prompt compliance to my request for further information on the duck-embryo antirabies vaccine.

Dr. Nagler has answered my question in a comprehensive letter and we are greatly relieved that in spite of occasional live virus pockets, this vaccine is regarded as safe, nevertheless.

Enclosed I am forwarding a number of hepatitis forms which I was able to fill in the last weeks. Some of them are for 1964, but the bulk concerns cases of 1963, and a number of 1963 are to follow. It has been my experience that I have to investigate personally in all these cases, since it has been impossible to solicit the help of Medical Health Officers or of the physicians on the cases themselves. Delays in doing this work are unavoidable.

With personal regards,

Yours truly,

H. Dillenberg, M.D.,
Provincial Epidemiologist.

HD/lpf
encl.

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PA

Laboratory of Hygiene
Ottawa 4, Ontario

21 February, 1964

Dr. H. Dillenberg
Provincial Epidemiologist
Provincial Laboratory
Department of Public Health
REGINA, Saskatchewan

Re: Duck Embryo Rabies Vaccine

Dear Herman,

Ted Best transmitted your letter to me for reply.

The duck embryo vaccine may contain a small number of residual live virus, this is quite correct. However the virus is an attenuated strain, such as the Flury strain and thus does not present a potential risk. The inactivation has been employed as an additional safety factor. I specifically pointed out this characteristic of the duck vaccine to present a possible explanation for the variation in potency of the individual batches of this vaccine found by the New York State Department of Health. This variation may have been due to the presence or absence of small amounts of live virus.

Regarding the "preventive record in human exposure" of the duck vaccine, it cannot be said that it is "poorer" than that of the Semple vaccine, since experience with it is far more limited than the experience with the Semple vaccine. It is the absence of this experience that gives it a disadvantage over the Semple vaccine. I thought I had made this clear and as I can ascertain now from my colleagues here in Ottawa, this is what they understood. It is quite correct that judging by the Habel test its protective value in mice is lower than the value of the Semple vaccine. However, I also pointed out that the Habel test is a very stringent one and that the only proof of quality i.e. a challenge test in man is "unfeasible".

A number of considerations will have to be kept in mind when employing the duck vaccine:

1) there are no neurological complications,
2) there is lack of experience on the protective value in man.

It has never been proven that there is a risk of contracting rabies through the use of the vaccine, although it was once

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discussed in one paper several years ago, concerning the death of a woman in California after having been bitten by a rabid bat.

I may mention here that the duck vaccine (which is still in short supply) is usually employed in human treatment only. Veterinarians use the Flury vaccine supplied by Lederles.

The best advise I can give you is to carry on with the duck vaccine in your present series of vaccination.

The following references may be of interest to you:

1. Action of Rabies Vaccine Derived from Embryonated Duck Eggs Against Street Virus. By H.M. Powel and C.G. Culbertson. Proc. Soc. Exp. Biol. and Med., 1959, V.101, 801-803.

2. Comparison of Rabies Vaccines Grown on Duck Embryo and on Nervous Tissue. By F.A. Gibbs, E.L. Gibbs, P.R. Carpenter and H.W. Spies. New Eng. Jour. of Med., 265: 1002-1003 (Nov. 16), 1961.

3. Potency of Commercial Rabies Vaccine Used in Man. By D.J. Dean, I. Sherman. U.S. Public Health Reports, Vol.77, No.8, August 1962, 705-710.

4. Propagation of Rabies Virus; Evaluation of a Vaccine, By G.L. Ott, B. Heyke. Veterinary Medicine, July 1962, pp. 613-616.

With best regards,

Yours sincerely,

F.P. Nagler, M.D.
Chief, Virus Laboratories

FPN/mtk

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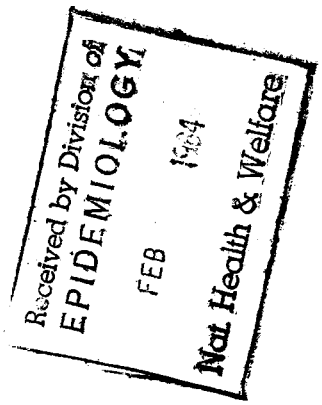

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Province of Saskatchewan

DEPARTMENT OF PUBLIC HEALTH

PROVINCIAL LABORATORY

REFER TO FILE

February 17, 1964.

~~C O N F I D E N T I A L~~

Dr Davies

Dr. E. W.R.Best, Chief,
Epidemiology Division,
Department of National Health and Welfare,
408 Jackson Building,
Ottawa, Ontario.

Dear Doctor Best:

Re: Duck-embryo Rabies Vaccine.

You will recall Dr. Nagler's comments on this vaccine on February 7, among which he stated that it "may contain pockets of live rabies-virus" and that its preventive record in human exposure to rabies is poorer than that of the Semple-type vaccine, as well as that its Habel-test record is poorer than that of the Semple-vaccine.

We are concerned about these observations, having chosen the duck-embryo vaccine in our flurry of nine recent human exposures upon the explicit advice of officials of the Health of Animals Division, of Dr. Greenberg and of Dr. Axelrod, of Dr. Habel's laboratory; that it is safe.

I have been asked by my seniors to write to you for the formal advice of your Department in this matter. We shall keep this advice confidential, however, unless Dr. Nagler's warning is being confirmed and we should have to circularize our medical and veterinary profession explaining why it is advisable to desist from supplying duck-embryo vaccine in favour of the Semple-type.

We have completed seven of the nine courses with this vaccine without immediate side-effects, but in the light of Dr. Nagler's remarks, we are now somewhat in suspense and should appreciate an early answer. If Dr. Nagler has evidence of live-virus remnants in the Eli Lilly Product, would it not have to be withdrawn from the Canadian market?

With personal regards,

19 Feb 64 - CC Dr Nagler for direct reply. URGENT. EB

Yours truly,

Hugh D.

for H. Dillenberg, M.D.,

HD/lpf
c.c. Dr. Robertson.

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Received by Division of
EPIDEMIOLOGY
FEB [illegible] 1984
Nat. Health & Welfare

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[redacted]

Province of Saskatchewan

DEPARTMENT OF PUBLIC HEALTH

PROVINCIAL LABORATORY

National Health and Welfare
311-R1-1
JAN 27 1964
Registry Services
REFER TO FILE

January 25, 1964.

Dr.E.W.R.Best, Chief,
Epidemiology Section,
Department of National Health and Welfare,
408 Jackson Building,
Ottawa 4, Ontario.

Dear Doctor Best:

Re: Further cases of rabies in animals with human involvement in Saskatchewan.

On January 12, a heifer cow was examined for a throat obstruction on a farm near Arcola, Saskatchewan. The veterinarian examined the throat by manual exploration while the veterinarian's driver and the owner of the cow held its mouth open. All three persons were thoroughly soiled with saliva. On January 17, the cow died under signs suspicious for rabies, and Negri-bodies were found, on January 20, at the Health of Animals Science Institute at Lethbridge. On January 22 immediate vaccination of the three persons involved was advised, and started on January 23, using duck embryo vaccine of the Eli Lilly Company.

A further number of confirmed instances of rabies in skunks and also in a coyote were reported in the South East corner of Saskatchewan. One of the rabid skunks was found in a cow barn with thirty animals and suspicion arose that some cows may have been bitten by the rabid skunk.

The Health of Animals Division of the National Department of Agriculture is distributing additional material on the proper handling of suspected rabies cases.

I understand that while this much evidence of rabies in Saskatchewan is comparatively unusual, it is only part of the wide epizootic on the national scene, and that Ontario, particularly, has numerous cases of rabies in skunks and foxes, and also several instances of human involvement. Connaught even seems to have trouble keeping up with the supply of Semple type vaccine.

Looking forward to seeing you on February 5, with kind regards,

Yours truly,

H.Dillenberg, M.D.,
Provincial Epidemiologist.

HD/lpf

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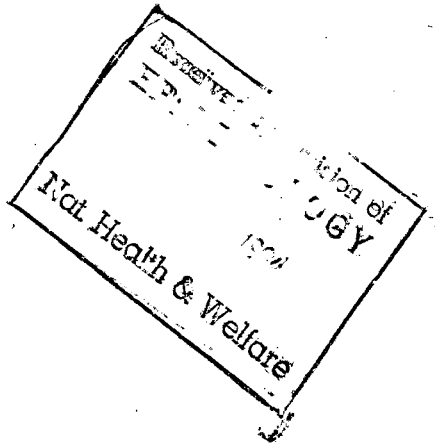

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National Health and Welfare
311-R1-1
JAN 22
Registry Services

Province of Saskatchewan

DEPARTMENT OF PUBLIC HEALTH

PROVINCIAL LABORATORY

January 16, 1964.

REFER TO FILE

Dr. E. W.R.Best, Chief,
Epidemiology Division,
Department of National Health and Welfare,
408 Jackson Building,
Ottawa 4, Ontario.

PA

Dear Doctor Best:

Since our December 1963 circular, released this month, will be dealing mainly with the general aspects of rabies; and because, in the interest of public relations, ~~one~~ the description of the incidents gives very little by way of factual observation at this stage; I felt I should report them separately.

Bell for E.B

During December, rabies was confirmed in skunks in widely separated locations, Redvers and Kindersley. These skunks acted peculiarly in that they did not try to escape but reacted rather submissively when picked up, and did not use their glands. Suspicion of rabies was confirmed by examination of these animals at the Veterinary Science Institute at Lethbridge. In the latter part of December, a badger attacked five pigs in a hog pen near Shellbrook, and after that the farmer - who killed the badger by smashing its head. The brain of this animal could not very well be examined microscopically; and observation of the bitten hogs will have to be extended for months.

On December 17, a farmer at Khedive, 75 miles South East of Regina, was bitten in the right thigh by his own cat. Ten days before this, a stray cat had been seen on the farm, seemingly sick and smelling strongly of skunk. The owner's cat was killed instantly after the attack, and its head was submitted to the Veterinary Science Institute, Lethbridge. Direct smears showed numerous inclusion bodies although the opinion of the veterinarians involved in this case was that these were significant rather for feline enteritis than for rabies. If the stray cat, with whom the biting animal had associated, was the source of the disease, then its strong skunk odor, in the opinion of the veterinarians, spoke against its encounter with a rabid skunk - this because rabid skunks are said to rarely use their stink weapon, (paralysis of tail muscles and hind legs).

.....

23 Jan 64 - cc Dr Naylor re P2 last para.

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Thirteen days later the Lethbridge Institute reported that all mice inoculated with brain emulsion from the biting cat had died. Their brains, however, did not show Negri bodies. There was a bacillary infection evident in all of them. A second string of six mice was inoculated with the pooled brains of the first. They showed flaccid paralysis and development of Negri bodies on January 12, and a final diagnosis of rabies in the biting cat was immediately relayed to the Health Department in Regina.

The farmer was advised in the beginning to visit his physician. He did so on December 23, six days after the cat bite. He was given penicillin and anti-tetanus serum, but not anti-rabies serum because of the lapse of six days.

The National Department of Agriculture offered a supply of duck embryo vaccine (Eli Lilly) in this case, which was accepted by the physician after he had been offered the choice between the Semple type rabies vaccine stocked by the Department, and this offer of duck embryo vaccine. Both he and the Regional Medical Health Officer believed the duck embryo vaccine to be safer with respect to allergic side effects. Thus, 26 days after the cat bite, the farmer was started on duck embryo vaccine , and, of course, the outcome will be known only after some weeks hence. At the beginning of his course with the vaccine, the patient is said to have shown no signs (for instance, local nervous sensations). The bite was a deep one but did not leave an extensively torn wound.

The Federal Veterinarians have informed me that the occurrence of several rabid skunks at Redvers, near the Manitoba border, seems to be a spill-over of the sizable reservoir in wild animals in Manitoba, the other observations at Kindersley and Shellbrook are in the North Western part of Saskatchewan and may be part of the reservoir in the North.

Following the lesson learned from the case at Khedive, the medical profession in Saskatchewan is being circularized with a comprehensive report on all practical aspects of rabies, and cardinal rules of management whenever the disease is suspected and human involvement observed. The question which vaccine to use has been left open, (Semple or duck embryo vaccine), for lack of convincing data in favour of either one.

May I suggest that at our next meeting on February 5, a brief exchange be held on the known data of duck embryo vaccine vs: Semple type vaccine.

With personal regards,

Yours truly,

Dillenberg

HD/lpf

H. Dillenberg, M.D.,
Provincial Epidemiologist.

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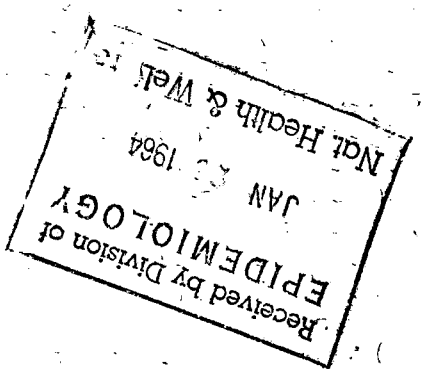

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NOTE.—DO NOT USE THIS ROUTE SLIP TO SHOW FORMAL CLEARANCES OR APPROVALS | DATE

TO: | AGENCY | BLDG. | ROOM

Dr. John Davis

Medical Consultant

☐ APPROVAL ☐ REVIEW ☐ PER CONVERSATION

☐ SIGNATURE ☐ NOTE AND SEE ME ☐ AS REQUESTED

☐ COMMENT ☐ NOTE AND RETURN ☐ NECESSARY ACTION

☐ FOR YOUR INFORMATION

☐ PREPARE REPLY FOR SIGNATURE OF

REMARKS:

(Fold here for return)

To

From Joseph F. Giordano
Regional Representative
Communicable Disease Center
Boston Regional Office

PHONE | BUILDING | ROOM

FORM HEW-30 REV. 11/56 **ROUTE SLIP** GPO:19

000438

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National Health and Welfare
311-R1-1
SEP 3 1963
Registry Services

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
BOSTON REGIONAL OFFICE

August 26, 1963

The enclosed compilation of data on rabies in the Northeastern United States and Canadian Border Provinces is the fourth report of its kind prepared by the Boston Regional Office of the Public Health Service in accordance with the recommendation of the United States - Canada Border Regional Rabies Conference held on March 28 and 29, 1963, at the University of Vermont.

All cases represent "confirmed" laboratory-diagnosed cases of rabies unless indicated as clinical.

Any comments or suggestions you may have regarding this report will be greatly appreciated.

000439

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INCIDENCE OF RABIES IN THE NORTHEASTERN U.S.A. AND CANADA BY STATE, PROVINCE, AND TYPE OF ANIMAL JULY, 1963

COUNTRY AND STATE OR PROVINCE	DOGS		CATS		FARM ANIMALS		FOXES		SKUNKS		BATS		OTHER ANIMALS		MAN		TOTAL	
	7th Mo.	Cumulative 7 Mos.	7th Mo.	Cumulative 7 Mos.	7th Mo.	Cumulative 7 Mos.	7th Mo.	Cumulative 7 Mos.	7th Mo.	Cumulative 7 Mos.	7th Mo.	Cumulative 7 Mos.	7th Mo.	Cumulative 7 Mos.	7th Mo.	Cumulative Mos. 7	7th Mo.	Cumulative 7 Mos.
CANADA																		
New Brunswick																		
Ontario	3	*	2	*	6	*	16	*	6	*		*		*		*	33	*
Quebec		*		*	4	*		*		*		*		*		*	4	*
U.S.A.																		
Maine								3										3
New Hampshire	1	1						10		2	1	1					2	14
New York		4		1		1		17	1	5							1	28
Vermont							2	10	1	1							2	11

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JULY 1963 SUMMARY

CANADA

QUEBEC - Eighteen cases of rabies in animals were reported in Quebec Province during the report period. Of the 18 cases at least 3 were reported south of the St. Lawrence River; a dog was reported in Huntingdon less than 20 miles from Malone, New York (see N.Y. below); a sheep was reported in L'islet approximately 50 miles east of Quebec on the St. Lawrence River; and a fox reported in Stanstead a few miles from the eastern Vermont border.

MAINE

No cases reported. Trapping continues in the extreme northern part of Oxford and Franklin counties next to the New Hampshire and Quebec border.

NEW HAMPSHIRE

Two case of rabies were reported in July; a dog in the town of Colebrook near the Canadian border, and a bat in the town of Hudson in the extreme southern part of the State near the Massachusetts line.

NEW YORK (Northern)

In July 1 case of rabies was reported in the northern part of the State in Malone, Franklin County approximately 18 miles south of Huntingdon, Quebec Province (see Canada above)

VERMONT

In July 2 cases of rabies in foxes were reported in the State. Both cases were reported from South Hero, Grand Isle County located on Lake Champlain.

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National Health and Welfare
311-R1-1
JUL 2 1963
Registry Services

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
BOSTON REGIONAL OFFICE

June 25, 1963

The enclosed compilation of data on rabies in the Northeastern United States and Canadian Border Provinces is the second report of its kind prepared by the Boston Regional Office of the Public Health Service in accordance with the recommendation of the United States - Canada Border Regional Rabies Conference held on March 28 and 29, 1963, at the University of Vermont.

All cases represent "confirmed" laboratory-diagnosed cases of rabies unless indicated as clinical.

Any comments or suggestions you may have regarding this report will be greatly appreciated.

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INCIDENCE OF RABIES IN THE NORTHEASTERN U.S.A. AND CANADA BY STATE, PROVINCE, AND TYPE OF ANIMAL MAY, 1963

COUNTRY AND STATE OR PROVINCE	DOGS		CATS		FARM ANIMALS		FOXES		SKUNKS		BATS		OTHER ANIMALS		MAN		TOTAL	
	5th Mo.	Cumulative 5 Mos.	5th Mo.	Cumulative 5 Mos.	5th Mo.	Cumulative 5 Mos.	5th Mo.	Cumulative 5 Mos.	5th Mo.	Cumulative 5 Mos.	5th Mo.	Cumulative 5 Mos.	5th Mo.	Cumulative 5 Mos.	5th Mo.	Cumulative 5 Mos.	5th Mo.	Cumulative 5 Mos.
CANADA																		
New Brunswick	*	*	*	*	*	*	*	*	*	*	*	*	*	*				
Ontario	4	*	2	*	8	*	15	*	11	*		*		*		*	40	*
Quebec		*		*	2	*	1	*		*		*		*		*	3	*
U.S.A.																		
Maine								3										3
New Hampshire							4	10	1	2							5	12
New York (No.)	1	4		1		1	1	14	1	2							3	22
Vermont							1	5									1	5

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MAY 1963 SUMMARY

CANDA

QUEBEC - In May, 3 cases of rabies were reported in Quebec Province. Of the 3 cases, 1 was reported in a fox in North Stanstad County, bordering the State of Vermont.

MAINE - No cases of rabies were reported in Maine during May. The poison-bait program that was to have begun in May in the northern forest area has been postponed until the fall. A trapping program will be conducted in lieu of the poison-bait in the near future.

NEW HAMPSHIRE - In May, 5 cases of rabies were reported in Coos County, the northern-most county in the State, bordered by Vermont, Quebec, and Maine. Of the 5 cases, 4 were foxes and 1 was a skunk.

NEW YORK (Northern) - In May, 3 cases of rabies were reported in northern New York. Of the 3 cases, St. Lawrence, Franklin, and Clinton Counties reported rabies in a dog, fox, and skunk, respectively.

Four persons exposed to the rabid dog in St. Lawrence County received 14 doses each of Duck Embryo Vaccine.

VERMONT - In May, 1 case of rabies in a fox was reported in Morgan, Orleans County in the northwestern part of the State near the Canadian border.

The State Board of Health, in accordance with the recent act of the legislature, on May 16 passed rabies-control regulations, which are being distributed to health officers, physicians, and veterinarians.

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National Health and Welfare
311-R1-1
JUN 11 1963
Registry Services

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
BOSTON REGIONAL OFFICE

June 5, 1963

In accordance with the recommendation of the United States - Canada Border Regional Rabies Conference held on March 28 and 29, 1963, at the University of Vermont, Burlington, the attached compilation of data on rabies in the Northeastern United States and Canadian Border Provinces was prepared by the Boston Regional Office of the Public Health Service. These data were compiled from reports submitted by each State health department and the Canadian Department of Agriculture.

All cases represent "confirmed" laboratory diagnosed cases of rabies unless indicated as clinical.

Comments or suggestions regarding this report are welcomed.

Henry C. Huntley, M.D.
Regional Health Director
Public Health Service

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INCIDENCE OF RABIES IN THE NORTHEASTERN U.S.A. AND CANADA BY STATE, PROVINCE, AND TYPE OF ANIMAL APRIL, 1963

COUNTRY AND STATE OR PROVINCE	DOGS		CATS		FARM ANIMALS		FOXES		SKUNKS		BATS		OTHER ANIMALS		MAN		TOTAL	
	4th Mo.	Cumulative 4 Mos.	4th Mo.	Cumulative 4 Mos.	4th Mo.	Cumulative Mos. 4	4th Mo.	Cumulative 4 Mos.	4th Mo.	Cumulative 4 Mos.	4th Mo.	Cumulative 4 Mos.	4th Mo.	Cumulative 4 Mos.	4th Mo.	Cumulative 4 Mos.	4th Mo.	Cumulative 4 Mos.
CANADA																		
New Brunswick	*	*	*	*	*	*	*	*	*	*	*	*	*					
Ontario	5	*	-	*	16	*	25	*	7	*	-	*	-	*	-	*	53	*
Quebec	2	*	-	*	6	*	1	*	-	*	-	*	-	*	-	*	9	*
U.S.A.																		
Maine								3										3
New Hampshire							3	6	1	1							4	7
New York	1	3	1	1		1	4	13		1							6	19
Vermont							2	4									2	4

*Not Available

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APRIL 1963 SUMMARY

CANADA

QUEBEC - In April, 9 cases of rabies were reported in Quebec Province. Of the 9 cases, 2 were reported south of the St. Lawrence River; 1 case in a dog in Huntingdon, bordering on New York State; and the other in a sheep at St. Cyrille, L'Islet County, near the Maine border.

MAINE - No cases of rabies were reported in Maine during April. Three cases of rabies in foxes were reported from January 1 - March 31, 1963, in the northwestern part of the State near the Quebec frontier. Thirteen free-dog immunization clinics were scheduled in this area during April. In May, English and French posters will be posted in the northern forest announcing the initiation of a poison-bait program in the area.

NEW HAMPSHIRE - In April, 4 cases of rabies were in Coos County, the northern-most county in New Hampshire, bordered by Vermont, Quebec, and Maine. Of the 4 cases, 3 were foxes and 1 was a skunk. Three cases of rabies in foxes were reported in Coos County from January 1 - March, 1963.

NEW YORK - In April, 6 cases of rabies were reported in New York. Of the 6 cases, 3 (dog, fox, cat) were reported in St. Lawrence County; 2 cases in foxes were reported in Franklin County; and one case in a fox was reported in Clinton County. These three counties are located in the northeastern part of the State. Thirteen cases of rabies were reported from January 1 - March 31, 1963.

VERMONT - In April, 2 cases of rabies in foxes were reported in Vermont. Of the 2 cases, 1 was reported in Alburg, Grand Isle County, in the extreme northwestern region of the State; and the other, in Cannan, Essex County, in the northeastern section adjacent to the New Hampshire line. During the first three months of 1963, 2 other cases of rabies in foxes were reported--1 each in Grand Isle and Essex Counties.

In April, the Vermont Legislature passed a bill providing for:

1. Free mass-voluntary rabies immunization clinics for dogs in a 25 - 30 mile-deep buffer zone in northern Vermont.

2. Other clinics for dogs to be held about the State in 1963 "at cost" basis by the Department of Agriculture.

3. Compulsory rabies vaccination for all dogs beginning in 1964, linked with licensing.

4. Establishment of regulations by the State Board of Health, primarily to provide for restraint and observation of a biting animal.

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NOTE.—DO NOT USE THIS ROUTE SLIP TO SHOW FORMAL CLEARANCES OR APPROVALS | DATE 3/25/63

TO: [redacted] AGENCY BLDG. ROOM

Dr. Best

☐ APPROVAL ☐ REVIEW ☐ PER CONVERSATION

☐ SIGNATURE ☐ NOTE AND SEE ME ☐ AS REQUESTED

☐ COMMENT ☐ NOTE AND RETURN ☐ NECESSARY ACTION

☐ FOR YOUR INFORMATION

☐ PREPARE REPLY FOR SIGNATURE OF

REMARKS:

B

(Fold here for return)

To

From

PHONE	BUILDING	ROOM
		000448

FORM HEW-30 REV. 11/56 **ROUTE SLIP** GPO: 1956—O—409606

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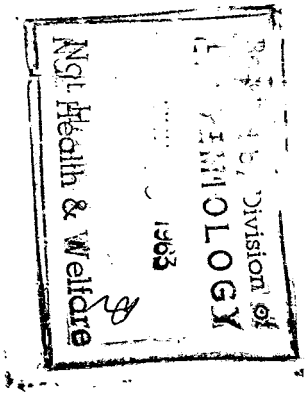

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National Health and Welfare
311-R1-1
Registry Service

March 25, 1963

Dr. G. A. Edge
Chief Veterinarian
Zoonoses Section
Epidemiology Branch
Department of Health
Parliament Bldgs.
Toronto, Ontario, Canada

Dear Dr. Edge:

You are undoubtedly aware of the increase in animal rabies along the eastern portion of the U.S.-Canadian border. These cases have occurred in 9 Quebec border counties and 8 New York State border counties. A preliminary survey has revealed evidence of a definite eastward trend from the infected areas in New York State and the Province of Quebec. The present status of the infection along the border with its eastward progression adds up to the imminent involvement of Vermont, New Hampshire and Maine. These states have been virtually rabies-free for the last 28 to 35 years.

Discussions regarding this situation have been held with the Public Health Service Regional Office in Boston, Dr. K. F. Wells, Veterinary Director General of Canada, Dr. D. J. Dean, Chief Public Health Veterinarian, New York State Health Department and the health commissioners of Maine, Vermont and New Hampshire. Since the spread of rabies has respect neither for state and provincial lines nor international boundaries, it was the concensus of the group that a coordinated program be established for the entire region. It was felt that the initial phase of such a program could be developed at a conference on rabies control for the general eastern border area. This conference has now been planned for Thursday, March 28 and Friday, March 29 at Burlington, Vermont. The conference will encompass the most current knowledge in the prevention and control of rabies, which in turn can be adapted to the specific conditions of the problem area. I am enclosing a tentative agenda for the meeting. You will note that the first day deals with general considerations of the disease and the second day with concrete proposals for a regional control plan.

Participating in the conference will be representatives of all agencies interested in and responsible for the prevention and control of rabies from national, state and local levels. This will include federal, state and local health departments, U.S. and Canadian fish and wildlife services, State and Provincial game commissions, State and national veterinary services and others.

000450

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Dr. C. A. Edge - 3/25/63

It was suggested by Dr. Best that you would be interested in participating in this meeting. It is, therefore, with pleasure that we invite you and hope that your schedule will permit attendance.

The conference will be held in the Memorial Lounge, Waterman Building, University of Vermont, Burlington. Special rates have been obtained at the Vermont Hotel in Burlington for invitees of the conference (Single - $6.50, Double - $11.00). A block of rooms has been reserved at the Vermont Hotel.

I do hope that you will be able to attend and participate in the conference with us. We are looking forward to this meeting with great interest and hope that it will result in a productive, coordinated program for the region.

Sincerely yours,

Ernest S. Tierkel, V.M.D.
Chief, Rabies Control Program
Veterinary Public Health Section

Enc.

CC: Dr. Best
Mr. Giordano

ESTierkel:cw

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Locate letter

PA

File: 311-RI-1.

403 Jackson Building,
Ottawa 4, Ontario,
March 25, 1963.

Dr. Kerr L. White,
Chairman,
U.S.-Canadian Border Rabies
Conference,
Department of Epidemiology and
Community Medicine,
The University of Vermont,
Burlington, Vermont,
U. S. A.

Dear Dr. White,

Thank you for your invitation to attend the dinner at the Hotel Vermont on March 29th.

It is not possible for me to attend the Conference on Rabies so I regret that I am unable to accept your invitation.

Yours sincerely,

Original Signed by
DR E. W. R. BEST

E.W.R. Best, M.D., D.P.H.,
Chief, Epidemiology Division.

EWRB:lhd

000452

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File No. 311-R1-1

403 Jackson Building,
Ottawa 4, Ontario.
March 25, 1963

Mr. H. Barlin,
Manager, Sales Promotion,
Eli Lilly and Company (Canada) Limited,
3650 Danforth Avenue,
Scarborough, Ontario.

Dear Mr. Barlin,

Thank you for providing in response to my letter information on rabies prophylactic agents produced by your laboratory for the years 1959 to 1961.

This material is of great interest and will be of considerable value as background information for the Rabies Conference in Burlington, Vermont.

Yours sincerely,

John W. Davies, M.B., B.S., D.P.H.
for
E.M.R. Best, M.D., D.P.H.
Chief, Epidemiology Division.

JD:jm

000453

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File No. 311-R1-1

408 Jackson Building,
Ottawa 4, Ontario,
March 25, 1963.

Dr. R. G. Warminton,
Medical Director,
Medical Products Department,
Cyanamid of Canada Ltd.,
5550 Royalmount Avenue,
Town of Mount Royal,
Montreal 16, Quebec.

Dear Doctor Warminton,

Thank you for providing in response to my letter information on rabies prophylactic agents produced by your laboratory for the years 1959 to 1961.

This material is of great interest and will be of considerable value as background information for the Rabies Conference in Burlington, Vermont.

Yours sincerely,

John W. Davies, M.B., B.S., D.P.H.
for
E.W.R. Best, M.D., D.P.H.
Chief, Epidemiology Division.

JWD:jn

Document disclosed under the Access to Information Act -
Document divulgué en vertu de la Loi sur l'accès à l'information

File No. 311-R1-1

408 Jackson Building,
Ottawa 4, Ontario,
March 25, 1963.

Doctor Armand Frappier,
Director,
Institute of Microbiology and Hygiene,
University of Montreal,
Montreal, Quebec.

Dear Doctor Frappier,

Thank you for providing in response to my letter information on rabies prophylactic agents produced by your laboratory for the years 1959 to 1961.

This material is of great interest and will be of considerable value as background information for the Rabies Conference in Burlington, Vermont.

Yours sincerely,

John W. Davies, M.B., B.S., D.P.H.,
for
E.W.R. Best, M.D., D.P.H.,
Chief, Epidemiology Division.

JWD:jn

EXCLUSIVE CONNECTION WITH WESTERN UNION CABLE SERVICE
CORRESPONDANCE EXCLUSIVE AVEC WESTERN UNION CABLE SERVICE

FORM—6103B (6-55)

CANADIAN NATIONAL TELEGRAPHS

J. R. WHITE
GENERAL MANAGER GÉRANT GÉNÉRAL
TORONTO

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GENRE DE SERVICE
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PLACE X OPPOSITE SERVICE DESIRED
INDIQUEZ PAR UN X LE GENRE DE SERVICE DÉSIRÉ

CHECK	RECEIVERS NO.	TIME FILED	CHARGE TO DEPT. OR ADDRESS
			DEPARTMENT OF NATIONAL HEALTH AND WELFARE - 2-200-55300.

Send the following message, subject to the terms on back hereof, which are hereby agreed to
Veuillez expédier la dépêche suivante aux conditions mentionnées au verso auxquelles je consens par les présentes

GA 311-R1-1

OTTAWA MARCH 22, 1963.

DR. E. S. TIERKEL,
CHIEF, RABIES CONTROL PROGRAM,
VETERINARY PUBLIC HEALTH SECTION,
DEPARTMENT OF HEALTH, EDUCATION & WELFARE
COMMUNICABIE DISEASE CENTER
ATLANTA 22, GEORGIA.

RE BURLINGTON RABIES CONFERENCE. PLEASE INVITE DIRECTLY DR. G. A. EDGE, CHIEF VETERINARIAN, ZOONOSES SECTION, EPIDEMIOLOGY BRANCH, DEPARTMENT OF HEALTH, PARLIAMENT BUILDINGS, TORONTO, ONTARIO. TELEPHONE TORONTO 365-4094.

E.W.R. BEST, M.D., D.P.H.,
CHIEF, EPIDEMIOLOGY DIVISION,
DEPARTMENT OF NATIONAL HEALTH
AND WELFARE.

EWRB:LHD

TELEPHONED: 3:45 pm

000456

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CANADIAN NATIONAL TELEGRAPH COMPANY

(OPERATING ITS OWN LINES AND THOSE OF THE GREAT NORTH WESTERN TELEGRAPH COMPANY, THE GRAND TRUNK PACIFIC TELEGRAPH COMPANY AND CANADIAN GOVERNMENT RAILWAYS). HEREINAFTER CALLED THE COMPANY.

TERMS AND CONDITIONS UPON WHICH TELEGRAPH AND CABLE MESSAGES SHALL BE TRANSMITTED ARE PRESCRIBED BY ORDER NO. 49274, DATED DECEMBER 5TH, 1932, OF THE BOARD OF TRANSPORT COMMISSIONERS FOR CANADA AND PUBLISHED IN THE CANADA GAZETTE.

It is agreed between the sender of the message on the face of this form and this Company that said Company shall not be liable for damages arising from failure to transmit or deliver, or for any error in the transmission or delivery of any unrepeated telegram, whether happening from negligence of its servants or otherwise, or for delays from interruptions in the working of its lines, for errors in cipher or obscure messages, or for errors from illegible writing, beyond the amount received for sending the same.

To guard against errors, the Company will repeat back any telegram for an extra payment of one-half the regular rate; and, in that case, the Company shall be liable for damages suffered by the sender to an extent not exceeding $200.00, due to the negligence of the Company in the transmission or delivery of the telegram.

Correctness in the transmission and delivery of messages can be insured by contract in writing, stating agreed amount of risk, and payment of premium thereon at the following rates, in addition to the usual charge for repeated messages, viz.: one per cent for any distance not exceeding 1,000 miles, and two per cent for any greater distance.

This Company shall not be liable for the act or omission of any other Company, but will endeavour to forward the telegram by any other Telegraph Company necessary to reaching its destination, but only as the agent of the sender and without liability therefor. The Company shall not be responsible for messages until the same are presented and accepted at one of its transmitting offices; if a message is sent to such office by one of the Company's messengers, he acts for that purpose as the sender's agent; if by telephone, the person receiving the message acts therein as agent of the sender, being authorised to assent to these conditions for the sender. This Company shall not be liable in any case for damages, unless the same be claimed, in writing, within sixty days after receipt of the telegram for transmission.

No employee of the Company shall vary the foregoing.

LA "CANADIAN NATIONAL TELEGRAPH COMPANY"

(EXPLOITANT SES PROPRES LIGNES DE MÊME QUE CELLES DE LA "GREAT NORTH WESTERN TELEGRAPH COMPANY", DE LA "GRAND TRUNK PACIFIC TELEGRAPH COMPANY" ET CELLES DES CHEMINS DE FER DU GOUVERNEMENT CANADIEN)—CI-APRÈS NOMMÉE LA COMPAGNIE.

LES CLAUSES ET CONDITIONS SUIVANT LESQUELLES LES DEPECHES PAR TELEGRAPHE ET PAR CABLE SERONT TRANSMISES, SONT PRESCRITES PAR L'ORDONNANCE No. 49274 DE LA COMMISSION DES TRANSPORTS DU CANADA EN DATE DU 5 DECEMBRE 1932 ET PUBLIEE DANS LA GAZETTE OFFICIELLE DU CANADA AINSI QUE PAR L'ORDONNANCE No. 57471 EN DATE DU 22 MAI 1939.

Il est convenu entre la compagnie et l'expéditeur de la dépêche écrite au verso que la dite compagnie n'encourra aucune responsabilité au delà du montant perçu pour la transmission de la dite dépêche, à l'égard de tous dommages pouvant résulter du défaut de transmission ou de livraison, ou d'une erreur dans la transmission ou la livraison de toute dépêche non répétée, que ces dommages soient imputables à la négligence des employés de la dite compagnie ou autrement, ou à des retards causés par une interruption dans le fonctionnement de ses lignes, ou à toute erreur dans des dépêches chiffrées ou de sens obscur, ou à toute erreur due à une écriture illisible.

Pour éviter tout risque d'erreur, la compagnie répètera toute dépêche moyennant un versement supplémentaire de la moitié du tarif régulier, et dans ce cas, la responsabilité de la compagnie vis-à-vis l'expéditeur sera limitée à $200. à l'égard de tous dommages dus à la négligence de la compagnie dans la transmission ou la livraison de la dépêche.

On peut s'assurer contre tout risque d'erreur dans la transmission et la livraison des dépêches, au moyen d'un contrat écrit stipulant le montant de l'assurance, et sur paiement (en sus du taux ordinaire pour les dépêches répétées) d'une prime calculée sur la base suivante: soit, 1% du montant assuré, pour toute distance n'excédant pas 1000 milles, et 2% pour toute distance plus grande.

La dite compagnie ne sera pas responsable du fait ou de l'omission d'une autre compagnie, mais s'efforcera de transmettre toute dépêche par toute compagnie de télégraphe dont il faudra se servir afin de faire parvenir la dépêche à destination, mais la compagnie n'agira en ce cas qu'en qualité d'agent de l'expéditeur et sans assumer de responsabilité. La compagnie n'assumera de responsabilité qu'à l'égard des dépêches présentées et acceptées à l'un de ses bureaux d'expédition; lorsqu'une dépêche est expédiée à un tel bureau par un messager de la compagnie, ce messager sera censé être l'agent de l'expéditeur; lorsqu'une dépêche est communiquée par téléphone, la personne qui la reçoit sera censée agir pour l'expéditeur et avoir l'autorité nécessaire pour consentir aux présentes en son nom. La compagnie ne répondra d'aucuns dommages, à moins qu'avis ne lui en soit donné par écrit dans les 60 jours qui suivront la remise de la dépêche pour transmission.

Aucun employé de la compagnie n'a le droit de changer les présentes conditions.

EXCLUSIVE CONNECTION WITH WESTERN UNION CABLE SERVICE
CORRESPONDANCE EXCLUSIVE AVEC WESTERN UNION CABLE SERVICE

FORM—6103B (6-55)

CANADIAN NATIONAL TELEGRAPHS

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GENERAL MANAGER GÉRANT GÉNÉRAL
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Send the following message, subject to the terms on back hereof, which are hereby agreed to
Veuillez expédier la dépêche suivante aux conditions mentionnées au verso auxquelles je consens par les présentes

5-7311 311-R1-1

PA

OTTAWA MARCH 22, 1963.

DR. E. S. TIERKEL,
CHIEF, RABIES CONTROL PROGRAM,
VETERINARY PUBLIC HEALTH SECTION,
DEPARTMENT OF HEALTH, EDUCATION & WELFARE
COMMUNICABIE DISEASE CENTER
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E.W.R. Best

E.W.R. BEST, M.D., D.P.H.,
CHIEF, EPIDEMIOLOGY DIVISION,
DEPARTMENT OF NATIONAL HEALTH
AND WELFARE.

EWRB:LHD

TELEPHONED: 3:45 pm

Access to Information Act / Loi sur l'accès à l'information

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To guard against errors, the Company will repeat back any telegram for an extra payment of one-half the regular rate; and, in that case, the Company shall be liable for damages suffered by the sender to an extent not exceeding $200.00, due to the negligence of the Company in the transmission or delivery of the telegram.

Correctness in the transmission and delivery of messages can be insured by contract in writing, stating agreed amount of risk, and payment of premium thereon at the following rates, in addition to the usual charge for repeated messages, viz.: one per cent for any distance not exceeding 1,000 miles, and two per cent for any greater distance.

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Pour éviter tout risque d'erreur, la compagnie répètera toute dépêche moyennant un versement supplémentaire de la moitié du tarif régulier, et dans ce cas, la responsabilité de la compagnie vis-à-vis l'expéditeur sera limitée à $200. à l'égard de tous dommages dus à la négligence de la compagnie dans la transmission ou la livraison de la dépêche.

On peut s'assurer contre tout risque d'erreur dans la transmission et la livraison des dépêches, au moyen d'un contrat écrit stipulant le montant de l'assurance, et sur paiement (en sus du taux ordinaire pour les dépêches répétées) d'une prime calculée sur la base suivante: soit, 1% du montant assuré, pour toute distance n'excédant pas 1000 milles, et 2% pour toute distance plus grande.

La dite compagnie ne sera pas responsable du fait ou de l'omission d'une autre compagnie, mais s'efforcera de transmettre toute dépêche par toute compagnie de télégraphe dont il faudra se servir afin de faire parvenir la dépêche à destination, mais la compagnie n'agira en ce cas qu'en qualité d'agent de l'expéditeur et sans assumer de responsabilité. La compagnie n'assumera de responsabilité qu'à l'égard des dépêches présentées et acceptées à l'un de ses bureaux d'expédition; lorsqu'une dépêche est expédiée à un tel bureau par un messager de la compagnie, ce messager sera censé être l'agent de l'expéditeur; lorsqu'une dépêche est communiquée par téléphone, la personne qui la reçoit sera censée agir pour l'expéditeur et avoir l'autorité nécessaire pour consentir aux présentes en son nom. La compagnie ne répondra d'aucuns dommages, à moins qu'avis ne lui en soit donné par écrit dans les 60 jours qui suivront la remise de la dépêche pour transmission.

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National Health and Welfare
311-R1-1
MAR 25 1963
Registry Services

DOMINION BUREAU OF STATISTICS

OTTAWA - CANADA

Dr Bert

March 22, 1963

Dr. J. W. Davies,
Medical Consultant,
Epidemiology Division,
Dept. of National Health and Welfare,
Ottawa, Ont.

Dear Dr. Davies:

Re: Deaths Involving Prophylactic Rabies Vaccine

This is in reply to your telephone request earlier in the week.

We have ~~received~~ reviewed all of the deaths between 1950 and 1961 which were classified to either categories E944 or N977 and of these there were none involving reactions to rabies vaccine.

As you probably know there have been 3 deaths from rabies (094), 2 in 1959 and 1 in 1961.

Sincerely,

H. G. Page, Chief,
Vital Statistics Section.

HGP/MG

Received by Division of
EPIDEMIOLOGY
MAR 25 1963
Nat. Health & Welfare

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Draft re Burlington Conference

RABIES IN CANADA

Rabies has existed in Canada since the turn of the century. Canada has experienced six distinct outbreaks in dogs. In 1907 the first official outbreak is reported as occurring in the provinces of Manitoba and Saskatchewan. In 1910 rabies broke out in the Niagara peninsula area and spread practically all of Southwestern Ontario before it was successfully eradicated in the next seven years. In 1926 to 1928 there were outbreaks in Montreal and the eastern townships of Quebec followed in 1929 and 1930 by an outbreak in the Ottawa and Eastern Ontario regions. In 1943 to 1946 a serious outbreak developed in the Windsor area and in the counties of Essex, Kent and Lampton. The last serious Canadian outbreak prior to the present one in Ontario occurred in the Western Provinces of Canada finishing up in Alberta in early 1954. These early Canadian rabies epidemics in dogs were generally traced to the importation of a rabies infected dog from the United States or one of the European countries.

In 1947 a disease known to the northern Eskimo as wild fox disease was definitely diagnosed as rabies for the first time. This disease had been known to the Eskimo for the best part of fifty or sixty years, but remarkably had apparently caused no human infections. Following this diagnosis at Baker Lake in the Northwest Territories 2,000 miles north of Winnipeg, antirabies vaccine was used as a control weapon for the first time in Canada when dogs in the affected Baker Lake area were all vaccinated. Following this the disease appeared to subside but broke out again in Northern Alberta in June 1952. Dogs were vaccinated in areas which were commonly called buffer zones. This plan failed to halt the progress of

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the disease since it was found that a rabid fox or wolf changed its normal habits and when infected would travel for many miles spreading the infection by biting any animal with which it came in contact during its travels.

At this stage steps were taken to reduce the level of wild life in the rabies infected area. To accomplish this, the province of Alberta was the first to embark on a wild life depopulation programme. Predatory animal control accomplished by the use of poison bait, snares and shooting was undertaken in a thirty mile zone. After the programme had been in effect two or three years, the amount of wild life in the area was markedly reduced. This reduction, however, cannot entirely be attributed to the depopulation programme.

This outbreak in Northern Alberta later spread through the northern areas of British Columbia, Saskatchewan and Manitoba. In the province of Ontario, the present outbreak can be considered to have started with a positive diagnosis of rabies in a fox, in the late fall of 1954, at Iroquois Falls, Ontario. This was followed by evidence of the disease in the Kapuskasing area early in 1955. Subsequently, it moved south into the districts of Temiskaming and Sudbury. In December it was uncovered in the Algoma District and in January 1956 in the south central counties of Simcoe, Victoria, Hastings and Renfrew. Since this time the disease has become firmly established in wild life in Ontario, positive rabies virus

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isolations having increased from about 200 for the years 1955 to 1956 to over 2,500 in the year 1958 to 1959. A decline in the numbers occurred in the 1960 and 1961 years; this has increased to over 1,000 isolations for the 1961 to 1962 year. It would appear from reports put out by the Canadian Department of Agriculture that a relative increase has occurred in the number of isolations from domestic animals excluding dogs in recent years. In wild life the fox appears to be the most important ~~carrier~~ vector and presumably this explains why cattle and horses are now in Ontario, so frequently affected. Dogs, ~~in the meantime having~~ in the past few years, have been vaccinated by the thousands.

Rabies Control

In the control of rabies there are three distinct but closely inter-related forms to be considered -

1. The reservoir in wild life.
2. ~~Animal~~ Rabies in domesticated animals.
3. Human rabies.

In recent years, rabies virus has been isolated from bats in two provinces in Canada ~~in bats~~. The part played by bats in the ecology and epizootiology of the disease ~~are~~ is still to be determined. Primary responsibility for the control of rabies in Canada rests with the Federal Department of Agriculture. (Health of Animals Division). Under the Animals Contagious Diseases Act, 1927 rabies is designated a reportable disease. The appropriate measures of control whether they be the destruction of susceptible wild animals within the area by trapping and poisoning, the protection of susceptible domestic

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animals by vaccination, the establishment of a quarantine area, ~~the~~ surveys to ascertain the level of wild life population in the area, and the prompt investigation of all suspected or reported cases are, therefore, properly the concern of federal veterinarians. Medical responsibility is, therefore, limited to the protection of the public within affected areas. Regulations under the Public Health Act (Ontario) and most of the provinces require that the Medical Officer of Health be notified when an animal suspected of rabies has bitten a person. The suspected animal is detained by order of the Medical Officer of Health, and impounded to be kept under observation for a period of two weeks. If the animal dies during this time the head is forwarded for laboratory examination to the Animal Diseases Research Institute, Hull, Quebec. If the animal does not die within this period it can be assumed that the animal is not suffering from rabies.

Additional regulations are in existence to attempt to prevent the importation of infected dogs from foreign countries. ~~Dogs from rabies free~~

Dogs imported into Canada are subject to quarantine for 3 months at the port of entry and to rabies vaccination. Dogs from the United Kingdom and certain European rabies free countries are not subject to quarantine or vaccination provided it is accompanied by a veterinary certificate and is free from contagious disease. Importation from the U.S.A. is permitted provided the dog is vaccinated against rabies during the preceding 12 months.

In recent years it has been repeatedly and dramatically demonstrated that proper methods of dog control combined with area-wide vaccination

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can effectively eliminate canine rabies from an area. There is also increasing experience to indicate that the dog population can be kept free of this disease if the control measures are continued and that vaccination is repeated. However, with the gradual decrease in the number of rabid dogs, it has been increasingly recognized that the reservoir of rabies in other species is not inconsiderable. Rabid foxes and skunks in a number of provinces continue to be a source of infection for dogs, farm animals and men.

Pathogenesis

A viremia has never been proven in rabies. In experimental animals, if virus is inoculated into muscle e.g. in mice, it can be demonstrated at the site of inoculation for four days, but by the second day is already present in the sciatic nerve. By the fourth day it is in the central nervous system. In rabbits when the virus reaches the central nervous system it multiplies and again spreads along peripheral nerves including those which supply the salivary glands. When it reaches the salivary glands it again multiplies in the glandular tissue itself and is excreted in the saliva. It has been estimated that about 50% of dogs suffering from rabies have virus in the saliva. Virus is not likely to be present in the saliva until a few days before the animal is actually suffering from clinical disease. Bats on the other hand are able to able to carry rabies virus in their salivary glands and excrete it in the saliva for months during which time they are symptom free.

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Treatment of Rabies

The importance of accurate diagnosis of the clinical condition of the biting animal cannot be overestimated for specific viral prophylaxis is not required if the exposure to saliva of an animal has not involved the rabies virus. The first step is to identify and apprehend the biting animal. The clinical condition of the animal at the time of biting and in the subsequent ten days is the chief basis on which the practitioner will determine the indication or specific prophylaxis. Wherever possible, the animal should be kept under daily observation by a veterinarian. In dogs, it should be remembered that there is a dumb or paralytic type of disease as well as the furious mad dog type of disease. One should be suspicious of any dog that suddenly has a change in disposition. Early signs include drooping ~~about their~~ of upper lower jaw, eyelids, protrusion of the tongue, followed by weakness and paralysis of other muscle groups including those of deglutition. If clinical symptoms develop, the animal is killed and laboratory investigation including search for négri bodies and intracerebral inoculation of mice with brain and salivary gland emulsion is called for. The exception to this is in the case of bat bites. Here the animal should be killed immediately for lab examination. If the dog develops clinical rabies after the observation period of two weeks, treatment is not called for as it is assumed that virus could not have been present in the saliva at the time of biting.

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Local Treatment of Wound

1. Encourage free bleeding without trauma.

2. Mechanical cleansing with adequate amounts of water with soap or detergents, using a 20 cc. syringe.

3. There is no general agreement on the value of cauterizing or antiseptic# solutions e.g. fuming nitric acid although this is advocated by WHO. This substance is corrosive and may leave burns and scars. If it traumatizes tissue and does not destroy all virus in the wound, remaining virus may invade more easily because of their trauma.

4. Nitric acid should probably be applied to deep puncture wounds, not available to more conservative cleansing procedures.

5. Local injection of hyperimmune serum around the wound.

6. Tetanus prophylaxis.

Antirabies Vaccine

In 1884 Pasteur introduced the use of antibrabies vaccine which has since undergone modification by Semple. This is the crudest biologic material injected in to man and is not without danger in itself. It is also unique in that it is expected to produce an active immunity to an infection after the infecting agent has been introduced in the human body. The rationale behind this unusual time relationship is based on the long incubation period of the disease. In recent years live virus vaccine grown on chick embryo has been introduced, the low egg passage Flury strain, the Kelev strain and the high egg passage Flury strain. The high egg passage strain can be used in man, also the duck embryo preparation free of C.N.S. tissue, which is an inactivated vaccine is also used in man. For details of administration see WHO Expert Committee on Rabies, 4th Report 1960.

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Complications

Complications of Semple vaccine apparently vary from country to country.

1. Local -

About the seventh day, large painful indurated swellings appear at the inoculation sites.

2. General Allergic

(a) Immediate reactions may occur in individuals who have been previously vaccinated or who are sensitive to animal proteins.

(b) Allergic serum sickness (delayed) type of illness may occur. Antihistamines and cortisone may be used in its treatment, but this may affect the immune response to the rabies vaccine.

3. Neuroparalytic Accidents -

The only way to avoid this dangerous complication is to use the vaccine with discrimination. The frequency of accidents in Reports from the U.S.A. vary from as much as 1 in 600 immunizations to 1 in 7,000. Encephalitis, an ascending paralysis of the Landry type, a transverse myelitis or a peripheral neuritis may occur. It is stated that the mortality from these reactions may vary from 10 to 25%.

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The mere presence of a proven rabid dog in a household is not an indication to give vaccine to all members of the family as has been done by some over anxious practitioners. If, during the course of immunisation the patient develops constitutional signs or symptoms such as headache, nausea or vomiting, tingling sensations, generalized lymphadenopathy or manifestations of general allergy (these usually occur after the 7th dose) then the course of vaccine should be discontinued unless there has been a very severe type of exposure to a proven rabid animal. The use of duck embryo vaccine should be considered as an alternative.

Evidence of Efficacy of Vaccine.

Although rabies vaccine has been in use for seventy years there are still questions raised as to whether it really is effective in the post exposure prophylaxis of the disease. Well designed and controlled experiments in animals have usually been negative for evidence of protection when exposure to street rabies virus is followed by a course of vaccine. The statistics and results of treatment of humans are difficult to evaluate because the degree of exposure is so variable and in the majority of instances rabies is not proven in the biting animal.

(a) Figures from the Pasteur Institute of Southern India 1946 to 1959 are as follows:

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Number of persons bitten	-	632
Number completely treated	-	448
Deaths from rabies in this group	-	36 (8.04%)
Number of untreated ~~deaths from~~	→	125
Deaths from rabies in this group	-	62 (49.6%)

(b) The World Health Organization's experiments in the use of antirabies serum in Iran produced the following results:- In 1954, 27 individuals were bitten by a single proven rabid wolf, 17 of them on the head. These 17 were divided into 3 treatment groups:

(i) received vaccine alone, 3 of 5 persons treated in this way died.

(ii) received 1 dose of antirabies serum plus a course of vaccine, one of five individuals died in this group.

(iii) this group was given two doses of antiserum, five days apart, along with a course of vaccine, none of the seven in this group died.

It is felt that antiserum plus vaccine provides the best prophylaxis of rabies in man, and the combination should always be used in cases of severe exposure. Because the serum may inhibit the development of an active immunity, the course of vaccination should be prolonged to 21 days or a booster dose should be given at the 21st day.

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In Ontario, from 1958 to 1961 a review of antirabies vaccination in 371 persons showed the following:- About two thirds of those receiving vaccine were exposed to a positive animal (274 cases). Of these, 238 persons were exposed to saliva only, and only 36 individuals (approx. 10%) were exposed to an animal which was positive by bite. Of the 238 exposed to saliva, 123 were dogs and cats, 88 to farm animals, and 27 to wild animals. Of the 36 persons bitten by a positive animal, 30 were dog and cats, 2 farm animals and 4 wild animals. This would seem to show that there is either great difficulty in deciding the clinical status of the biting animal or that there is a lack of proper judgement and discrimination by the practitioner in deciding whether vaccine prophylaxis is indicated.

John W. Davies, M.B., B.S., D.P.H.,
Medical Consultant,
Epidemiology Division.

March 21, 1963.

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National Health and Welfare
3/1-R1-1
MAR 22 1963
Registry Services

THE UNIVERSITY OF VERMONT
COLLEGE OF MEDICINE
BURLINGTON, VERMONT

DEPARTMENT OF
EPIDEMIOLOGY AND COMMUNITY MEDICINE
25 COLCHESTER AVENUE

Family Care Unit
Division of Rehabilitation

March 20, 1963.

Dr. E.W.R. Best
Chief, Epidemiology Division
National Department of Health and Welfare
Ottawa, Canada

Dear Dr. Best:

The Vermont State Department of Health and the Department of Epidemiology and Community Medicine of the University of Vermont join in extending a cordial invitation to you, as a faculty member of the U.S.-Canadian Border Rabies Conference, to attend an informal dinner at the Hotel Vermont at 7:00 P.M. on March 29 following the social hour at the close of the first day of the Conference.

We look forward to welcoming you to Burlington.

Yours very sincerely,

Kerr L. White, M.D.
Professor and Chairman

KLW/tr

Dr. Davies received a similar invitation from J.

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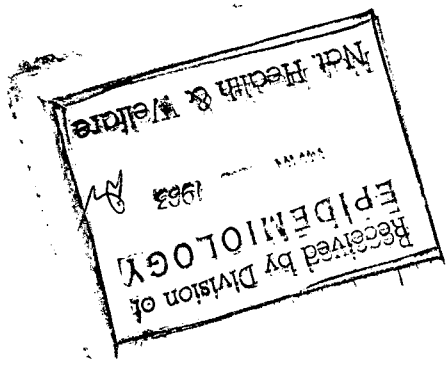

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Influenza

† Any indication of epidemic?

†† Avian variety?

Toronto 365-4094

2429 Kardge

Edge

GAEdge

Chief Vet., Zoonoses Section

Epid. Branch.

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National Health and Welfare
311-R1-1
MAR 21 1963
Registry Services

PROVINCE OF QUEBEC
MINISTRY OF HEALTH

QUEBEC, March 19, 1963.

Dr. John W. Davies,
Epidemiology Division,
Department of National Health,
OTTAWA, Canada.

Meeting in Vermont -
re: Your file: 311-R1-1

Dear Doctor Davies:

In connection with your letter of March 14th, 1963, I am collecting information on the different items mentioned in your letter and hope it will be available when you come for a visit.

May I point out that I am in Quebec on Monday and Tuesday of each week until the end of this month.

Yours sincerely,

A.-R. Foley, m.d.,
Epidemiologist.

ARF/yf

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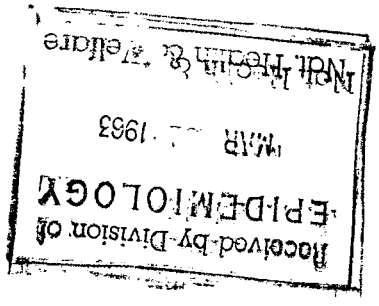

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311-R1-1

March 28, 1963

Dr. [illegible] Foley
Chief Epidemiologist
[illegible] Dept. of Health
[illegible], Province of [illegible]
Canada

Dear Dr. Foley:

You are probably aware of the interest in control problems along the eastern portion of the U.S.-Canadian border. These have centered in 2 border counties and 3 New York State border counties. A preliminary survey has revealed evidence of a definite control trend from the infected areas in New York State and the Province of [illegible]. The present status of the situation along the border with its control programs will be the subject of discussion by Vermont, New Hampshire and Maine. These states have been virtually rabies-free for the last 20 to 25 years.

but not southward?!

Discussions regarding this situation have been held with the Public Health Service Regional Office in Boston, Dr. E. P. Wells, Veterinary Director Central of Canada, Dr. D. J. Dean, Chief Public Health Veterinarian, New York State Health Department and the health commissioners of Maine, Vermont and New Hampshire. Since the spread of rabies has ceased rather far east and provincial lines are international boundaries, it was the consensus of the group that a coordinated program be established for the entire region. It was felt that the initial plans of such a program could be developed at a conference on rabies control for the general eastern border area. This conference has now been planned for Monday, March 25 and Friday, March 29 at Burlington, Vermont. The conference will encompass the most current knowledge in the prevention and control of rabies, which in turn can be adapted to the specific conditions of the problem area. I am enclosing a tentative agenda for the meeting. You will note that the first day deals with general considerations of the disease and the second day with concrete proposals for a regional control plan.

JOR

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Dr. [illegible] Foley 2/12/63

Participating in the conference will be representatives of all agencies interested in and responsible for the prevention and control of rabies from federal, state and local levels. This will include federal, state and local health departments, U. S. and Canadian fish and wildlife services, State and Provincial game conservation, state and federal veterinary services and others.

Several of our Canadian colleagues have suggested that you would have an active interest in participating in this meeting. It is therefore, with pleasure that to extend this invitation to you and hope that your schedule will permit attendance.

The conference will be held in the Memorial Lounge, Waterman Building, University of Vermont, Burlington. Special rates have been obtained at the Vermont Hotel in Burlington for invitees of the conference (Single - $6.50, Double - $11.00). A block of rooms has been reserved at the Vermont Hotel.

I do hope that you will be able to attend and participate in the conference with us. We are looking forward to this meeting with great interest and hope that it will result in a productive, coordinated program for the region. Your prompt reply will be appreciated.

Sincerely yours,

Grant D. Hoyt, V.M.D.
Chief, Rabies Control Program
Veterinary Public Health Section

cm.

cc: Dr. Clarke

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P.A.

File No. 311-R1-1

408 Jackson Building,
Ottawa 4, Ontario.
March 15, 1963.

The Medical Director,
Lilly, Eli and Company (Canada) Limited,
P.O. Box 4037, Terminal "A",
Toronto 1, Ontario

Dear Doctor,

The Communicable Disease Center, Atlanta, Georgia, have arranged a conference on rabies control in Burlington, Vermont, on March 28 and 29, and have asked me at short notice to present some information on the Canadian experience.

I am attempting to get information which will provide me with an estimate of the number of patients treated with your duck embryo rabies vaccine from 1959 to 1962. Do you have any estimates available? What information is there in Canada, if any, on the frequency of reactions to this vaccine?

If you can help, I shall be greatly obliged.

Yours sincerely,

John W. Davies, M.B., B.S., D.P.H.
for
E.W.R. Best, M.D., D.P.H.,
Chief, Epidemiology Division.

JWD:jn

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P.A.

File No. 311-R1-1

408 Jackson Building,
Ottawa 4, Ontario.
March 15, 1963.

Dr. R. G. Warminton,
Medical Director,
Medical Products Department,
Cyanamid of Canada Ltd.,
5550 Royalmount Avenue,
Town of Mount Royal,
Montreal 16, Quebec.

Dear Doctor Warminton,

The Communicable Disease Centre, Atlanta, Georgia have arranged a conference on rabies control in Burlington, Vermont, on March 28 and 29, and have asked me at short notice to present some information on the Canadian experience.

I am attempting to get information which will provide an estimate of the number of patients treated with anti-rabies serum in Canada from 1959 to 1962. Do you have any estimates which you can give me?

If you can help, I shall be greatly obliged.

Yours sincerely,

John W. Davies, M.B., B.S., D.P.H.
for
E.W.R. Best, M.D., D.P.H.
Chief, Epidemiology Division.

JWD:jm

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P.H.

File No. 311-R1-1

408 Jackson Building,
Ottawa 4, Ontario.
March 15, 1963.

Dr. R. J. Wilson,
Connaught Medical Research Laboratories,
University of Toronto,
Toronto, Ontario.

Dear Doctor Wilson,

Re: Rabies Discussion, Vermont

A conference on the above will be held in Burlington, Vermont on March 28 and 29 under the auspices of the Communicable Disease Center, Atlanta, Georgia. I have been asked at the last minute to present information on the Canadian experience. As background information, it would be very useful if you could send me the following information:

1. Doses of vaccine distributed to the provinces from 1959 to 1962 by year.

2. Types of vaccine being produced.

3. Copy of treatment schedules distributed with vaccine.

4. Have any vaccine reactions been notified to you within the last few years - types, severity, etc.?

5. Is anti-rabies serum being produced at the laboratory - type, dosage schedule, etc, should be useful?

Your assistance will be greatly appreciated.

Yours sincerely,

John W. Davies, M.B., B.S., D.P.H.
for
E.W.R. Best, M.D., D.P.H.
Chief, Epidemiology Division

JWD:jm

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P.H.

File No. 311-R1-1

408 Jackson Building,
Ottawa 4, Ontario,
March 15, 1963.

Doctor G.E. Large,
Director,
Epidemiology Division,
Department of Health,
Parliament Buildings,
Toronto 2, Ontario.

Dear Doctor Large,

Re: Rabies Discussion, Vermont

I have been asked to attend a conference on rabies control being held on March 28 and 29 in Burlington, Vermont. I am expected to be familiar with the procedures in use in Canada and feel that your experience will be very useful to me. Would it be possible for me to visit you sometime towards the end of next week to pick your brains. The type of information I am hoping to collect is as follows:

1. Rabies incidence in animals by type in Ontario 1959 - 1962.

2. Incidence in humans in Ontario 1959 - 1962.

3. Number of human treatments 1959 - 1962.

4. Type of treatment schedule recommended.

5. Vaccine reactions reported 1959 - 1962 (numbers, types, severity, etc.).

6. Type or types of vaccine in use.

7. Recommendations for use of rabies immune serum.

8. Are there any programmes for reduction of wild life vectors?
   Who administers the programme?
   Can information be obtained on this aspect?
   Are there any organized canine vaccination programmes?
   Is vaccine supplied free by health departments or other government agencies?

Yours sincerely,

John W. Davies, M.B., B.S., D.P.H.
for
E.W.R. Best, M.D., D.P.H.,
Chief, Epidemiology Division

JWD:ja

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P.A.

File No. 311-R1-1

408 Jackson Building,
Ottawa 4, Ontario.
March 15, 1963.

Dr. Armand Frappier,
Director,
Institute of Microbiology and Hygiene,
University of Montreal,
Montreal, Quebec.

Dear Doctor Frappier,

Re: Rabies Discussion, Vermont

A conference on the above will be held in Burlington, Vermont on March 28 and 29 under the auspices of the Communicable Disease Center, Atlanta, Georgia. I have been asked at the last minute to present information on the Canadian experience. As background information, it would be very useful if you could send me the following information:

1. Doses of vaccine distributed to the provinces from 1959 to 1962 by year.

2. Types of vaccine being produced.

3. Copy of treatment schedules distributed with vaccine.

4. Have any vaccine reactions been notified to you within the last few years - types, severity, etc.?

5. Is anti-rabies serum being produced at the laboratory - type, dosage schedule, etc. should be useful.

Your assistance will be greatly appreciated.

Yours sincerely,

John W. Davies, M.B., B.S., D.P.H.
for
E.W.R. Best, M.D., D.P.H.
Chief, Epidemiology Division

JWD:jm

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P.A.

File No. 311-R1-1

408 Jackson Building,
Ottawa 4, Ontario.
March 14, 1963.

Doctor A. R. Foley,
Epidemiologist,
Department of Health,
Quebec, P.Q.

Dear Doctor Foley,

Re: Rabies Discussion, Vermont

I am writing in response to your offer to help us with information on this problem in Quebec. At the moment I am not too clear in my own mind what is expected of me at the Conference but presumably to speak on the Canadian experience. As background information the following would be useful:

1. Rabies incidence in animals by type in Quebec 1959 - 1962.

2. Incidence in humans in Quebec 1959 - 1962.

3. Number of human treatments 1959 - 1962.

4. Type of treatment schedule recommended.

5. Vaccine reactions reported 1959 - 1962 (numbers, types, severity, etc.).

6. Type or types of vaccine in use.

7. Recommendations for use of rabies immune serum.

8. Are there any programmes for reduction of wild life vectors?
   Who administers the programme?
   Can information be obtained on this aspect?
   Are there any organized canine vaccination programmes?
   Is vaccine supplied free by health departments or other government agencies?

I hope to visit you for a short period in about a week's time but thought I would send you a preliminary outline of the type of information I would be seeking. With kind regards,

Yours sincerely,

John W. Davies, M.B., B.S., D.P.H.
for
E.W.R. Best, M.D., D.P.H.,
Chief, Epidemiology Division

JWD:jm

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Maine Department of Health and Welfare

[redacted]

311-R1-1 PA

Expired

PREVENTION OF RABIES IN MAN

GUIDE FOR SPECIFIC POST-EXPOSURE TREATMENT

Nature of exposure	Biting Animal *		Recommended treatment ** (in addition to local treatment)
	At time of exposure	During observation period of ten days	
I. No lesion; indirect contact	Rabid	-	None
II. Licks: (1) unabraded skin	Rabid	-	None
(2) abraded skin, scratches and unabraded or abraded mucosa	(a) healthy	Clinical signs of rabies or proven rabid (laboratory)	Start vaccine at first signs of rabies in the biting animal
	(b) signs suggestive of rabies	Healthy	Start vaccine immediately; stop treatment if animal is normal on fifth day after exposure
	(c) rabid, escaped, killed or unknown	-	Start vaccine immediately
III. Bites: (1) mild exposure	(a) healthy	Clinical signs of rabies or proven rabid (laboratory)	Start vaccine at first signs of rabies in the biting animal
	(b) signs suggestive of rabies	Healthy	Start vaccine immediately; stop treatment if animal is normal on fifth day after exposure
	(c) rabid, escaped, killed or unknown	-	Start vaccine immediately
	(d) wild (wolf, jackal, fox, bat, etc.	-	Serum immediately, followed by a course of vaccine†
(2) severe exposure (multiple, or face, head, finger or neck bites)	(a) healthy	Clinical signs of rabies or proven rabid (laboratory)	Serum immediately; start vaccine† at first sign of rabies in the biting animal
	(b) signs suggestive of rabies	Healthy	Serum immediately; followed by vaccine; vaccine may be stopped if animal is normal on fifth day after exposure
	(c) rabid, escaped, killed or unknown	-	Serum immediately; followed by vaccine†
	(d) wild (wolf, jackal, fox, bat, etc.)		

*This schedule applies equally whether or not the biting animal has been previously vaccinated.

**See explanatory notes.

†Course of vaccine to be followed by supplemental doses of vaccine of non-nervous tissue possible, 10 and 20 days after the last usual dose.

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(See other side of

(From World Health Organization, Expert Committee on Rabies, Fourth Report)

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Maine Department of Health and Welfare

PREVENTION OF RABIES IN MAN

Local treatment of wounds

All bite wounds and scratches by animals should receive immediate local treatment. For bite wounds, thorough cleansing with soap or a detergent /Zephiran or similar detergent/ and flushing of the wound may be supplemented by the judicious use of concentrated nitric acid in puncture wounds where the site permits. Where possible, bite wounds should not be immediately sutured.

In those patients the nature of whose exposure requires the use of serum a part of the serum dose should be infiltrated into the tissue beneath the wound, when this is feasible.

The application of ordinary antiseptics and antibiotics or antitetanus procedures should follow the local treatment recommended above, when indicated.

Explanatory notes to the guide for post-exposure treatment (See other side of sheet)

The general principles on which the guide is based are that in mild exposures a course of vaccine following the above-recommended local treatment is sufficient, whereas following severe exposures, and in all cases of unprovoked wild animal bites, antirabies serum together with vaccine should be employed. As with vaccine alone, it is important to start combined serum and vaccine treatment as early as possible after exposure. Serum should be administered in a single dose (not less than 40 International Units per kg of body-weight) at the start of treatment, followed by a course of not less than 14 daily doses of vaccine. In all cases where serum is followed by a full course of vaccine it is suggested that two supplemental doses of vaccine be administered at 10 and 20 days following the completion of the usual vaccine schedule. Where possible, these supplemental doses should be with a vaccine of non-nervous-tissue origin.

Sensitivity to serum should be tested before serum is used.

It is fully recognized that this table is only a guide and in certain situations specific conditions may warrant modifications, e.g., exposure, especially in young children or where a reliable history cannot be obtained, and particularly in areas where rabies is known to be enzootic even though the animal at the time of exposure is considered to be healthy. Such cases may justify treatment immediately in a modified way. Possible modifications would be that, following local treatment of the wound as described above, a single dose of serum or three doses of vaccine at daily intervals, and no further vaccine, be given as long as the animal stays healthy for 10 days following exposure.

Another example of a local situation in which a modified interpretation of these recommendations may be indicated is that of rabies-free areas where frequent exposures to animal bites are encountered. In such localities, adequate laboratory and field experience indicating no infection in the species involved may justify the local health authorities in recommending no specific anti-rabies treatment.

(From World Health Organization, Expert Committee on Rabies, Fourth Report)

(See other side of sheet)

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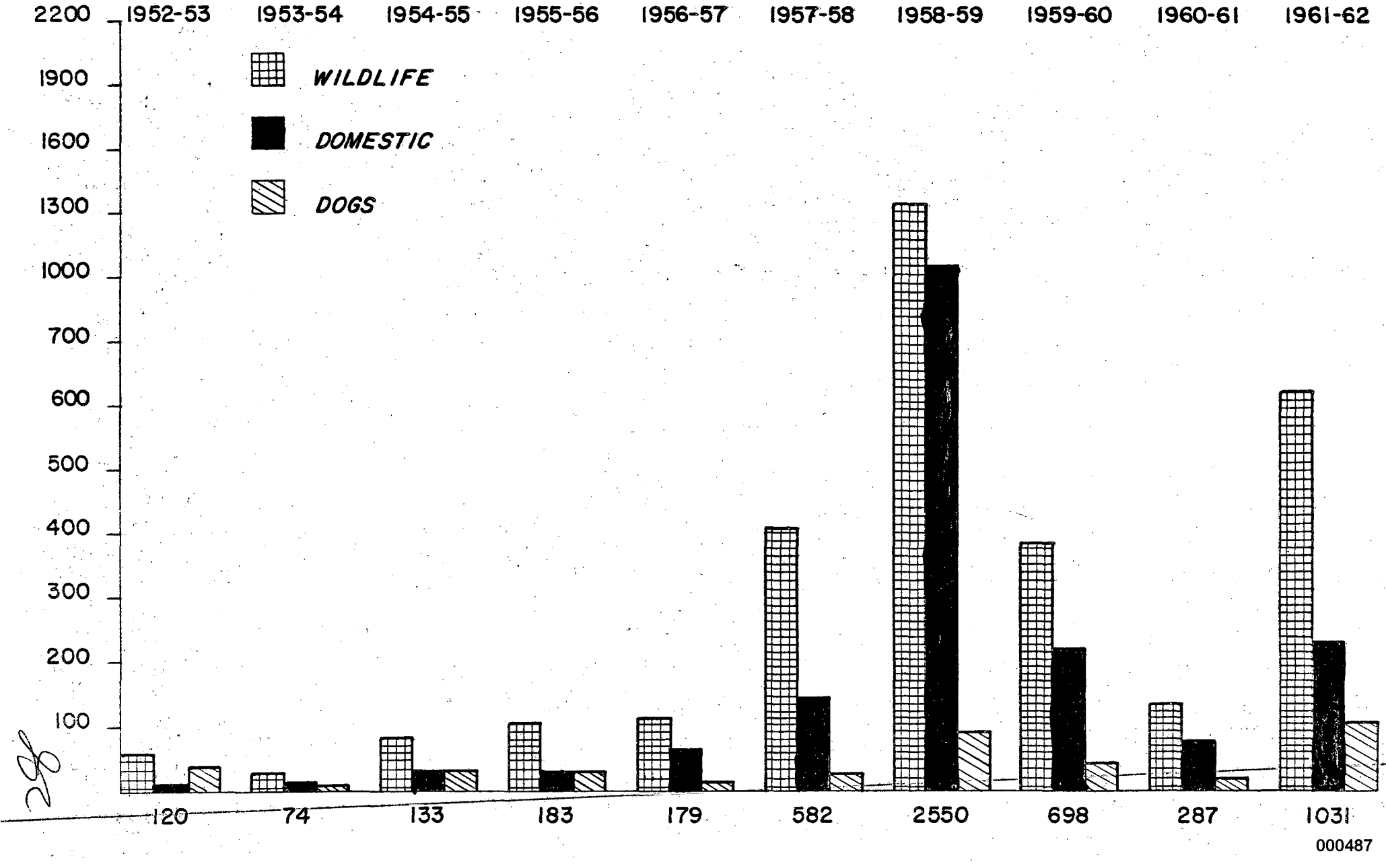
31-R1-1

RABIES IN CANADA
(CONFIRMED LABORATORY CASES)

PREPARED BY [redacted]
CANADA DEPARTMENT OF AGRICULTURE
HEALTH OF ANIMALS DIVISION



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U. S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
Bureau of State Services
Communicable Disease Center
Atlanta, Georgia

PA
WS

Veterinary Public Health Notes

Prepared by the Veterinary Public Health Section of Epidemiology Branch, CDC, primarily for persons interested in problems of animal diseases in human health. Some reports are preliminary in nature and should be so identified if quoted. Any reproduction of extracts of articles from the literature should indicate the original published source.

MAY 1962

Noted Alert

Dr Kubrych ~~for retention~~ K

Dr. Bess (Epid) for retention

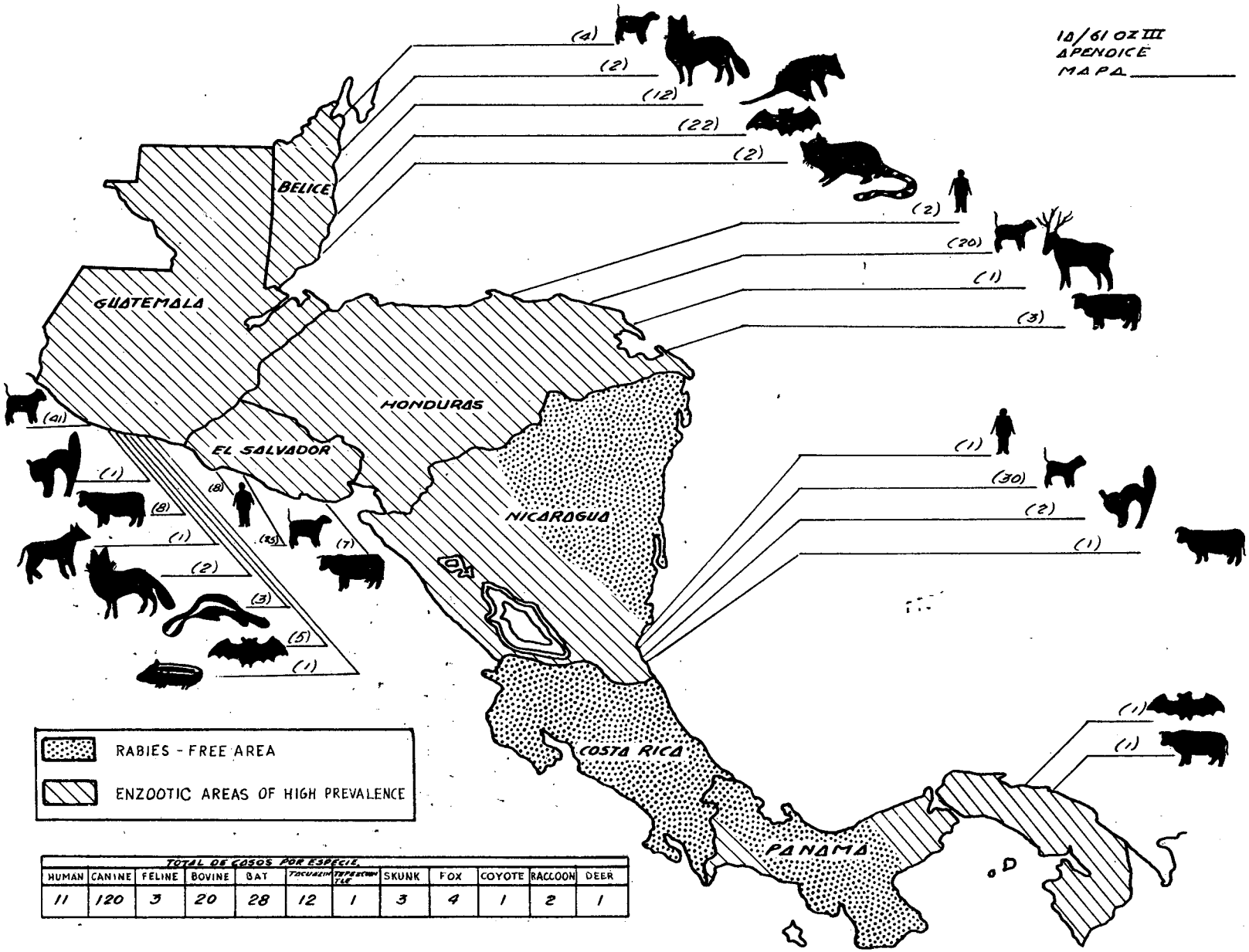
RABIES SURVEILLANCE

Rabies in Central America

Dr. Pedro Acha, Public Health Veterinarian, Zone III, Pan American Sanitary Bureau, Guatemala, has furnished us the figures reproduced here giving the current picture of rabies by type of animal in various countries of Central America.

The only country free of rabies in 1961 was Costa Rica. Large areas of Panama and the northeastern part of Nicaragua were similarly rabies-free. The rabies problem in Panama is restricted to cases reported in bats and cattle attacked by rabid vampire bats. In the countries from the southern border of Nicaragua northward, rabies is enzootic with high prevalence in all species of common terrestrial vectors.

Of particular interest was a serious outbreak of sylvatic rabies in Belice during 1961. The outbreak occurred in the border area near Guatemala. Dr. Acha points out that this is of particular significance since rabies has been absent from this area for 31 years. This sylvatic outbreak was sporadic in nature, without apparent relationship between various cases, and was reported in a variety of wild species. Studies are being expanded to the Guatemala side of the border where sylvatic and canine rabies has been reported.



TOTAL DE CASOS POR ESPECIE.

HUMAN	CANINE	FELINE	BOVINE	BAT	TACUAZIN	TEPEZCUINTLE	SKUNK	FOX	COYOTE	RACCOON	DEER
11	120	3	20	28	12	1	3	4	1	2	1

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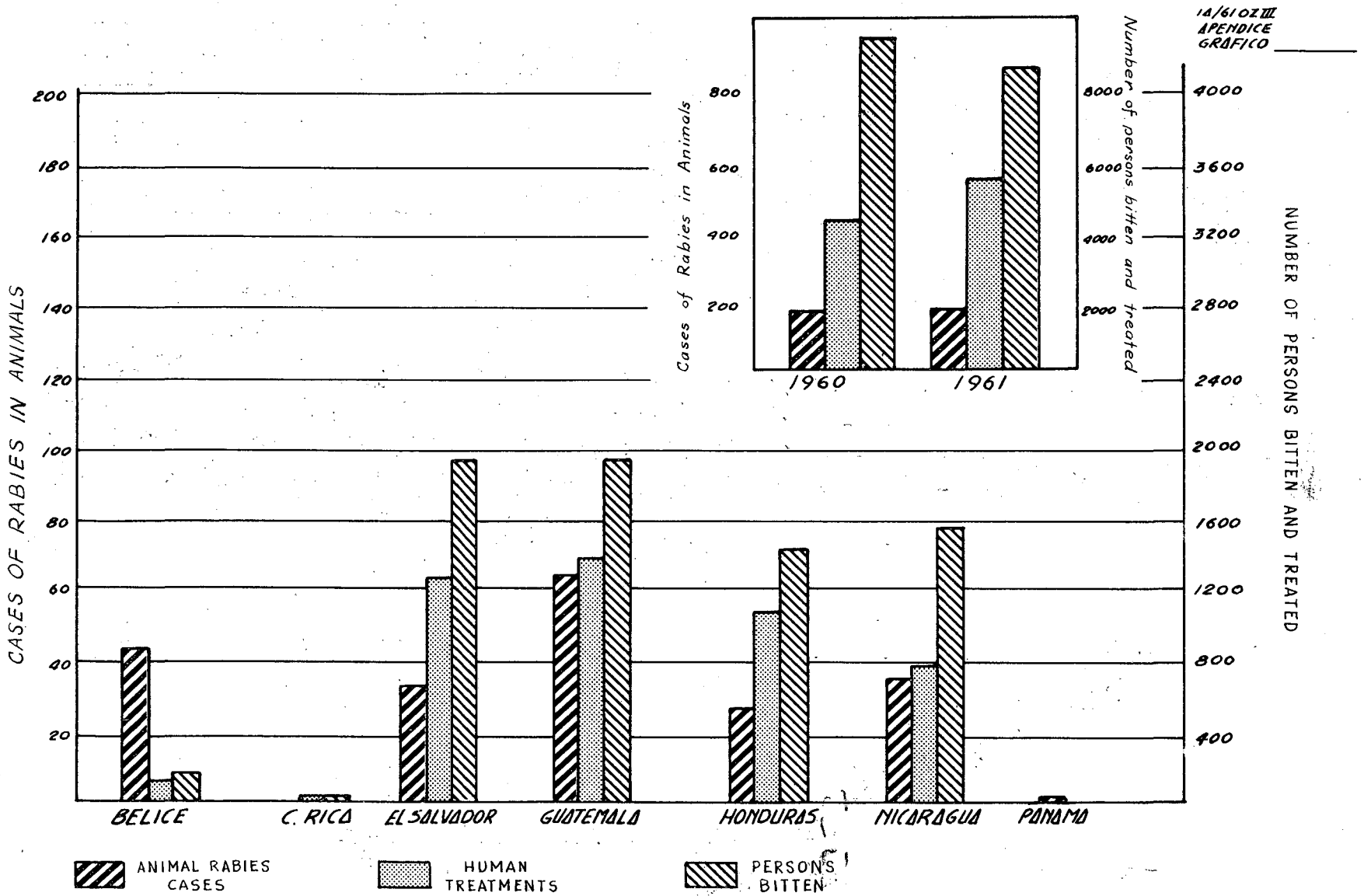
CASES OF ANIMAL RABIES, HUMAN ANTIRABIES TREATMENTS AND NUMBER OF PERSONS BITTEN. CENTRAL AMERICA 1961

14/61 OZ III
APENDICE GRAFICO _____



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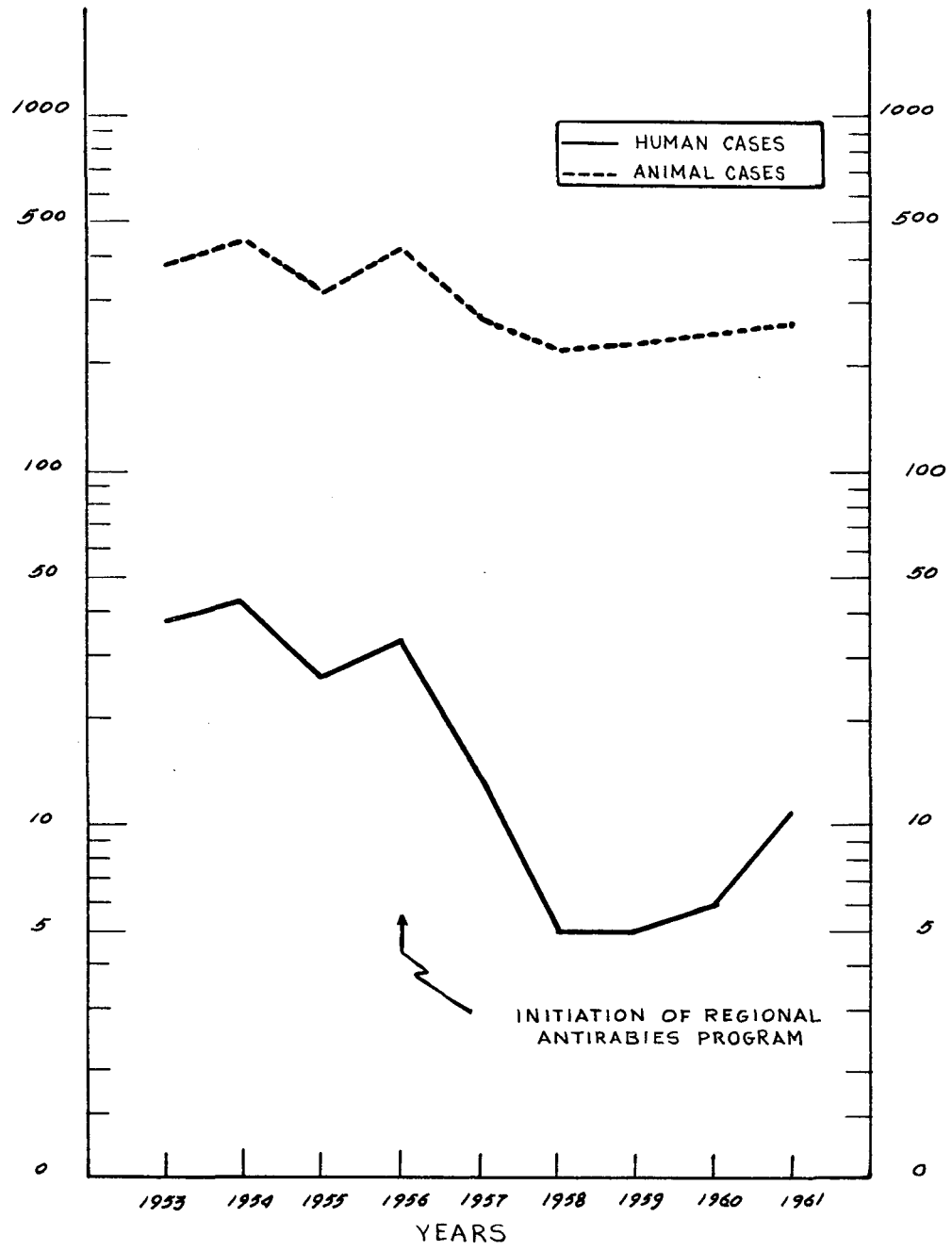
IA/61 OZ-III
APENDICE
GRAFICO

CASES OF RABIES IN HUMANS AND ANIMALS IN THE COUNTRIES OF CENTRAL AMERICA 1953-1961 (October 31)



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Human Exposure to Rabies on Army Post - North Carolina

Lt. Col. Thomas C. McChesney, Station Veterinarian, Fort Bragg, North Carolina, has furnished us the following information regarding human exposures to rabies on the post.

A two-and-one-half month old baby apparently was bitten on the face by a rat during the night of January 3, 1962. Upon admission to the hospital, 1000 units of hyperimmune serum were given, followed by 14 doses of duck embryo vaccine - without incident.

A five-year-old female was bitten by an unknown dog on January 20, 1962. The child had a history of Grands Mals epilepsy. She was given the 14 dose series of duck embryo vaccine without incident.

Article on Rabies Transmission by Nonbite Route in PUBLIC HEALTH REPORTS

The report, "Rabies Transmission by Nonbite Route," by Dr. Denny G. Constantine, CDC veterinary officer and Chief, Southwest Rabies Investigations Station, University Park, New Mexico, was published in the April 1962 issue of PUBLIC HEALTH REPORTS (Vol. 77, No. 4).

Two persons who entered Frio Cave, a large limestone cavern near Uvalde, Texas, where rabid bats had been identified, subsequently died of rabies. One individual died in 1956, the other in 1958. Both men denied knowledge of being bitten by bats or other mammals. The observations suggested the possibility of some nonbite mode of transmission of rabies, at least under atmospheric conditions in Frio Cave or caves similarly inhabited by millions of bats.

In 1960 and 1961 three experiments were undertaken to test this hypothesis. Native carnivores developed rabies after they had been kept in bat-proofed and arthropod-proofed cages within the bat cave indicating bat-to-carnivore transmission by a nonbite route.

Reprints of this article may be obtained by writing to the Communicable Disease Center, Atlanta 22, Georgia.

CDC Veterinary Officer Assigned to U. S. - Mexico Border Rabies Program

Dr. Robert Huffaker, who is presently concluding his graduate studies for the M.P.H. degree at the University of Michigan, will be assigned to the U. S. - Mexico Coordinated Border Rabies Control Program late in June. Dr. Huffaker will give technical assistance in all aspects of rabies control to the communities along the Border in the four States on the U. S. side and will also be in a position to work closely with Mexican officials in counterpart programs on the

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Mexican side of the Border through the liaison activities carried out by the PASB Field Office. He will occupy office space at PASB Field Office headquarters in the U. S. Courthouse Building in El Paso.

Skunk Rabies - Ohio

Dr. Paul Schnurrenberger, Public Health Veterinarian, Ohio Department of Health, reports that the current outbreak of skunk rabies in Ohio is now entering its 9th week with some slight evidence of a let-up; only 7 cases were recorded the third week in April. During the first four months this year rabies has been reported in 118 skunks from 34 counties. The highest previous 12-month total was 81 rabid skunks in 1949. The only other species ever to exceed 100 cases a year are the fox (106 in 1949) and the dog. Only 42 counties reported rabies cases during the entire year of 1961.

Although 38 percent of the counties have reported rabid skunks this year, the primary problem remains in the west central portion of the State. Five contiguous counties, Darke, Preble, Montgomery, Green and Clark have reported 67 rabid skunks, collectively.

Of Ohio's seven rabid dogs so far this year, one was exposed to another dog in Kentucky, one investigation is pending, and the most likely source of infection in the other five was skunks. No two dog cases have occurred in the same county.

VIRAL DISEASES

Swine Influenza - Wisconsin

Dr. Bernard C. Easterday, Associate Professor, Department of Veterinary Science, University of Wisconsin, has given us a summary of the occurrence of swine influenza at the University of Wisconsin in recent years.

Swine influenza has been observed several times in swine in various herds at the University and influenza virus was recovered from swine in 1949, 1957 and 1959. An episode of respiratory disease thought to be swine influenza was observed in a small herd of swine at the University of Wisconsin in October 1961.

This group of 30 pigs was being used to study the development of stomach ulcers and was housed in an old dairy barn. These pigs were in excellent condition and the management procedures were above average. The herdsmen observed signs of disease in the herd on Monday morning in the form of coughing, dyspnea, anorexia, lack of activity and elevated temperatures. Several of the pigs had rectal

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temperatures of 105° to 106° F. The herdsmen presumed that signs of disease were probably present in some animals at least 24 hours earlier, since students employed to feed animals on the weekends are not likely to observe subtle signs of disease.

On Tuesday nasal swabs and blood samples were obtained from 10 of the 30 pigs. The nasal passages were swabbed vigorously with cotton swabs saturated with broth and the swabs were put in two milliliters of broth that contained 500 units of penicillin and 500 micrograms of streptomycin. An hemagglutinating agent was isolated from the swabbed material from each of the 10 pigs by intra-anniotic inoculation of embryonating eggs.

The pigs recovered from the disease without the development of serious sequelae. A persistent cough was present in some of the animals until they were slaughtered six weeks after the onset of disease. At the time of slaughter the lungs from each of the 30 pigs were examined carefully for the presence of lung worms. No lung worms were observed in any of these animals. There was, however, a heavy infestation of ascarids. Areas of consolidation were seen in the lungs of all of the pigs. These ranged in size from one inch in diameter to involvement of the whole apical and/or cardiac lobe. Just prior to slaughter each of the 10 pigs, from which the virus was isolated, was bled to obtain convalescent serum. The acute phase serum from these animals had no hemagglutination inhibiting (HAI) activity against the virus that was isolated, whereas the convalescent serum had HAI titers of at least 1:2048. Neutralizing antibody was also demonstrated in the convalescent serum. HAI and neutralizing antibody against the East Hill strain of swine influenza was also demonstrated in the convalescent serum from these animals. The East Hill strain was isolated in 1949 at the University of Wisconsin and has been shown to be the same as the Shope 15 strain.

No increase in antibody titer (HAI or neutralizing) was observed against PR8 influenza virus. Serological tests with other myxoviruses were not conclusive because of the availability of less than satisfactory reference reagents. The virus isolated has been submitted to the International Influenza Center for the Americas at the Communicable Disease Center for identification and typing.

No signs of disease were observed in another herd of about 50 swine located about three blocks from the diseased herd. No serological tests were conducted to determine whether there was an increase in antibody without clinical signs of the disease. Two herdsmen worked together in caring for both herds and made no effort to prevent the spread of the disease from one herd to another; i.e., they wore the same shoes and clothes in all pens and did not wash their shoes or hands before going from one herd to the other.

In previous years, respiratory disease in swine at the University was often concurrent with increased prevalence of respiratory disease

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among the students. Such was not the case in October 1961. There were no episodes of respiratory disease among other livestock or students previous to or at the time of the outbreak in the pigs. There had been no inclement weather prior to the outbreak, although the nights had been cool.

Swine Dysentery - Sweden

Svindysenteri en for Sverige ny enteriform. Nord. Vet. Med. 1960. 12, 648-657.

Since swine dysentery was first described in the United States, reports of the disease have come from Australia and several European countries. In Scandinavia the disease has not been described previously.

Swine dysentery was first diagnosed in Sweden in 1959 and since then has been diagnosed in several swine herds in the southern districts of the country. The disease was only observed in pigs weighing between 55 and 198 pounds. It runs a malignant course with a mortality of approximately 10 percent.

The clinical picture is dominated by a severe bloody and mucous diarrhea and the pathologic-anatomical picture is dominated by a necrotizing colitis. The small intestine is usually almost intact.

The disease is contagious. In experiments of transmission it proved easy to transmit the disease by feeding healthy pigs with fresh homogenized tissue of colon from diseased pigs. The etiological agent of the disease is generally assumed to be vibrio - Vibrio coli or Vibrio suis.

The disease has been treated effectively with streptomycin. However, it has not been possible by therapeutic measures to eliminate the disease from infected herds.

Hepatitis in Humans Associated with Chimpanzees

Dr. Joe Held, Assistant to the Chief, Epidemiology Branch, has furnished the following regarding chimpanzees as a source of human infection.

During the past several years researchers have become aware of a link between human hepatitis and an association with young chimpanzees and wooly monkeys. Outbreaks were reported in 1960 and 1961 which strongly implicated these animals as the common source of infection.

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In September 1961 the Florida State Board of Health and Yerkes Laboratory cosponsored a meeting in Jacksonville, Florida for persons interested in the problems of sub-human primates as a source of human hepatitis. Representatives of public health agencies, universities and military installations were invited. The group recognized that this was not a problem of great magnitude insofar as the number of human cases known to have occurred, but that it is certainly an important area to consider for further investigation. There are several unanswered questions in this area, and the resolution of these questions may well give added insight into the overall epidemiology and etiology of infectious hepatitis. Also a great deal needs to be learned regarding the effects of these infections on chimpanzees, and studies are needed to determine whether these animals may be suitable for some aspects of laboratory studies of infectious hepatitis. The group agreed that the Communicable Disease Center should be the focal point for the collection and dissemination of hepatitis surveillance information. Any persons receiving information on human cases of hepatitis resulting from contact with sub-human primates are asked to notify Dr. Joe R. Held, Assistant to the Chief, Epidemiology Branch, Communicable Disease Center, Atlanta 22, Georgia.

Dr. John Hughes, Division of Foreign Quarantine, Public Health Service, has made arrangements for the various U. S. Quarantine Stations to notify CDC whenever new shipments of chimpanzees arrive in the United States. A system of follow-up on these importations is now being initiated and it is anticipated that officials of state health departments in states to which these animals are shipped will be asked to participate in this surveillance program. It is hoped that much can be learned about the population at risk and the degree of risk. Any additional information obtained on the subject will appear in VPH Notes.

Previously we have reported on the various outbreaks of hepatitis associated with contact with chimpanzees and wooly monkeys. (See VPH Newsletters for November 1960, April 1961, June 1961, September 1961, and October 1961). Below is a summary of cases reported to the Center. (See Table I).

Late in 1960 Dr. Donald Coohon, Public Health Veterinarian, Michigan State Health Department, reported to the Communicable Disease Center an outbreak of hepatitis in 8 individuals who had had intimate contact with the same Colombian Wooly Monkey - two cases in one household and six in another. (VPH Newsletter, November 1960).

About this time a report was received from Dr. William Hillis, of the Air Force, regarding an outbreak of hepatitis among chimpanzee handlers at Holloman Air Force Base. (VPH Newsletter, April 1961; Hepatitis Surveillance Report No. 4, March 21, 1961; and Hillis, et al., Amer. J. Hyg., Vol. 73, No. 3). Dr. Hillis reported that the incidence was 52 percent among intimate handlers of newly arrived chimpanzees

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during a two-and-one-half year period (Table II). During the same period the incidence among other personnel on the base was only 0.4 percent. Newly arrived chimpanzees are held in an isolation colony for 45 days, and after this period are added to the established colony. Among 75 handlers of chimpanzees in the established colony, there were no cases of hepatitis during the same two and one-half year period. Thus it would appear that the chimpanzees were shedding the virus for less than 45 days after their arrival at the base.

We began to learn of additional cases of human hepatitis which were believed to have resulted from contact with sub-human primates. To date the Center has received information on 54 such cases (Table I). The first of these cases occurred in 1953 among chimpanzee handlers at an Air Force Base in Austin, Texas.

Dr. Arthur Riopelle, Director, Yerkes Laboratories of Primate Biology, and Dr. J. F. Molloy, EIS officer assigned to the Florida State Board of Health (1959-1961) furnished information on an outbreak of human hepatitis which occurred at the Yerkes Laboratory in 1961 (Table III). Six of nine persons having intimate contact with a group of newly imported baby chimpanzees became ill. The baby chimps were added to the laboratory colony for a study in which it was necessary to handle, care for and play with them much as one would with a child. This included frequent changing of diapers. Two of 12 persons having casual contact with these animals also developed hepatitis. These were the investigator in charge of the study and his assistant.

Drs. L. B. Clayton and W. R. Stinger of the Dade County, Florida, Health Department investigated an outbreak of hepatitis among employees at a zoo in Miami during the summer of 1961. Six cases were recorded among 37 employees (Table IV). All six individuals had close contact with a chimp newly imported a month before onset of the first case.

In each of the above multiple case outbreaks intensive epidemiological investigation revealed no other probable source of infection. Of the 54 human cases reported to date, 46 have occurred since 1958. Chimpanzees are believed to have been the source of infection in 45 cases and Wooly Monkeys in 9.

The reservoir of infection for the chimpanzees is unknown. Dr. Hillis reported that one of the importers followed a practice of administering pooled human blood by intraperintoneal injection to the chimps after their capture. This was done to protect the animals from human diseases with which they might come in contact. Conversations with several other importers indicate that this is not a common practice and that as far as could be determined only this one individual practiced this procedure. Reportedly many of the imported chimpanzees are captured by natives in Africa as babies

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when the parents are killed for food. The orphan babies are then brought into native villages where they are kept until they are purchased by an importer. In these villages the chimps have intimate contact with their human captors and if there is active hepatitis virus in this human population it seems likely that the animals have ready access to the virus.

The human cases have been clinically indistinguishable from infectious hepatitis and have occurred in individuals having intimate contact with chimps three-to-six weeks prior to onset of illness. The associated animals have demonstrated a variety of clinical illnesses, but the general pattern has not been compatible with infectious hepatitis in man. Most of the animal illnesses have been respiratory and parasitic in nature and believed to have a variety of etiologies. However, the illnesses were similar to those commonly seen among subhuman primates newly imported into this country. In some of the more recent outbreaks the associated animals were found to have altered liver function tests, but the significance of these tests in chimpanzees needs further definition.

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TABLE I

HUMAN HEPATITIS WITH SUSPECTED SUB-HUMAN PRIMATE SOURCE
(Reports Obtained by the Communicable Disease Center)

Year	State	Place	No. of Cases	Suspected Animals	Comments	Source
1953	Texas	Air Force Base Chimpanzee Colony	5	Chimpanzee(s)	Intimate contact with chimpanzees and monkeys.	(1)
1955	Maryland	NIH Animal Colony	1	Chimpanzee(s)	Veterinarian in charge of Animal Colony.	(2)
1955	New York	City Zoo	2	Chimpanzee(s)	Veterinarian and nurse treating sick zoo animals.	(3)
1958	Florida	Monkey Jungle (Exhibition)	1	Wooly Monkey	Wife of owner - nursed sick baby monkey for 2 weeks, 3-to-4 weeks prior to onset.	(4)
1958-1960	Florida	Wild Game Farm and Importation Facility	4	Chimpanzee(s)	Animal caretakers - contact with newly imported animals.	(1)
1958-1961	New Mexico	Air Force Base Chimpanzee Colony	15	Chimpanzee(s)	Veterinarians and animal caretakers - contact with newly imported animals.	(1) (5)
1960	Michigan	Private Homes	8	Wooly Monkey	Had been in 2 different homes approximately 6 weeks prior to onset of first cases.	(6)
1960	Michigan	Pet Shop	1	Chimpanzee	Onset 6 weeks after caring for newly imported chimpanzee.	(6)
1961	Florida	Center for Primate Research	8	Chimpanzee(s)	Cases among persons working with newly imported young chimpanzees.	(4) (7)

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TABLE I (Cont'd.)

HUMAN HEPATITIS WITH SUSPECTED SUB-HUMAN PRIMATE SOURCE

Year	State	Place	No. of Cases	Suspected Animals	Comments	Source
1961	New York	Animal Importation Facility	1	Chimpanzee(s)	Animal caretaker - contact with newly imported animals.	(8)
1961	Florida	Municipal Zoo	6	Chimpanzee	All cases had contact with newly imported baby chimpanzee.	(4) (9)
1961	Connecticut	Home of Zoo Director	2	Chimpanzee	Wife and son of Zoo Director cared for newly imported chimpanzee 5 weeks before onset.	(10)
1953 to 1961 TOTALS			54			

(1) Dr. Wm. D. Hillis, et al., Amer. J. Hyg. Vol. 73, No. 3.
(2) Dr. Wm. Gay, National Institutes of Health, Bethesda, Maryland.
(3) Dr. Leonard Goss, New York Zoological Park - Now at Cleveland Zoo.
(4) Dr. James Scatterday, Dr. James O. Bond, and Dr. J. F. Molloy, Florida State Board of Health, Jacksonville.
(5) Dr. James Cook and Dr. Robert Edwards, Veterinary Services Branch, Holloman Air Force Base, New Mexico.
(6) Dr. Donald Coohon, Michigan Department of Health, Lansing.
(7) Dr. Arthur Riopelle, Yerkes Laboratories of Primate Biology, Jacksonville, Fla.
(8) Dr. Vincent Guinee, EIS Officer, CDC (Patient was under his care while he was a resident physician, St. Vincent's Hospital, New York City).
(9) Dr. L. B. Clayton and Dr. W. R. Stinger, Dade County (Florida) Health Department, Miami.
(10) Dr. Robert McCullum, Yale University, New Haven, Connecticut, and Dr. Mila Rindge, Connecticut State Health Department, Hartford.

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TABLE II

INFECTIOUS HEPATITIS AMONG VARIOUS GROUPS
AT HOLLOMAN AIR FORCE BASE, NEW MEXICO AND SURROUNDING OTERO COUNTY
MAY 1958 THROUGH DECEMBER 1960

(From Hillis, Am. J. of Hygiene, Vol. 73, No. 3)

Group	Population	Cases of Hepatitis	Incidence (Percent)
Otero County, New Mexico	36,870	71	0.2
Base Personnel Exclusive of Veterinary Services Branch	6,500	24	0.4
Handlers of Chimpanzees in Established Colony Only	75	0	0
Veterinary Services Branch	35	11	31
Intimate Handlers of Newly Arrived Chimpanzees (Veterinary Services Branch)	21	11	52

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TABLE III

INFECTIOUS HEPATITIS AT YERKES LABORATORIES OF PRIMATE BIOLOGY
(Unpublished Data from Riopelle and Molloy)
8 CASES

Date Newly Imported Group of Infant Chimpanzees Arrived at Laboratory - March 2, 1961

Date of Onset of First Case - March 28, 1961

Date of Onset of Last Case - April 9, 1961

	Number	Cases of Hepatitis
Persons Having Intimate Contact with Newly Arrived Chimps	9	6
Persons Having Casual Contact with Newly Arrived Chimps	12	2
Other Employees Having No Contact with Newly Arrived Chimps	29	0
TOTALS	50	8

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TABLE IV

INFECTIOUS HEPATITIS AT A ZOO
(Unpublished Data from Clayton and Stinger)
6 CASES AMONG 37 ZOO EMPLOYEES

Date Newly Imported Infant Chimpanzee Arrived in United States from Liberia - June 15, 1961

Date Arrived at Crandon Park Zoo - July 6, 1961

Human Cases:

Date of Onset	Age	Sex	Race
8/7/61	19	F	W
8/7/61	18	F	W
8/7/61	16	F	W
8/17/61	17	F	W
8/17/61	28	M	W
8/23/61	23	M	W

All six of the cases had close contact with the chimpanzee. The four girls were summer employees responsible for its daily care, feeding, and for laundering of soiled diapers. The two men were regular employees responsible for the cleaning of its quarters.

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BACTERIAL DISEASES

Salmonella Taksony Infection in New York Hospital

An outbreak of Salmonella taksony infection occurred at a New York Hospital between November 10, 1961 and November 26, 1961. A survey of hospitalized patients and hospital personnel indicated that from 7 to 16 percent of the hospital population was excreting this organism in the stools during this period. Although a few persons had mild or moderate gastroenteritis, the majority of infected individuals was asymptomatic. One patient with leukemia had bacteremia which responded to antimicrobial therapy. Hundreds of food samples were cultured in an effort to determine the source of infection and only three yielded Salmonellae. It appeared that eggs were the most likely source of infection in the positive foods but this was not proved conclusively. The poultry flocks which served as sources of eggs for the hospital were cultured and found to be negative for Salmonella taksony. In addition, Salmonella could not be recovered from cultures of kitchen utensils, sinks, or other equipment. There has been no evidence of infection since November 26, 1961.

Avian Tuberculosis in Humans

Avian Tuberculosis. A. G. Karlson, Minn. Med. Vol. 42, October, 1959.

The author has grouped the acid-fast bacilli that cause tuberculosis in various species into three categories depending on their primary hosts: (1) mammalian tubercle bacilli; (2) so-called cold-blooded tubercle bacilli, the cause of tuberculosis in reptiles and fish only; and (3) avian tubercle bacilli. The bovine type, Mycobacteria bovis and the human type, Myco. tuberculosis may infect a number of wild and domestic animals.

Infection with Myco. avium in chickens is common in many parts of the world. However, man appears to have a high resistance to infection with Myco. avium. The widespread distribution of tuberculosis in chickens and the common occurrence of avian tuberculosis in swine provide ample opportunity for transmission of the disease to man. Nevertheless, there are few records of the microorganism having been isolated from human patients. In the United States four human cases have been recorded in which Myco. avium has been isolated by culture and identified by animal pathogenicity studies. The author reviews the first three cases which had been reported previously. Two of these cases occurred in Minnesota and one in Ohio. The fourth case is reported for the first time.

Myco. avium was isolated from a 57-year-old farm woman from Iowa who had had swelling of the right index finger for about one

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year. There was no open lesion, but she had difficulty in flexing her finger. The swelling was not painful and medical attention was not obtained. The lesion was cultured as part of a complete physical examination when the patient sought medical attention for other reasons.

The patient could not recall having injured the finger but said she could have been scratched when cleaning chickens. She had lived on a farm for about 25 years and had kept a flock of about 300 chickens. She and her husband had moved to a small town about one year prior to the time she noticed the swelling of her finger. In town they maintained a flock of 100 hens, about 20 of which were more than one year old. All birds appeared healthy on physical examination. The flock was tuberculin tested and six birds reacted positively. Post-mortem examination of five of the reactors revealed milliary nodules in the spleen of three and in the liver of one suggestive of tuberculosis. The organs were frozen and sent to a laboratory for culture. Unfortunately due to delay in transit the tissues were decomposed upon arrival and attempts to culture Mycobacteria were unsuccessful.

GENERAL

Maryland Recruits Public Health Veterinarian

Dr. John H. Janney of the Division of Epidemiology, Maryland Department of Health, reports that the Health Department is recruiting a public health veterinarian.

Entrance qualifications are: a degree of Doctor of Veterinary Medicine from a veterinary school approved by the American Veterinary Medical Association, a Master of Public Health degree from an accredited college or university; and three years experience in a public health agency engaged in the control of infectious diseases common to man and animals. Candidates may substitute two years of additional experience as required for the MPH degree.

The position requires a thorough knowledge of the principles, practices and new developments in the field of veterinary medicine and their application to public health, ability to plan and direct a state-wide program of veterinary public health activities, and to make recommendations relative to plans, policies, and procedures, to provide consultative, advisory and teaching services to professional and lay persons and groups; to interpret pertinent laws and regulations and to maintain cooperative working relationships with associates, officials and the general public. The salary range is $8,180 to $10,224.

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Michigan State Plans New Institute of Biology and Medicine

An unprecedented educational development is beginning to take shape at Michigan State University. In November 1961 MSU's Board of Trustees approved establishment of a new Institute of Biology and Medicine, thereby giving the green light to a bold new proposal for the integration of teaching and research in human and animal biology and medicine. Plans call for combining the University's present health related programs, incorporation of a two-year preclinical curriculum in human medicine and attacking all biological subject matter from the comparative point of view.

Principal objectives of the new Institute will be to increase the number and improve the quality of MSU graduates in veterinary medicine, medical technology, nursing, and the basic sciences related to medicine; and to produce high quality preclinical medical students to earn the M.D. degree in two additional years. Annually there are more than 700 vacancies at the third-year level in U. S. medical schools.

Many advantages are expected. The new program will produce significant economics by minimizing wasteful duplication of courses and facilities. Graduates of the Institute, regardless of the degrees they earn, should have a better appreciation of and orientation to related disciplines. Out of all should come fuller recognition of the capabilities and potential role of the modern veterinarian in the broad field of medicine.

Dr. Herman Baum, New York City Health Official, Retires

On April 12, 1962, a testimonial dinner was given for Dr. Herman Baum upon his retirement from the New York City Department of Health. Among the speakers was Mr. A. Amundsen, representing the American Society for the Prevention of Cruelty to Animals, who presented Dr. Baum with a Certificate of Merit from the ASPCA for his humane work. Seventy-five friends and relatives honored Dr. Baum that evening.

Dr. Baum was graduated from the New York State Veterinary College at New York University in 1917 with the degree D.V.S. He was appointed August, 1921, in the Division of Food and Drugs when tuberculosis was prevalent among cattle brought for slaughter into New York City. He was transferred to the Bureau of Preventable Diseases and for many years headed the Division of Veterinary Medicine. His main effort was to eradicate rabies from the City of New York. He was honored with the Public Health Award in 1959 for his accomplishments in rabies eradication.

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Dr. Baum has no special plans for the near future.

Dr. Jeroham Asedo is Acting Chief Veterinarian following Dr. Baum's retirement.

Roger Wilsnack Joins Baltimore Biological Laboratory

Dr. Theodore R. Carski, Medical Research Director, Baltimore Biological Laboratory, recently informed us that Roger Wilsnack, former EIS veterinary officer (1958-60) will be joining BBL's research team about July 1, 1962. Dr. Wilsnack will be studying the pathogenesis of several mouse viruses using the fluorescent antibody technique.

Dr. Thomas M. Rivers - Virologist Dies

The notice of the death of Dr. Thomas M. Rivers, virologist of world renown, was carried in the Atlanta Journal, May 14, 1962. Dr. Rivers died Saturday, May 12, and burial was in Arlington Cemetery Tuesday, May 15.

Dr. Rivers was born and grew up on a farm in Jonesboro, Georgia. He received the A.B. degree from Emory University in 1909 and the M.D. degree from Johns Hopkins University in 1915.

He had been associated with the National Foundation, formerly the National Foundation for Infantile Paralysis, since its founding in 1938, and the Foundation's full-time director of medical affairs for the past six years.

He was a member of the Rockefeller Institute and its affiliated Rockefeller Hospital for 40 years. Before becoming a full-time official of the National Foundation, he had been vice president and director of the Rockefeller Institute.

He served on the New York City Board of Health for 18 years and was a Rear Admiral in the Navy Medical Corps Reserve, having commanded a research unit on Guam during World War II.

Dr. Rivers made many outstanding contributions to zoonotic medicine. Among these was his propagation of the psittacosis virus during the 1930's. He masterminded the basic program that led to discovery of the Salk and Sabin polio vaccines.

Dr. Rivers has been described as "the recognized leader of the golden period of American virology."

Program - 6th CDC Biennial Veterinary Conference

Attached is the Tentative Program for the CDC Biennial Veterinary Conference. We would appreciate any suggestions regarding the program.

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CORRECTION:

In the April issue of the Veterinary Public Health NEWSLETTER we reported a case of human brucellosis from the State of Pennsylvania. We stated that Dr. Ernest Witte had furnished us this information, but according to him, credit for this article should have been given to Dr. Milton Werrin, Public Health Veterinarian, Philadalphia City Health Department.

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Tentative Program

CDC BIENNIAL VETERINARY CONFERENCE FOR TEACHERS OF PREVENTIVE MEDICINE, PUBLIC HEALTH VETERINARIANS AND COMPARATIVE MEDICAL INVESTIGATORS

Communicable Disease Center
Atlanta 22, Georgia

August 6-10, 1962

MONDAY, AUGUST 6

8:30 - 9:30 REGISTRATION - Academy of Medicine
875 West Peachtree Street

9:30 - 1:00 GENERAL SESSION - Dr. James H. Steele, Chairman

WELCOME - Dr. Alan Donaldson
Deputy Chief, CDC

THE NEW CDC - Dr. C. A. Smith
Chief, CDC

THE VETERINARIAN & EPIDEMIOLOGY - Dr. A. D. Langmuir

VETERINARY PUBLIC HEALTH OBJECTIVES -
Dr. James H. Steele

COFFEE BREAK

THE CDC NATIONAL LABORATORY PROGRAM -
Dr. U. Pentti Kokko

COMMUNITY DEMONSTRATION - Dr. S. W. Simmons

AUDIO-VISUAL COMMUNICATION IN BIOMEDICINE -
Dr. James Lieberman

CDC TRAINING ACTIVITIES - Dr. Don Martin

1:00 - 2:00 LUNCH

2:00 - 5:00 RABIES PROGRAM - Dr. E. S. Tierkel, Chairman

NATIONAL RABIES SURVEILLANCE - Dr. Robert Scholtens

STATE REPORTS - State PH Veterinarians
(All presentations allowed 15 minutes)

7:00 SOUTHEAST RABIES RESEARCH SEMINAR

8:00 TEACHERS OF PUBLIC HEALTH & PREVENTIVE MEDICINE

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TUESDAY, AUGUST 7

8:30 - 1:00 RABIES RESEARCH - Dr. Tom Sellers, Sr., Chairman

ANIMAL IMMUNIZATION EVALUATION - Dr. Don Dean
Dr. Geo. Baer

WILDLIFE STUDIES - Dr. Keith Sikes

TISSUE CULTURE SYSTEMS - Dr. Robert Kissling

COFFEE BREAK

HUMAN PROPHYLACTIC IMMUNIZATION - Dr. E. S. Tierkel

STUDIES ON LOCAL WOUND TREATMENT
Dr. H. Koprowski
Dr. Don Dean

BAT RABIES EPIZOOTIOLOGY - Dr. Denny Constantine

1:00 - 2:00 LUNCH

2:00 - 4:00 PANEL ON RABIES ERADICATION
Dr. E. S. Tierkel, Moderator
Dr. Luther Frederickson
Dr. Robert Huffaker
Dr. James Coccozza
Dr. George Humphrey

5:00 RECEPTION
3561 Old Ivy Lane, N. E.

WEDNESDAY, AUGUST 8

8:30 - 1:00 CURRENT STATUS OF NATIONAL ZOONOSES -
Dr. Robert D. Courter, Chairman

BRUCELLOSIS - Dr. James H. Steele
Dr. Carroll Mingle

LEPTOSPIROSIS - Mrs. Mildred M. Galton

ARTHROPOD-BORNE ENCEPHALITIS - Dr. Telford Work

COFFEE BREAK

Q FEVER - Dr. Kenneth Quist
Dr. Don Coohon

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WEDNESDAY, AUGUST 8 (Cont'd.)

PSITTACOSIS-ORNITHOSIS - Dr. Paul Arnstein
Dr. Berry Rich

ANTHRAX - Dr. Phil Brachman
Dr. Charles Caraway

1:00 - 2:00 LUNCH

2:00 - 3:15 SALMONELLOSIS PANEL
Mrs. Mildred M. Galton, Moderator
Dr. Kenneth Quist
Dr. Eli Friedman
Dr. Phil Edwards

COKE BREAK

3:30 - 5:00 PARASITIC DISEASES PANEL - Dr. Irving G. Kagan, Moderator
Hydatid Disease - Dr. Kagan
Trichinosis - Dr. Ernest Witte
Tapeworms - Dr. Phil Hotchkiss
Larva Migrans - Dr. Dwight Lichty
Dr. Kirby Hayes
Toxoplasmosis - Dr. John Fair

6:00 STATE PUBLIC HEALTH VETERINARIANS

7:00 CITY & COUNTY PUBLIC HEALTH VETERINARIANS

THURSDAY, AUGUST 9

8:30 - 1:00 EMERGING ZOONOSES - Dr. Joe Held, Chairman

ANIMAL INFLUENZA - Dr. James McQueen

PPLO IN MAN AND ANIMALS - Mr. Emmett Shotts

HEPATITIS IN MAN & OTHER PRIMATES - Dr. Joe Held

COFFEE BREAK

ENCEPHALOMYOCARDITIS - Dr. Joe Gainer

CAT SCRATCH FEVER - Dr. Glen Fairchild

VESICULAR STOMATITIS - Dr. John Richardson

1:00 - 2:00 LUNCH

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THURSDAY, AUGUST 9 (Cont'd.)

2:00 - 3:00 TYPE III TUBERCULOSIS IN ANIMALS
Dr. Virginia Mallman
Dr. W. L. Mallman

COKE BREAK

3:15 - 5:00 VETERINARY MYCOLOGICAL DISEASES

EPIDEMIOLOGY OF ANIMAL RINGWORM & ITS CONTROL
Dr. William Kaplan

BLASTOMYCOSIS IN MAN AND ANIMALS
Dr. Lloyd Selby

EPIZOOTIOLOGY OF HISTOPLASMOSIS
Dr. Robert Menges

7:00 DINNER - Private Club

FRIDAY, AUGUST 10

8:30 - 1:00 COMPARATIVE MEDICINE - Dr. Arthur Wolff, Chairman

COMPARATIVE CARDIOLOGY - Dr. Robert Botts

RADIOBIOLOGY INVESTIGATIONS - Dr. Wellington Moore
Dr. Paul Lambert

COFFEE BREAK

AIR POLLUTION RESEARCH - Dr. Otis Emik
Dr. David Coffin

1:00 - 2:00 LUNCH

2:00 - 4:00 ANIMAL LEUKEMIA - Dr. Richard Tjalma

4:00 ADJOURN

5:00 STATE PUBLIC HEALTH VETERINARIANS

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VETERINARY PUBLIC HEALTH NEWSLETTER

April 1962

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May 1962

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U. S. DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
Communicable Disease Center
Atlanta 22, Georgia

Official Business

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U.S. DEPARTMENT OF H.E.W.

DR. A. C. HARDMAN
CHIEF EMERGENCY HEALTH SERVICES
35F 404 JACKSON BLDG.
5 62 OTTAWA, ONTARIO, CANADA

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408 Jackson Building,
Ottawa

311-R1-1

May 3, 1962.

Professor Rupert D. Ramsay, B.S.A., M.S.,
Director, Extension Department,
College of Agriculture,
University of Saskatchewan,
Saskatoon, Saskatchewan.

Dear Professor Ramsay,

Thank you very much for lending me the attached issue of "Farm Notes" with the information concerning rabies. I have made a copy of this for our file.

Yours sincerely,

Original S... by
DR. E. W. R. BEST

E.W.R. Best, M.D., D.P.H.,
Chief, Epidemiology Division.

Attach.
EWRB:lhd

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Dr Ramsay

ALBERTA DEPARTMENT OF AGRICULTURE

FARM NOTES

Issued under Direction of HON. L.C. HALMRAST Minister of Agriculture

A service to the Farm, Weekly and Daily Press.

Assembled and released by RADIO AND INFORMATION BRANCH

Department of Agriculture, Edmonton

FRIDAY, APRIL 6, 1962

6 APR 1962

RABIES SITUATION: Dr. E. E. Ballantyne, Director of the Alberta Veterinary Services Branch, reports that the rabies situation in this province is being watched closely. The reason for this is that the rabbit population, which was used in 1952, 1953 and 1954 to predict rabies problem areas a year ahead, has now reached a peak in its cycle. In fact it has already passed its peak in the northern part of the province.

Rabbits are not in themselves a rabies problem but the fact that coyotes and foxes congregate in rabbit infested areas for food, contributes to the spread of this disease. Rabbit population peaks seem to occur about every ten years.

The last case of rabies diagnosed in Alberta was in 1956. Since that time several hundred animals including foxes, coyotes, weasels, cats, dogs, cattle and hogs have been checked. All these animals, which came from as far north as Fort Vermilion and as far south as the United States border, have been negative.

The Canadian rabies picture shows a serious outbreak in Ontario, several cases in Quebec, one in New Brunswick, several in Manitoba (mainly in skunks) and a few in the North West Territories which could spread to northern Alberta as was the case in 1952.

At a meeting held recently to discuss control recommendations in case rabies did break out again in Alberta, it was agreed by all that the 1952-1956 program was of real value and that similar techniques should be used if the necessity arises. E. Heustis, Director of Forestry, C. Smith, Director of the Fish and Wildlife Service, J. Gurba, Supervisor of Pest Control and E. E. Ballantyne, Director of Veterinary Services, were among the officials taking part in the discussions.

The scope of any future program would, of course, depend upon the situation that existed at the time. Ever since 1956, the Department of Lands and Forests has employed trappers in the winter to keep down the wolf population and the Department of Agriculture has maintained a coyote control program. Both of these could be greatly expanded if the need arose.

The fact that Albertans are alert to the dangers of rabies and are reporting any suspicious cases is a tremendous help, says Dr. Ballantyne, to those entrusted with the task of rabies control.

HOW ABOUT YOUR MILK TESTS: It is not at all uncommon for milk tests to drop at this time of year, says R. P. Dixon, Supervisor of Dairy Cattle Improvement with the Alberta Department of Agriculture. Higher temperatures, the change to spring pasture conditions and the fact that the cows are getting more exercise are responsible for this temporary decline.

Generally speaking, milk tests go up during cold weather and down again during warm weather. Although a change of feed often affects milk test results, the effect is usually only for a short period.

Breed and the individual characteristics of a cow are among the other factors which affect the butterfat content of milk. Jersey milk usually tests around 5.4 per cent while Holstein milk tests about 3.4 per cent. Ayrshire and Guernsey milk averages about 4 and 5 per cent respectively.

The health of a cow also plays a big part in her milk test results. Both the amount of milk and its butterfat content decline when a cow is in poor health. Milk from a quarter badly infected with mastitis may test as low as 1 per cent.

After a cow has calved the butterfat content of her milk usually decreases as the amount of her milk increases while towards the end of her lactation period the butterfat test goes up again. Mr. Dixon says that evening milkings test higher than morning milkings because of the shorter interval preceding them. Milk tests are usually higher when the quantity of milk is less and the first milk drawn from the cow is low in butterfat compared to the last milk or strippings.

CORRECTION: In the article entitled "Fertilizer Advice" carried in the March 30th issue of Farm Notes, the sentence "The three sets of figures always represent nitrogen (N), Phosphorus (P) and Potassium (K) in that order" should read "The three sets of figures always represent nitrogen (N), Phosphate (P_2O_5) and Potash (K_2O) in that order." Therefore, the formula 11-48-0 means that this fertilizer contains 11 per cent nitrogen, 48 per cent phosphate and 0 per cent potash.

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NEW SIZES FOR CHILDREN'S CLOTHING: Do you have trouble finding clothes to fit your children? If so, you will be interested in the new standard system of sizing children's clothing which has been adopted by several manufacturers and retailers across Canada.

Nancy Zavenuik, Alberta's Extension Clothing Specialist, points out that until very recently all children's sizes were based on age. However, the wide difference in size which can and does exist between children of the same age but with different physiques made it very difficult indeed for some parents to find clothes to fit their offspring. To complicate the problem, different methods of sizing are used by different manufacturers.

Thanks to six years of research undertaken by a committee established by the Canadian Government Specification Board, this situation has now been remedied. Mrs. Zavenduik says the new standards for sizing children's clothing provides a reasonable fit for 85 to 90 per cent of the child population between walking age and high school graduation. The 30 new sizes are based on the chest-hip ratio, the waist-hip ratio and the neck and arm measurements.

Under the new system two and in some cases three measurements are used to designate a size. The chest-hip measurement is used for clothes that fit the whole or upper half of the body. The waist-hip measurement is for those which fit at and below the waist and the neck-arm measurement, designed for boys, is similar to the system of measuring neck size and arm length in men's shirts.

With these measurement it is easy to find your child's right size by referring to the Canada Standard Size Charts which are carried by retailers who sell "Canada Standard Size" clothes. Garments manufactured in accordance with the new specifications will be identified by a Canada Standard Size symbol. As this is a voluntary project, it is up to you as a consumer to ask for these clothes so that the manufacturers and retailers can see that there is a demand for them.

Mrs. Zavenduik says a pamphlet entitled "Be Sure It Fits", containing a Canada Standard Size Chart and information on how to use it, can be obtained from your local district home economist or from the Home Economics Extension Service, Legislative Building, Edmonton.

NEW APPOINTMENT: Miss Nancy Elizabeth McLaughlin has been appointed District Home Economist with Alberta's Home Economics Extension Service. In making this announcement the Hon. L. C. Halmrast, Minister of Agriculture, said that Miss McLaughlin will be taking up her new position at the Berwyn office about the middle of April. She will serve both the Berwyn and High Prairie areas.

A native of New Brunswick, Miss McLaughlin has her B. Sc. in Home Economics from Mount Allison University in Sackville, N. B. and her permanent Teachers's license from Teacher's College in Fredericton, N. B. She also attended the New York School of Interior Design.

Miss McLaughlin has been teaching Home Economics in New Brunswick and Calgary high schools for the last four and a half years. In her new position she will be giving lectures and demonstrations to homemakers and assisting them with such aspects of homemaking as food, clothing consumer information, family living, home management and home design. In addition she will be responsible for organizing and supervising the 4-H girls clubs in her area.

BRANCH TRANSFER: R. E. English, Statistician with the Alberta Department of Agriculture, was transferred from the Extension Branch to the Farm Economics Branch on April 1st.

This changeover was made because the work of a statistician is more closely related to that of the Farm Economics Branch than to Extension work. A long time employee with the Department, Mr. English has been agricultural statistician since 1946.

FARM WATER ASSISTANCE POLICY: During the last 18 years well over 2 million dollars have been paid to farmers in the Peace River Area under the Alberta Department of Agriculture's Farm Water Assistance Policy. The three thousand dams and dugouts, constructed during this period, have greatly assisted in stabilizing farming operations by making it possible to raise livestock for the first time on many Peace River District farms.

S. S. Graham, Director of Alberta's Extension Service, pointed out that for many families in the Peace River area, the dam or dugout is the only source of water for household and livestock use within miles.

The Alberta Department of Agriculture has now discontinued this assistance because the P. F. R. A. have extended their policy, covering the construction of dams and dugouts to include the Peace River area.

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PA

ACTION REQUEST

TO Miss Bronnell | DATE Apr 6 62

LOCATION

FROM Lt WRP Best. | RE FILE NO.

FOR:

	ACTION		NOTE & FORWARD
	APPROVAL		NOTE & RETURN
	COMMENTS		P.A. ON FILE
	DRAFT REPLY		REPLY DIRECTLY
	INFORMATION		REPLY, PLEASE
	INVESTIGATE AND REPORT		SEE ME, PLEASE
	INVESTIGATION		SIGNATURE
	MAKE.....COPIES		TRANSLATION
	MORE DETAILS		YOUR REQUEST
	NOTE AND FILE		.....

PREPARE MEMO TO:.....

REPLY FOR SIGNATURE OF:.....

REMARKS..... Returned by Miss Bronnell

Returned May 8/62

.....

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.....000519

CGSB 6-GP-12 P.P.&S. CAT. 3433

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3/1-R/1-1

Deaths from Rabies in Canada, by provinces, 1921 - 1960

Year	Number of Deaths				
	Canada	Que.	Ont.	Sask.	Alta.
1925	1	-	-	1	-
1926	1	1	-	-	-
1927	3	3	-	-	-
1929	5	4	1	-	-
1931	2	-	1	-	1
1933	1	1	-	-	-
1944	1	-	1	-	-
1959	2	-	2	-	-
1960	-				
1961	1	—	—	—	1

16 deaths in 35 years.

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408 Jackson Building
Ottawa

311-R1-1

March 8, 1962.

Dr. H. B. Colford, M.P.H.,
Director of Maternal and Child Health
and Communicable Diseases Division,
Department of Public Health,
Province of Nova Scotia,
Halifax, N. S.

Dear Dr. Colford,

I have received your letter of February 8 concerning rabies immunization.

The following comments are offered as a joint opinion of Dr. Nagler, Chief, Virus Laboratories, and myself. The "Guide for Specific Post-Exposure Treatment" on page 12 of the Fourth Report of the W.H.O. Expert Committee on Rabies is the most suitable schedule at the present time. Concerning the type of vaccine to be used, I refer you to the following two articles:

1. "Vaccination Against Rabies with Duck-Embryo and Semple Vaccines" - Morris Greenberg, M.D., M.S.P.H., and Jean Childress, B.S., New York. (The Journal of the American Medical Association, May 28, 1960, Vol. 173, pp. 333-337);

2. "Comparison of Rabies Vaccines Grown on Duck Embryo and on Nervous Tissue" - Frederic A. Gibbs, M.D., Erna L. Gibbs, Phyllis R. Carpenter, M.D., and Harold W. Spies, M.D., Chicago. (The New England Journal of Medicine 265:1002-1003, November 16, 1961).

... 2.

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We believe that the Duck-Embryo Vaccine is preferable to the Semple Vaccine. Ely Lilly and Co. (Canada) Ltd. has obtained a licence in Canada for the Duck-Embryo Vaccine; however, I understand that supplies are limited.

The W.H.O. schedule was reproduced in our Surveillance Report of January 28, 1961.

I hope this information is helpful to you.

Yours sincerely,

Original Signed by
DR. E. W. R. BEST

E.W.R. Best, M.D., D.P.H.,
Chief, Epidemiology Division.

EWRB:lhd

cc: Dr. F. P. Nagler.

P.S. - The address of
Eli Lilly and Co. (Canada) Ltd.,
is:

P. O. Box 4037,
Terminal "A",
Toronto 1, Ontario.

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National Health and Welfare
311-RI-1
FEB 9 1962
Registry Services

DEPARTMENT OF PUBLIC HEALTH
NOVA SCOTIA

Halifax, Nova Scotia.
February 8, 1962.

Dr. E.W.R. Best, D.P.H.,
Chief, Epidemiology Division,
Dept. of National Health & Welfare,
193 No. 1 Tempory Building,
Ottawa, Ontario.

Dear Dr. Best:

Re: Rabies

The 4th report of the W.H.O. Expert Committee on Rabies, 1960, provides a guide for the treatment of persons exposed to risk of contracting rabies.

Although there have been no cases of rabies in Nova Scotia, to date, we had occasionally run into incidents where dogs or other animals have biten humans. In such cases we have been referring the doctors to the W.H.O. Guide.

Is this guide being used in other Province or are there other recent recommendations that we should be following.

Yours very truly,

H. B. Colford

H. B. Colford, M.D., M.P.H.,
Director of Maternal & Child Health,
and
Communicable Diseases Division.

HC/aa

Guide published in Surveillance Report of Jan. 28/61

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Received by Division of
EPIDEMIOLOGY
FEB 1962
Nat. Health & Welfare

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Treat Rabies Suspects At Renfrew, Pembroke

PEMBROKE (Staff) — Three children and a man, all of Renfrew County, have started taking treatment for the prevention of rabies within the last three days.

Two of the children, aged one and two, and their father, Bert Bennett, RR4, Renfrew, are known to have been in contact with a rabid dog.

The third child, 10-year-old Greg Taylor, of Pembroke, was bitten by a bat on Feb. 13. Son of Mr. and Mrs. George Taylor, 923 Pembroke Street West, he started taking anti-rabies shots Friday as a precautionary measure." It has not been determined whether or not the bat was rabid.

The rabid dog in the Renfrew area was the Bennett family's pet. None of the family was bitten by the animal. Dr. L. J. Mulvihill, of Renfrew, said the dog had slobbered on the children and their father while it was being treated for an undiagnosed illness. Rabies tests done latter proved the dog was diseased.

The three Bennetts have been undergoing anti-rabies treatsince Thursday.

Results of the test with regard to the Pembroke bat will not be known for another two weeks.

Dr. C. E. Knell Agriculture Department Veterinarian at Arnprior said the fact that the tests had not proved positive within eight days was "a hopeful sign."

THE OTTAWA EVENING JOURNAL
24-2-62

To the Press Clipping Service
PLEASE RETURN TO.....O
PLEASE RETAIN FOR.....
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National Health and Welfare
311-RH-1
DEC 20 1961
Epid. (Dr. Best)

ONTARIO

DEPARTMENT OF HEALTH

Room 5510, East Block
Parliament Buildings
Toronto, Ontario

December 19, 1961

E.W.R. Best, M.D., D.P.H.,
Chief, Epidemiology Division
Department of National Health
and Welfare
408 Jackson Building
Ottawa, Ontario

Dear Dr. Best:

Further to your note of recent date appended to a copy of a letter you have received from Dr. Hutchison, M.O.H., London, concerning the presence of rabies in bats in Ontario, we are noting below the particulars concerning this incident:

The first confirmed case of bat rabies in Ontario was reported from Simcoe County in September. The bat, identified as Eptesicus fuscus or large brown bat, bit and scratched a two and a half year old child, while sleeping, on the chin, ear and hand. Negri bodies were not found on direct microscopic inspection of the bat brain but inoculated laboratory animals died on the 16th post inoculation day and negri bodies were demonstrated. The child received immune serum and 21 doses of Semple-type vaccine. There were no untoward reactions.

Yours sincerely,

G.E. Large, M.D., D.P.H.,
Director
Epidemiology Branch

GEL/k

Bill for S.R.

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A. HUTCHISON, M.D., D.P.H.
EDICAL OFFICER OF HEALTH

CITY OF LONDON

BOARD OF HEALTH
331 SOUTH STREET

National Health and Welfare
311-R1-1
NOV 29 1961
Epid (Dr Best)
Registry Services

November 27, 1961

Dr. E. W. R. Best, Chief,
Epidemiology Division,
Department of National Health & Welfare,
408 Jackson Building,
Ottawa, Ontario.

Dear Ted:

Re: Your file 311-R1-1

I would herein acknowledge your letter of November 24, 1961 regarding a clipping from the London Free Press dated October 19, 1961 and outlining the supposed finding of rabies in a Simcoe County bat.

Your letter brought this press clipping to my attention for the first time, and it was somewhat of a surprise to me, most particularly the reference to Simcoe County.

The day previous to the clipping date, I had made reference at our Board of Health meeting to an incident wherein a Toronto child had been bitten by a bat and had received prophylactic anti-rabies vaccine therapy. Dr. Dorland, a veterinarian in the Ontario Department of Health had informed us that the bat did not evidence Negri bodies but was positive to animal inoculation.

The location of the bat and the biting episode were not known to me; hence my surprise at the reference to Simcoe County.

I dare say you already know of the details of this incident.

Yours sincerely,

D.A.Hutchison, M.D., D.P.H.,
Medical Officer of Health

DAH:L

Received by Division of
EPIDEMIOLOGY
NOV 29 1961
Nat. Health & Welfare

6 Dec 61
cc Dr Lange.

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P.H.

408 Jackson Building,
Ottawa

311-R1-1

November 24, 1961.

Dr. Douglas A. Hutchison,
Medical Officer of Health,
London, Ontario.

Dear Doug,

I have just been reading a clipping from the London Free Press, Thursday, October 19, outlining the finding of rabies in a Simcoe County bat.

I would welcome a report of this incident for our Surveillance Report.

Yours sincerely,

Original Signed by
DR. E. W. R. BEST

E.W.R. Best, M.D., D.P.H.,
Chief, Epidemiology Division.

EWRB:lhd

cc: Dr. G. E. Large,
Director,
Epidemiology Branch,
Department of Health,
Toronto, Ontario.

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311-R1-1

F/A

408 Jackson Building
Ottawa, Canada

July 11, 1961

Dr. Earl C. Chamberlayne
Communicable Diseases Branch
Pan American Health Organization
1501 New Hampshire Avenue, N.W.
Washington 6, D.C.
U. S. A.

Dear Dr. Chamberlayne,

In answer to your letter of July 7, 1961, I must confess "nostra colpa, nostra massima colpa" or "you can't get away with it" (liberal translation).

It was strictly a steno typing error. I guess that Pitman's method does not differentiate between "chick" and "duck". Following the dictation of the report I had to absent myself from Ottawa, and the draft went to the printers without being proof read.

Thanks to your perspicacity and acumen, we shall be able to publish an "Erratum" in the next edition of the SR (No. 12) stating that the "chick" was a "duck". We will also acknowledge the source of the correction.

Please accept our apologies for the error and our thanks for telling us about it.

Yours sincerely,

D. Kubryk, M.D., D.P.H.
Medical Consultant
Epidemiology Division

DK/jm

photo copies sent to Dr. Layton

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PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
WORLD HEALTH ORGANIZATION
1501 NEW HAMPSHIRE AVENUE, N.W., WASHINGTON 6, D.C. U.S.A. CABLE ADDRESS: OFSANPAN

IN REPLY REFER TO: AMRO-61
HCD-1144-61

7 July 1961

Received by Div.
EPIDEMIC
Nat. Health & Welfare

National Health and Welfare
311-R1-1
JUL 10 1961
Epid (Dr. Kubryk)
Registry Services

Dr. D. Kubryk
Epidemiology Division
Department of National
Health and Welfare
Ottawa, Canada

Dear Dr. Kubryk:

May I first thank you for the copies of your Surveillance Report that we have been receiving. The information in the report is often very interesting technically, and it helps us to keep well acquainted with some of the problems in Canada.

Volume 5, No. 11, contains the short description about the very interesting suspected rabies incident at Mould Bay, Prince Patrick Island, N.W.T. I had heard briefly about this from Winnipeg, so was most interested to read your report of the matter.

I find one aspect of the report most fascinating in that "chick embryo vaccine" was used to vaccinate three persons brought to Winnipeg. Can you supply more information about this vaccine.

To my knowledge, the Semple type and duck embryo type (both killed-virus vaccines) are the only vaccines available for human use. Experimental batches of chick embryo vaccine (modified live-virus vaccine) have been made, but this vaccine is still in the study stage. Does your report indicate that chick embryo vaccine (modified live-virus) has been licensed in Canada for use in human vaccination?

Chick embryo vaccine has been licensed for some years for use in dogs and other animals, but I doubt if your report implies that "...one Canadian and two American (dogs) were evacuated to Winnipeg...".

Please satisfy our curiosity.

Best regards,

Earl C. Chamberlayne
Communicable Diseases Branch

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National Health and Welfare
311-R1-1
MAY 31 1960
Ed.
Registry Services

ONTARIO

DEPARTMENT OF HEALTH

RABIES IN ANIMALS

Since January 1st of the current year, 126 wild and 74 domestic animals were proven to have rabies, as compared with the corresponding period of 1959. This is the lowest incidence of rabies in Ontario in the past five years. The reason for this marked reduction ~~(65%)~~ is attributed to the decrease of the disease in the fox in Southern Ontario. During the past three years the districts in Northern Ontario have been comparatively free of rabies, however, since the first of this year the rabies cycle has again appeared in Timiskaming, Sudbury, Algoma and Parry Sound where proven rabid foxes have been found.

While there has been a marked overall reduction in the reports of proven rabies in Southern Ontario, the reduction is based on the marked decrease (72%) in the number of proven rabies reported in the fox. There has been no reduction in the number of proven rabid skunks during the current year. Skunks, therefore, constitute a grave local problem to the municipality. In eleven counties in Ontario, proven rabid skunks were the only wild creatures reported with rabies. Six of these counties reported proven rabies in cattle, dogs, cats and horses.

The continued appearance of skunk rabies in Southern Ontario proposes a threat to man and animals. With the approach of the summer owners of dogs and cats should be warned to protect their animals and also to keep their pets from running at large. The skunk is more domesticated and frequently is seen in cities and towns. Parents should be warned of the danger of these animals to children. No person should handle these animals or treat them as pets. Skunks may be in the incubative stage of rabies when taken from their habitat.

all have seen

RPH:McG
19.5.60

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MAY 27 1980
Nat. Health & Welfare

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COPY FOR THE INFORMATION OF DR. BEST

CANADA

DEPARTMENT OF AGRICULTURE
PRODUCTION AND MARKETING BRANCH
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

HEALTH OF ANIMALS DIVISION

ANIMAL PATHOLOGY LABORATORIES

National Health and Welfare
311-R1-1
SEP 11 1959
EPID (Dr Best)
Registry Services

ANIMAL DISEASES RESEARCH INSTITUTE
HULL, QUEBEC

Sept. 10, 1959

Received by Division of
EPIDEMIOLOGY
SEP 11 1959
Nat. Health & Welfare

Dr. C. E. van Rooyen,
Professor and Head of Virology Section,
Dept. of Public Health,
Halifax, N.S.

Dear Dr. van Rooyen:

I have before me a copy of your letter to Dr. E. W. R. Best, dated Sept. 1st. I regret to say I am completely puzzled at your reference to having attended the annual meeting of consultants to the Department of Agriculture, A.D.R.I. at Hull. The existence of any such annual meeting is unknown to me. For several years now the Department of Agriculture has sponsored a meeting of veterinary pathologists. The men attending this meeting are, in the main, provincial veterinary pathologists employed by provincial governments. These men come to Hull and sit down with us around a common table and discuss disease problems of livestock in their respective provinces. The object of holding these meetings is for us to get a concise picture of disease entities. Based on the prevalence and significance we formulate research projects. In other words, if a certain condition has become very prevalent and is of economic importance to the livestock industry we would naturally want to know about this and to gear our research activities along lines that would result in obtaining as much information as possible in the control and eradication of the problem.

In your second paragraph you indicated to Dr. Best that you would appreciate receiving one or two histological sections prepared from the brains of animals that succumb to rabies. As you know, we are vitally interested in the diagnosis of rabies and in this connection receive a great many specimens. In many instances

Dr K

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an early diagnosis is imperative and in order to expedite this service a microscopical study is made by the examination of stained impression preparations. We do not prepare paraffin sections as this is too time-consuming. I am sure you will concur that to cut 40, 50 even 90 brains a day would be a process of great magnitude. On the other hand, preparing 15 to 20 impression preparations from each specimen takes a trained technician but a few minutes.

We would be most happy to send you a few of the stained impression preparations if these would serve your purpose.

In addition to microscopical diagnosis whenever there is human involvement and in certain other circumstances when Negri bodies cannot be demonstrated in the prepared preparations, an emulsion is made of the brain tissue in question and experimental animal inoculations carried out. The test animals are kept under observation. At death or euthanasia, following the display of symptoms suggestive of rabies, the brains from these animals are then subjected to microscopical examination. The above is our routine procedure for the diagnosis of rabies.

Dr. Best gave me to understand you were somewhat surprised that rabies had been diagnosed in Anticosti and in Newfoundland. To us this is not a remarkable incident. It is quite within the realm of possibility that a rabid fox, wolf or for that matter any other animal could be carried from the mainland on floating ice or snow floes. This past year we had a very good example when three foxes were carried on floating ice to an island seven miles from the mainland. We, of course, do not know the point of departure. It could be that they were carried many miles down the river before landing on the island. One thing certain no foxes were on this island last fall.

Should at any time you care to discuss rabies or any other subject with us, we would be most pleased to have you visit the Institute.

Yours sincerely,

P. J. G. Plummer,
Director, Animal Pathology Laboratories.

PJGP:GT.

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PA

193 No. 1 Temporary Building
Ottawa

311-R1-1

September 4, 1959.

Doctor P.J.G. Plummer,
Chief, Animal Pathology Laboratories,
Animal Diseases Research Institute,
100 Gamelin Boulevard,
Hull, Quebec.

Dear Doctor Plummer:

Earlier this year when I was in Halifax, Doctor van Rooyen, Director of the Virology Laboratory in Halifax said that he was very much interested in seeing histological sections prepared from the heads of animals found positive for rabies.

During my visit to your Laboratory earlier this summer with Doctor Moynihan, I had discussed this matter with him and specifically I had suggested that when Doctor van Rooyen was in Ottawa he could visit your Laboratory for such examinations. However, in the enclosed letter you will note that Doctor van Rooyen would like to have selected slides sent to him. I wonder if you would like to write to Doctor van Rooyen directly in this regard and I would appreciate also knowing to what extent you may be able to help to send him slides.

I enjoyed very much my visit to your Laboratory and appreciate the welcome extended to return when time permits to see more of the technical work.

Yours sincerely,

B

E.W.R. Best, M.D., D.P.H.,
Chief, Epidemiology Division.

C.C. Dr. Moynihan
EWRB/ch
Enclosure

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TELEPHONE 3-6529

DEPARTMENT OF PUBLIC HEALTH
NOVA SCOTIA

DEPARTMENT OF LABORATORIES,
SECTION OF VIROLOGY,
62 UNIVERSITY AVE., - HALIFAX, N. S.

National Health and Welfare
311-R1-1
SEP 3 1959
Registry Services

September 1, 1959

Dr. E.W.R. Best, M.D., D.P.H.
Chief, Epidemiology Division
193 No. 1 Temporary Building
Ottawa, Ont.

Dear Dr. Best:

In reply to your letter of 4th. August addressed to Dr. H.B. Colford, it is some years since I attended the Annual Meeting of Consultants to the Dept. of Agriculture A.D.R.I. at Hull.

At the present time I shall be unable to spare the time to visit the A.D.R.I. Laboratories owing to pressure of local duties. I would, however, appreciate it if Dr. Plummer would be kind enough to send one or two Histological sections prepared from the heads of positive animals which have been received at the Institute for examination for rabies. If it is too much trouble please do not bother to do so. The interchange of such sections is a daily procedure among Medical Pathological Laboratories. If and when a positive section is obtained from the Atlantic Provinces area, I should be glad to receive a duplicate section for demonstration purposes at these laboratories to interested individuals.

Yours very truly,

C. Evan Rooyen.

C.E. van Rooyen, D.Sc., M.D.,
FRCP(c) MRCP
Professor and Head of Department

CEvR/sc

Dr Best
Dr K.
archie aem
Bill
Jack

Received by Division of
EPIDEMIOLOGY
SEP 3 1959
Health & Welfare

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193 No. 1 Temporary Building
Ottawa

312-R-1

August 4, 1959.

Dr. H.B. Colford,
Director,
Division of Maternal and Child Health
and Communicable Diseases,
Department of Public Health,
Provincial Building,
Halifax, Nova Scotia.

Dear Dr. Colford:

During my recent visit to Halifax, you will remember that we discussed with Dr. vanRooyen the episode in Newfoundland in 1955 when a R.C.M.P. constable was given antirabic serum and subsequently developed neurological complications. Dr. vanRooyen was interested in the isolated occurrence of dog rabies in Newfoundland.

Last week, I had an opportunity to visit the Animal Diseases Research Institute in Hull and among other things saw their rabies laboratory. As Dr. vanRooyen is especially interested in rabies and in seeing slides, may I suggest that the best way of doing this would be to visit the Animal Diseases Research Institute in Hull when he has an opportunity or to write to Dr. P.J.G. Plummer, Chief, Animal Diseases Research Institute, 100 Gamelin Boulevard, Hull, Quebec.

Would you kindly forward this information to Dr. vanRooyen and an extra copy of this letter is attached.

Yours sincerely,

B

E.W.R. Best, M.D., D.P.H.,
Chief, Epidemiology Division.

Enclosure.
EWRB/ch

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National Health and Welfare
311-R1-1
JUL 2 1959
Registry Services

Dr K

Department of Health

St. John's, Newfoundland

June 29th, 1959.

Dr. E.W.R. Best,
Chief Epidemiology Division,
Dept. of National Health & Welfare,
Ottawa.

Dear Doctor Best:

I am forwarding, as requested, a report of the events leading up to the diagnosis of rabies in a dog in Newfoundland in 1955.

Received by Division of
EPIDEMIOLOGY
JUL 2 1959
Nat. Health & Welfare

Yours sincerely,

A OD McDERMOTT, M.B.,D.P.H.,
CHIEF MEDICAL HEALTH OFFICER.

9/Best

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Department of Health

St. John's, Newfoundland

June 29th, 1959.

RABIES PROPHYLAXIS

Wednesday, November 30th, 1955 - Constable Gillingham of the R.C.M.P. at Lewisporte reported to the Health Department that a small dog owned by Maxwell Russell was sick and that Doctor Wood, medical practitioner at Lewisporte, considered the symptoms suggested Rabies. The report from the R.C.M.P. described the dog as being listless, breathing heavily, and frothing at the mouth. The report also indicated that several other dogs had become sick and that at least two had died.

December 1st, 1955 - Inspector Porter of R.C.M.P. was contacted and arrangements made for isolation and quarantine of the affected dog. The dog was confined to a shed and, having shown some signs of remission, subsequently died.

Dr. C. Button, Veterinarian with the Federal Department of Agriculture, was contacted and he forwarded the head to the Federal Laboratory at Hull, Quebec.

December 7th - A report received from Hull indicated that the head was positive for Rabies. Doctor Button left for Lewisporte the same day to carry out an investigation and apply counter measures. He vaccinated 37 dogs in the Lewisporte area.

Constable George Powell, R.C.M.P. suffered a very superficial abrasion on the left wrist when scratched by a dog on December 15th, 1955. This dog had been in contact with the proven rabid dog shortly before. The animal was promptly

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Department of Health

St. John's, Newfoundland

killed and its brain examined at Hull. It was negative for Negri Bodies.

After consultation with Dr. J. Josephson, Provincial Pathologist and Dr. E.H. Lossing of the Dept. of National Health and Welfare, I advised Dr. H. Twomey of Botwood that Constable Powell should receive anti-rabies vaccine.

On December 23rd, 1955 Constable Powell commenced on a course of vaccine. This was Connaught Laboratories product. He had injections on successive days to a total of 14 injections. On December 30th he noted itchy, red lumps on the abdominal wall at the site of the injection. These disappeared in a day or two. On January 4th he suffered abdominal cramps lasting for several hours and vaccine was not given that day. On January 5th he noted weakness in both ankles and on January 7th he had weakness in both upper extremities. He was admitted to Botwood Hospital and transferred to the General Hospital, St. John's on January 10th. By that time he had marked weakness of the dorsi flexors of both ankles and marked weakness of all muscle groups of the upper extremities.

He was treated with Cortisone 50 mgm. / 6 hourly. This was gradually reduced and he was started on physiotherapy when no further spread was shown. He was subsequently transferred to Sunnybrook Hospital, Toronto.

Constable Powell was presented at a Neurological Conference at the Toronto General Hospital in mid February and

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Department of Health

St. John's, Newfoundland

the diagnosis was a polyneuritis, the precipitating factor being rabies vaccine.

He is at present on active service in this Province and, whilst he has a very slight residual weakness in his ankles, he is quite fit and has made a good recovery.

AOD McDERMOTT, M.B.,D.P.H.,
CHIEF MEDICAL HEALTH OFFICER.

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Form 01-93-B

EXCLUSIVE CONNECTION WITH WESTERN UNION CABLE SERVICE
CORRESPONDANCE EXCLUSIVE AVEC WESTERN UNION CABLE SERVICE

CANADIAN NATIONAL TELEGRAPHS

J. R. WHITE
GENERAL MANAGER TORONTO — GÉRANT GÉNÉRAL

STANDARD TIME HEURE NORMALE

1959 JUN 18 PM

311-R1-1 PP

MOA536 MNA639

MN FNA173 LONG 101 2 EXTRA NL=FREDERICTON NB 18=

DR E W R BEST=

CHIEF EPIDEMIOLOGY DIVN DEPT OF NATIONAL HEALTH

882 AND WELFARE OTTAWA ONT=

COULD TECHNICAL INFORMATION SERVICES UNFORM ME BY WIRE REGARDING NUMBER OF CASES OF HUMAN RABIES WHICH MAY HAVE BEEN REPORTED IN CANADA PAST THIRTY YEARS. I HAVE TO ATTEND A PANEL DISCUSSION ON RABIES AT A VETERINARY MEETING NEXT WEEK NEW BRUNSWICK RECORD IS NIL. HAVE JUST RECENTLY RETURNED TO WORK AFTER PERIOD IN HOSPITAL. HAVE YOUR LETTER REFERENCE MEETING WITH AMERICAN AUTHORITIES ON VD.
THIS IS ARRANGED FOR JULY 8 AT PRESQUE ISLE.
WRITING IF YOU COULD SEND ME AVAILABLE INFORMATION ON INCIDENCE OF HUMAN RABIES PLEASE DO SO.
I WOULD NEED IT BY MONDAY OF COMING WEEK=

ARTHUR F CHAISSON MD DEPT OF HEALTH
DEPT OF HEALTH FREDERICTON NB=

Phoned Dr Chaisson on June 19, 1959

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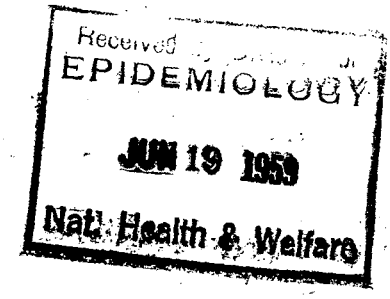

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193 No. 1 Temporary Building
Ottawa

311-R1-1

June 17, 1959.

Dr. A.D. McDermott,
Chief Medical Health Officer,
Department of Health,
St. John's, Newfoundland.

Dear Dr. McDermott:

Re: Rabies Prophylaxis

Following our recent discussions, I am enclosing three pertinent reprints and a list of references. I feel that the reprints are probably the most interesting ones in that they consider the newer types of vaccine. Please let me know if you wish photocopies of any of the other references. The reprints enclosed are spares and you are welcome to keep them.

When I spoke to Dr. van Rooyen about your one case of rabies in Newfoundland, he questioned the diagnosis in view of this being an isolated occurrence. He felt that if rabies existed in Newfoundland, there would have been more evidence of it by now.

I recall you mentioning the possibility of introduction of dogs who have not undergone previous quarantine.

Dr. van Rooyen's question should be followed up so before I approach the Health of Animals Branch, would you mind giving me the essential features of the incidence in Newfoundland several years back which lead up to the immunization of a police constable with rabies vaccine.

Many thanks for your help.

Yours sincerely,

E.W.R. Best, M.D., D.P.H.,
Chief, Epidemiology Division.

Encls.
EWRB/ch

000545

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Document divulgué en vertu de la *Loi sur l'accès à l'information*

Copies on all titles.

REFERENCES ON RABIES

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No. 82,

Possibility of bats carrying rabies virus into Canada *
Canad. J. Comp. Med. 18: 313-314, Sept. 1954.

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Rabies. A discussion of the epidemiology and management *
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Canad. J. Pub. Health 48: 239-243, June, 1957

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Canad. J. Pub. Health 49: 435-437, Oct. 1958

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317-XX-1-1-19

Rabies in Animals Confirmed by Laboratory Examination

	Newfd	P.E.I.	N.S.	N.B.	Que	Ont	Alberta
April 1, 1959 to June 30, 1959							
Dog							
Cat							
Bovine					3		
Sheep					1		
TOTAL							
Total April 1, 1958 to March 31, 1959.							

Source: Health of Animals Division

No cases of human

Document disclosed under the *Access to Information Act* -
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SURVEILLANCE REPORTS OF EPIDEMIC OR UNUSUAL COMMUNICABLE DISEASES

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

EPIDEMIOLOGY DIVISION

April 10, 1959 OTTAWA Vol. 3, No. 4

INFLUENZA

Since the previous Surveillance Report on March 7, 1959, outbreaks of influenza-like illness have been reported from St. John's, Newfoundland (large percentage of population); city of Halifax, Nova Scotia (up to 30 per cent of employees of some businesses affected); Halifax County (approximately 3,000 cases); Saint John, New Brunswick (approximately 1,000 cases); Clinton R.C.A.F. Station, Ontario (500 cases); Aylmer R.C.A.F. Station, Quebec (300 cases); Camp Borden R.C.A.F. Station, Ontario (240 cases); and among Army personnel in central Ontario (approximately 90 cases).

The illness has been described as relatively mild and lasting 36 to 48 hours.

Source: Local Surveillance Reports

Influenza B virus has been isolated from 3 cases in Halifax and 5 cases in Ottawa and serologically confirmed in 8 cases from Camp Petawawa, Ontario.

Source: Dr. F.P. Nagler, Chief, Virus Laboratories, Ottawa, April 8, 1959

United States

Influenza B, confirmed by serological tests or isolation of virus has appeared in epidemic form in eleven States and in the District of Columbia, and in sporadic form in three other States. Type A2 (Asian) infections have been identified in the States of New York, Florida and California. The mortality from all causes and from influenza and pneumonia continues to be within normal limits in the 114 large cities.

Source: U.S.P.H.S. Morbidity and Mortality Weekly Reports

Europe and Asia

The outbreaks of epidemic influenza reported during the last few weeks have not proved so severe, in any country, as those of the pandemic in 1957-1958. Influenza A2 (Asian) occurred in U.S.S.R. (where the peak of the epidemic was reached at the end of January) then in Poland, Czechoslovakia, Bulgaria, Greece, Israel, India and Japan. In the United Kingdom, both A and B types of virus have been held responsible for the observed outbreaks, the latter being the most frequently

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encountered. Influenza B, reported in sporadic form in countries (Federal Republic of Germany, Czechoslovakia, etc.) during the last few months of 1958 occurred in epidemic form during January, and particularly during February in Italy, Sweden, Denmark, The Netherlands, North Germany, Switzerland, Yugoslavia and France.

Everywhere the illness has been mild or moderately severe and does not appear to have resulted in a marked rise in overall mortality.

Source: W.H.O. Weekly Epidemiological Record, March 20, 1959

SCARLET FEVER AND STREPTOCOCCAL SORE THROAT

There have been 80 to 90 cases of scarlet fever reported from the Carlin - Sunnybrae District in British Columbia. The first case of scarlet fever was reported during the week of February 23, 1959.

Source: Dr. Duncan Black, Director, North Okanagan Health Unit, British Columbia, March 11, 1959

There have been 120 cases of scarlet fever and streptococcal sore throat reported from the city of Lethbridge. About 35 of these cases presented as scarlet fever. Swabs were taken of the children in one of the pediatric wards and it was found that 4 were asymptomatic carriers of haemolytic streptococci.

Source: Dr. Hugh M. Brown, M.O.H., City of Lethbridge Health Unit, Alberta, April 3, 1959

In Canada from January 1 to March 21, 1959, 7,045 cases of scarlet fever and streptococcal sore throat have been reported. This compares with 3,332 cases for the corresponding period in 1958 and 3,388 cases for the corresponding five-year median period 1954-1958.

Source: D.B.S. Weekly Summary - Notifiable Diseases, March 21, 1959

TYPHOID FEVER

An outbreak of typhoid fever (S. typhi) has occurred in the city of Montmagny, Quebec. The source of the outbreak has been traced to milk contaminated by the primary case on a producer farm. The onset of the outbreak has been explosive. The cases are limited to the distribution route of the milk dealer. Some 150 cases have been reported, the majority having been treated at Hôtel-Dieu, Montmagny. No deaths have occurred. Dr. A. Dumas, M.O.H., Health Unit of Montmagny, reports that the epidemic is now under control.

Source: Dr. A.R. Foley, Epidemiologist, Quebec, April 6, 1959

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EPIDEMIC DIARRHOEA OF THE NEWBORN

Four cases of epidemic diarrhoea of the newborn have occurred in a local hospital in a nursery population of 12. The infective organism has been identified as E. coli enteritis, type 0119 - B.14

Source: Dr. E. Wylde. M.O.H., New Westminster, British Columbia, March 13, 1959

PSITTACOSIS

Three human cases of psittacosis have been reported from Saskatchewan that apparently occurred from association with a canary which had been sick for a short time two months prior to the onset of the illness. Serological examinations confirmed the diagnosis in the human cases but results of tests on the canary were inconclusive.

Source: Dr. G. Kinneard, Acting Director, Division of Communicable Disease Control, Regina, April 1, 1959

765
4.59

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RABIES IN ANIMALS CONFIRMED BY LABORATORY EXAMINATION
April 1, 1958 - February 28, 1959

	Nfld.	P.E.I.	N.S.	N.B.	Que.	Ont.	Man.	Sask.	Alta.	B.C.	N.W.T.	Yukon	Total	Incl 19 Mar/59
Dog					5	71			1		1		78	84 (6)
Cat					1	104							105	112 (4)
Cattle					25	767							792	818 (2)
Horse						31							31	33
Sheep					2	96							98	105 (6)
Goat						1							1	2
Swine						16							16	16
Donkey						1							1	1
Fox					13	1,151					1		1,165	1251 (1)
Coon						7							7	7
Skunk					2	104	1						107	113 (3)
Bat										2			2	2
Gopher							1						1	1
Bear					1								1	1
Ground Hog						1							1	2
Wolf						2							2	2
Total					49	2,352	2		1	2	2		2,408	2550

Source: Health of Animals Division, Canada, Agriculture

No cases of human rabies have been reported in Canada since a death was reported in Ontario in 1944.
Source: Dominion Bureau of Statistics.

52/53	53/54	54/55	55/56	56/57	57/58	58/59
120	74	133	183	179 X3	582 X4	=2550

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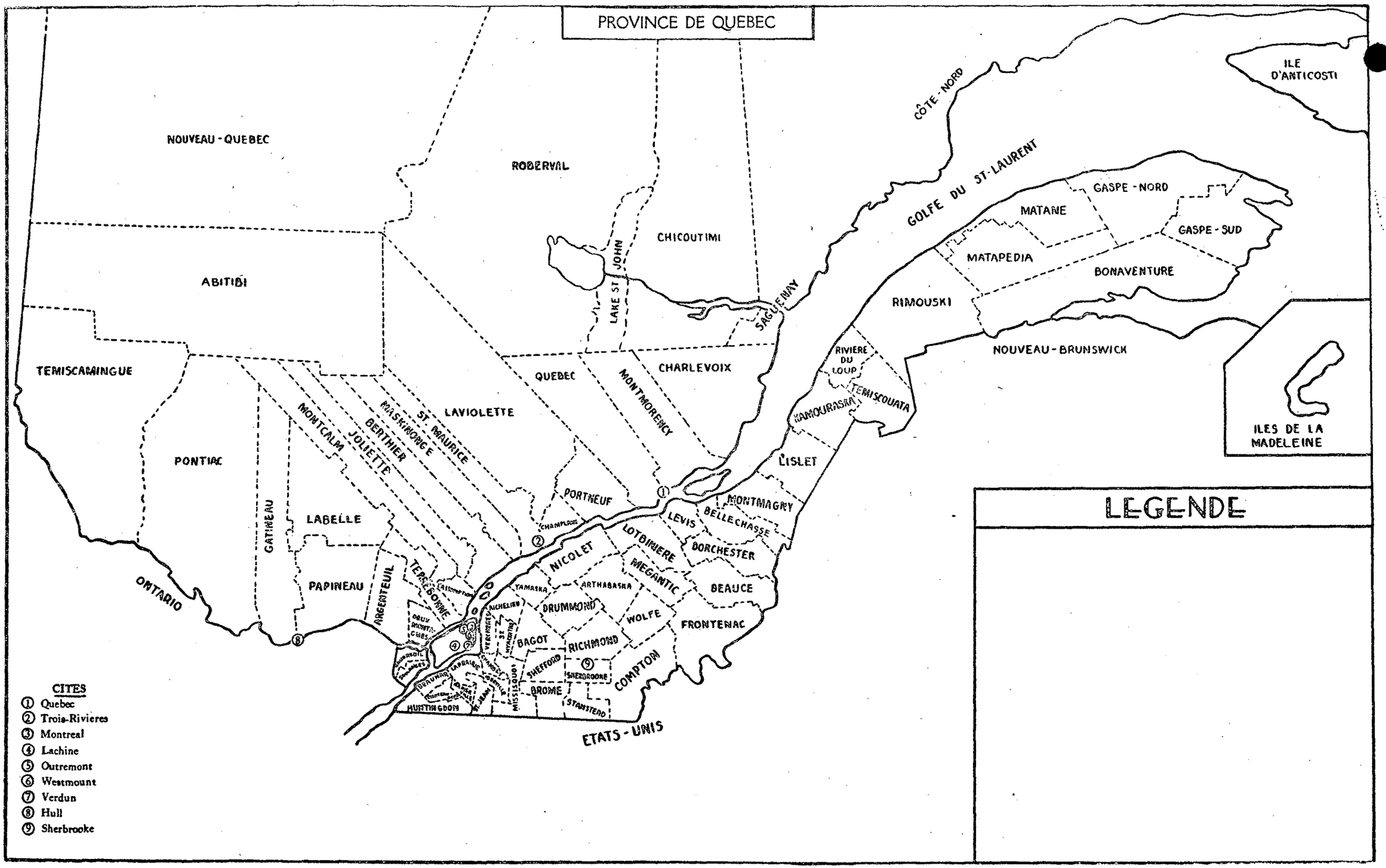

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POSITIVE RABIES BY SPECIES

1958/59

	1952-53	1953-54	1954-55	1955-56	1956-57	1957-58	TOTALS
Wildlife	68 57%	33 45%	71 53%	109 60%	109 61%	409 71%	799 63%
Domestic *	9 7%	27 36%	30 23%	35 19%	61 34%	142 24%	304 24%
Dogs	43 36%	14 19%	32 24%	39 21%	9 5%	31 5%	168 13%
TOTALS	120 100%	74 100%	133 100%	183 100%	179 100%	582 100%	1271 100%

2550

* Domestic, includes cats.

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MINNESOTA'S HEALTH

MINNESOTA DEPARTMENT OF HEALTH, University Campus, Minneapolis 14, Min

Published monthly except bi-monthly June-July, August-September

Vol. 13, No. 5 May, 1959

Inside this issue–

Departments of health, ag ture, and conservation urge up of programs to curb hig cidence of rabies in state.

skunks most frequent carriers

Animal Rabies Cases in Minnesota Reach All-Time High in 1958

The number of animal rabies cases reported to the Minnesota Department of Health reached an all-time high in 1958. There were 461 cases reported from 77 of the state's 87 counties, and skunks accounted for more than 50 per cent of the total.

The 1958 figure represents an increase of 98 cases over those reported from 71 counties in 1957. It also made Minnesota the state with the second greatest incidence of animal rabies in the nation last year, exceeded only by Texas, according to the U. S. Public Health Service.

There were 238 cases of rabies reported in skunks. An additional 53 cases were reported in raccoons, squirrels, foxes, gophers, and other wild life. The 170 infected domestic animals included 87 cattle, 39 cats, 35 dogs, 6 swine, and 3 horses.

The rising incidence of animal rabies is regarded as a serious problem to public health, agriculture, and conservation interests in Minnesota. According to Dr. Robert N. Barr, executive officer of the Minnesota Department of Health, rabies in animals is a threat to humans because they may be bitten by infected animals. "Treatments are costly and unpleasant, and there is always the possibility that persons receiving antirabies therapy may develop severe reactions to the vaccine," Dr. Barr explains.

Rabies is an economic burden to agriculture because of losses in live stock and other farm animals, Dr. R. L. West, executive officer of the Minnesota Live Stock Sanitary Board, says. "Between 1951 and 1958, there were 392 cases of rabies in cattle, 28 in swine, 12 in horses, and 7 in sheep. A conservative estimate of the value of the cattle alone that had to be destroyed during this period is in excess of $100,000," Dr. West states. He points out that the estimate does not include the loss of income from milk discarded while the animals were under observation, cost of quarantine, or the fees for veterinarian services.

The concern of conservation interests is explained by Commissioner George A. Selke, Minnesota Department of Conservation. "Because all warm-blooded animals can become infected if bitten by another rabid animal, rabies is a threat to the conservation of wild life resources. Animal rabies has been found in 17 wild animal species in Minnesota, including skunks, in the last seven years," Mr. Selke reports.

In addition to cooperating with the health department and the live stock sanitary board, the Minnesota Department of Conservation works with its counterparts in neighboring states on the animal rabies problem. Close liaison also has been established with the U. S. Public Health Service, and cooperative investigation is carried out with its rabies laboratory station at Poynette, Wisconsin. The branch of Predator and Rodent Control, U. S. Fish and Wild Life Service, also is working with Minnesota conservation technicians on techniques of nuisance animal reduction.

Rabies was first reported in the United States in 1753. It was probably introduced in domestic dogs who established the urban type of disease. Later it spread to wild animals, and sylvatic (wild life) rabies was established. There are few areas of the world where the disease does not exist. These areas include Australia, Hawaii, Panama, and England.

The predominance of skunks among reported cases of animal rabies first became apparent in 1951 when skunks accounted for 122 of 246 cases in Minnesota. From 1951 to 1958 there were 1,044 cases of animal rabies reported in skunks, more than 50 per cent of all recorded cases in the state. Health department records reveal only four cases in skunks before 1951, and the first case was reported in 1949.

Only once since 1907 have dogs been the principal source of animal rabies in Minnesota. This was in 1938 when there were 133 cases of rabies in dogs out of 138 cases of animal rabies reported. Where dog rabies has occurred since 1938, investigation in almost every instance has revealed exposure to a wild animal, usually a skunk. This is also true when the disease has appeared in other domestic animals. The low incidence of rabies in both dogs and cats is particularly significant since the state's dog and cat populations have more than doubled since 1945.

Rabies outbreaks have been recorded in Minnesota since 1890. At that time Dr. Charles N. Hewitt, Minnesota's state health officer from 1872 to 1899, recommended that a center for diagnosis of the disease in humans and for giving the Pasteur antirabies treatment be established. He had just returned from Paris where he had spent six weeks studying treatment of rabies under Louis Pasteur.

Funds for establishment of a Pasteur Institute within the state health department were appropriated in 1907, largely because 23 persons bitten by rabid dogs had to be sent to Chicago or Ann Arbor, Michigan, the nearest treatment centers, at state expense. The institute was discontinued in 1921 because vaccine had become available commercially at a reasonable price and could be administered to an exposed person by his own physician. During the 14 years the institute was in operation, the Pasteur treatment for rabies was given to 1,816 persons.

The number of human deaths from rabies is small. There were only six such fatalities in the United States in 1958. No cases of human rabies have been reported in Minnesota since 1917, but 16 cases were reported between 1907 and 1917. However, many persons possibly exposed to rabies because of animal bites undergo the antirabies vaccination treatment each year. This requires 14 injections, usually given under the skin of the abdomen, on 14 successive days.

Of the estimated 600,000 persons in the United States bitten each year, approximately 60,000 require antirabies treatment. In 1958 there were 2,085 persons in Minneapolis and St. Paul, and 1,305

(Continued page 2)

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CHILDREN watch attentively as a veterinarian immunizes a pet dog against rabies as part of a rabies control clinic held at Rochester last year. The clinic was sponsored by the Rochester-Olmsted County Health Unit as part of a rabies immunization-education program to acquaint the city's residents with the importance of having their pets immunized against rabies.

persons in other parts of the state reported bitten, scratched, or otherwise exposed to the possibility of getting the disease. Nearly all of these were children. At least 260 persons were reported to have received the antirabies vaccination treatment in Minnesota last year.

Children and adults should not handle, tease, or play with strange dogs, cats, or other stray animals, Dr. Barr cautions. In 1956 pet skunks caused headlines when two were found to be rabid, after they had bitten several persons. "Skunks should not be sold or kept as pets, and the handling of any wild animal should be avoided," Dr. Barr states.

"Precautions of this kind will reduce the number of persons bitten and who need antirabies vaccine treatment," he says. Dr. Barr urges any person who is bitten or comes in contact with an animal suspected of having rabies to consult a physician at once. Symptoms in animals are sometimes difficult to recognize. Many infected animals do not foam at the mouth. However, if a domestic animal shows unexplained changes in behavior, followed by excitability, paralysis, or difficulty in swallowing, a veterinarian should be consulted immediately.

If an animal bites someone or is suspected of having rabies, it should be confined where it cannot escape or come in contact with humans or other animals, Dr. Barr advises. A ten-day period of observation under the supervision of a veterinarian will usually determine if an animal is infected. The Minnesota Department of Health maintains a rabies diagnostic laboratory for cases in which a person has been bitten by an animal.

The Minnesota Live Stock Sanitary Board also maintains a laboratory where specimens are received and examined for rabies when only animals are involved. All of the 461 cases reported in 1958 have been investigated by the live stock sanitary board in an effort to determine the source of infection, the manner in which the diseased animal was handled, and any possible exposure to persons or other animals after the animal became ill, or within the period during which the disease might have been transmitted in the animal's saliva. Copies of reports of each of these investigations have been given to the state department of health and, where wild animals have been involved, to the state department of conservation.

A proclamation and quarantine are established, as required by state law, when investigation reveals that a rabid dog is involved which may have been in contact with other animals before it died or showed symptoms of rabies. The board cooperates with local health officials to see that these measures are observed.

The proclamation is effective for six months and involves the area where the rabid dog was discovered and a buffer zone surrounding that area. In some cases several local governmental units are placed under a proclamation. This occurred in Olmsted county in 1958 when Rochester, one village, and six townships were placed under proclamation and quarantine.

The quarantine applies to all dogs in the area under proclamation, including those that have been vaccinated. They must be confined or muzzled to prevent their contact with other animals or humans. If taken out of confinement they must be controlled on a leash handled by a person 16 years of age or older.

The quarantine also provides that a dog cannot be moved, transported, or shipped out of the area unless a permit is obtained from the live stock sanitary board. After issuing the permit the board sends a letter to local health officials in the area to which the dog will be moved, notifying them that a dog under quarantine is arriving. This procedure assures that all animals possibly exposed to rabies will be kept under continuing observation. If a dog under quarantine is to be moved to another state, that state must give its permission, and the dog's owner must abide by its rules and regulations. The proclamation and quarantine absolve from responsibility any person who kills a dog running at large in violation of the rulings.

"The control measures now provided by law and the rules and regulations of the live stock sanitary board have been effective in controlling the disease in dogs but offer no solution in the control of wild life rabies," Dr. West says.

He recommends that household pets be vaccinated against rabies, particularly those allowed to roam where they may encounter a rabid wild animal. However, Dr. West explains, since dogs and cats are minor sources of animal rabies, vaccination is more for the protection of the pets and humans with whom they come in contact than it is for eradication of the disease.

"If we could reduce the skunk population to what it was 20 years ago, we wouldn't have a rabies problem," he continues. "We need to find out a lot more about skunks and their life cycle. Before we can do anything about reducing the skunk population we must know where the animal is vulnerable. A study over a period of several years would give us a lot of information about their habits."

The Minnesota Department of Conservation reports that studies in other states indicate rabies in wild life will not burn itself out in the affected areas. Unlike tularemia and some other animal diseases, it is believed that rabies can "slumber" on in a few of the animals and suddenly break out and spread rapidly when the population increases because of favorable conditions, explains James A. Lee, assistant to the director of the Game and Fish Division.

A concentrated control program in a local area can reduce the wild life population and thus lessen the possibility of transmission of disease, but it also creates ideal conditions for reproduction and survival for the remaining animals, Mr. Lee states.

"Experience in other states shows that a 60 or 70 per cent reduction in the population of certain wild animals in an affected area will keep rabies at a minimum but will not eradicate it," Mr. Lee points out. "However, today's control methods make an annual population reduction of this size virtually impossible."

The problem of controlling rabies in Minnesota wild life is complicated by the fact that the disease is now so widespread in the state, Mr. Lee says. Health department records for the period 1947-58 show that only five counties have never reported a case of animal rabies. They are Carlton, Cook, Lake, Lake of the Woods, and St. Louis.

"Not having a particular infected area to concentrate on makes any state or federally supported wild life rabies control

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prog[redacted] assume staggering proportions," Mr. [redacted]tes.

"Cons[redacted]tion authorities agree that any eradication program that increases human contact with skunks, the principal carriers of rabies, is dangerous," Mr. Lee continues. "Bounty systems or trapping programs for killing skunks would present just such a problem and would expose too many people to the possibility of contracting rabies. Attempting to reduce the skunk population with firearms is inefficient and, because of the animal's nocturnal habits, hunting is impractical as a control method."

Donald S. Balser, research biologist with the Game and Fish Division, believes that the skunk population should be controlled, rather than exterminated. "Extermination appears to be neither feasible, economically possible, nor justified under present circumstances. Actually, we cannot measure the benefits of a skunk population, but we do know they are an important link in nature's chain of controls and account for a large but unknown quantity of mice, insects, and carrion," Mr. Balser states. "Also, there is no proof that eliminating skunks will eliminate rabies."

There is no way to measure the skunk population in Minnesota, Mr. Balser says. "Estimates by various means generally run about 250,000, with a possible range of 150,000 to 500,000."

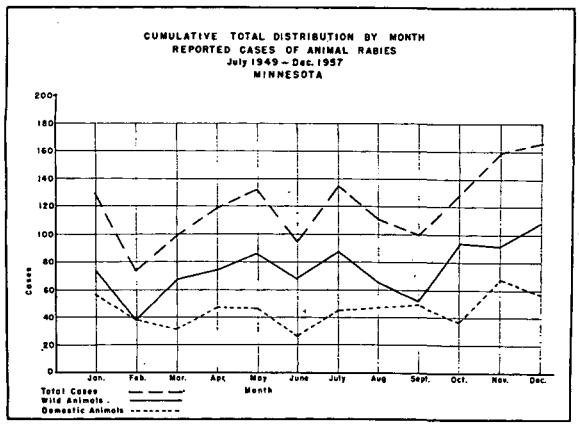
Female skunks produce one litter of young per year, usually averaging four to six per litter, according to Mr. Balser. The animals appear to have a relatively short life span in the wild, probably about 18 months. He says that the skunk's home range is believed to be only a few square miles, with nightly movements of only two or three miles. No mass population movements or migrations have been observed, he adds. Studies now being conducted by the department of conservation will provide more of the information about the life cycle and habits of skunks needed for any wild life rabies control program, according to Mr. Balser.

He explains that skunks are extremely adaptable and will live and thrive in most areas of the state. They are most abundant in the central part of Minnesota and in the northwestern prairie country, which is not completely tilled. "Skunks thrive in numbers over most of Minnesota except the extreme northeast where they exist but are not common. They are also abundant in wasteland areas and on abandoned farms, but they seem to avoid pure forest areas," Mr. Balser states.

"Our land use patterns have actually favored skunks. Without drastic and extensive alterations it would be difficult to change the environment enough to affect the skunk population," Mr. Balser continues. "We might, however, change environmental conditions favorable to skunks to some extent, since food and shelter will attract the animals." He believes too, that intensive local measures, such as removing or blocking potential den sites under old buildings, trash and rock piles, and destroying dens close to human habitations might be helpful.

Mr. Balser also believes that using poison gases and baits in dens would be the most effective of the available methods of destroying skunks, if the law allowed their use and proper techniques were developed. "Non-selective poisons, those that might be harmful to other animals and humans, can be made selective by proper techniques of placement and use. However, these poisons will always require expert handling and probably will not be perfected to the point where the public can use them," Mr. Balser says. He adds that the technique of gassing skunks in their dens may be developed so the public can use existing agents on the market.

Dr. Robert K. Anderson, professor of veterinary bacteriology and public health, University of Minnesota, says there is no established proof of any difference in the ability of sylvatic and urban rabies to infect humans and animals. He points out that wild animal bites were reported as



THIS GRAPH illustrates the average distribution by month of animal rabies cases reported to the Minnesota Department of Health for the period July 1949 to December 1957. The greater number of cases reported during the winter months seems to disprove the theory often heard that rabies occurs primarily during the "dog days" of August and September.

BY HAVING their pets immunized, these youngsters are protecting themselves as well as their pets against rabies. Last year, cats accounted for eight per cent of all cases reported.

the cause of infection in three of the six persons who died of rabies in 1958. A fox, skunk, and bat were reported as the sources of infection in three cases, and dogs in two. In one case the source, or biting animal, was unknown.

"Studies should be encouraged to determine more fully the role of wild animals in the maintenance and spread of rabies. We must have more information not only concerning skunks, but also in regard to other wild animals such as bats and raccoons," Dr. Anderson states.

He also recommends stray dog control and the immunization of all household pets, particularly dogs. Many communities have stray dog collection programs. These programs provide a method of rounding up stray animals which contribute to a large proportion of the rabies cases in dogs in many areas, he points out.

Dr. Anderson estimates that only 15 per cent of Minnesota's approximately 300,000 dogs are immunized against rabies. "If all dogs were immunized there would be practically no rabies in our canine population," he states.

An immunization program should be encouraged in every community, separate from the licensing program, Dr. Anderson says. "Immunization is a health program, and licensing is a tax program. I do not believe taxation goes along with health protection," he explains. He recommends vaccination of dogs on a voluntary basis, with an educational program designed to encourage citizen participation.

Spokesmen for all state agencies concerned agree that the control of rabies in Minnesota will require a full-scale cooperative program. They also agree that the program must utilize all available technical resources at state and local levels, including surveillance, wild life investigation and control projects, canine vaccination, stray animal control, and education of the public.

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health highlights

★ NEW APPOINTMENTS made by Governor Freeman to the 26-member Citizens' Council on Aging are: Dr. Albert J. Greenberg, Minneapolis; Dr. Leo A. Nash, St. Paul; and Mrs. Walter W. Walker, Wayzata. The council was one of the first to be organized in the country.

★ HERBERT M. BOSCH, professor of environmental sanitation in the University of Minnesota's school of public health, is the recipient of the University of Missouri's honor award for distinguished service in engineering. The award was given in honor of his continued participation in public health activities.

★ APPOINTMENT of Thomas G. Bell, Jr., Duluth, to the mortuary science committee of examiners is announced by the state board of health. He replaces Robert C. Ranfranz, Rochester.

★ A THREE-WEEK speech and hearing rehabilitation program will be held June 7-27 at Camp Dowling, Minnesota School for the Deaf, Faribault. The program is designed for Minnesota children 8-13 years of age who are handicapped in school activities because of hearing losses or speech difficulties. Applicants should not have any other handicaps. There is no fee, but a certificate from a physician is required. Applications may be sent to Howard M. Quigley, Camp Dowling, Box 440, Faribault.

★ ALAN E. TRELOAR, Ph.D., former head of biostatistics in the University of Minnesota's school of public health, has been appointed chief of the statistics and analysis branch of the National Institutes of Health's division of research grants. Before becoming a member of the NIH staff, he was director of research for the American Hospital Association.

★ NAMED TO POSITIONS of health officer and sanitarian respectively in the newly established city health department at St. Louis Park are Dr. Ellen Z. Fifer, and Harvey McPhee. Both are currently working toward a master's degree in public health at the University of Minnesota's school of public health.

★ A READER'S INDEX to the 1958 issues of Minnesota's Health is now available from the Section of Public Health Education, Minnesota Department of Health, University Campus, Minneapolis 14.

★ THE MINNESOTA State Medical Association will hold its annual meeting May 25-27 at Duluth. The program includes two round-table luncheons at which Herald R. Cox, Ph.D., director of research for the viral and rickettsial division, Lederle Laboratories, Pearl River, New York, and Dr. Mauricio Martins da Silva, Pan American Sanitary Bureau/World Health Organization, will discuss the new attenuated live oral polio vaccine.

More General Hospitals Establish Chest X-Ray Programs

Each year, more general hospitals in the state report establishment of admission chest x-ray examination programs and annual x-ray programs for employees, according to Dr. Helen L. Knudsen, director, hospital services division, state department of health.

Routine admission chest x-rays for the detection of tuberculosis and other chest abnormalities were performed in 66 per cent of Minnesota's 190 general hospitals in 1958. The 125 hospitals with admission x-ray programs admitted 88 per cent of all persons entering general hospitals during the year. The figures were compiled from hospital license applications submitted January 1, 1959.

Sixty-one per cent of the state's general hospitals used the admission programs in 1957. They admitted 87 per cent of all persons hospitalized. Only 26 per cent of the hospitals provided this service in 1953.

The general hospitals which had not yet established routine admission chest x-ray programs admitted only 12 per cent of all persons hospitalized in 1958, and only eight of these hospitals had a capacity of 50 or more beds.

One hundred fifty-eight (83%) of the general hospitals provided annual x-rays to their employees in 1958. This compares with 78 per cent in 1957, and 58 per cent in 1953. Some hospitals conduct a limited employee x-ray program, and only ten per cent apparently do not provide chest x-rays for employees.

"These routine x-ray examinations are strongly recommended by all health organizations as important procedures in tuberculosis control, as well as for other abnormal chest conditions they often reveal. It has been estimated that chest x-ray screening reveals significant abnormalities in 10 to 15 per cent of the hospital patients," Dr. Knudsen states.

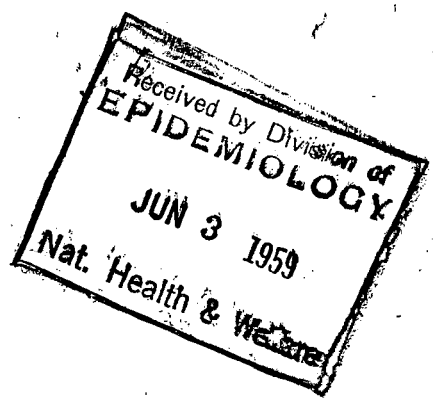
The percentage of positive findings disclosed by admission x-ray examinations is greater than that revealed by any other routine hospital procedure, Dr. Knudsen explains. "The chest x-ray also is effective in protecting both patients and hospital staff members from infection due to unrecognized cases of pulmonary tuberculosis. The hospital's risk of financial liability and compensation costs also is reduced if employees are protected from acquiring tuberculosis," she adds.

When hospital admission x-rays detect tuberculosis and other chest abnormalities in their early stages, chances of recovery are greatest and the patient is immediately available for follow-up and treatment, explains Dr. Robert N. Barr, executive officer of the Minnesota Department of Health. "In terms of case-finding, hospital admission chest x-rays detect at least twice as many cases of tuberculosis as are found through routine mass x-rays," he adds.

Preliminary reports show that 90 per cent of the 102 persons who died of tuberculosis in Minnesota last year were 45 years of age or older. Since persons in this age group are those most frequently hospitalized, early detection of tuberculosis and other conditions of the chest may prevent needless deaths, reduce human suffering, and shorten the period of hospitalization, Dr. Barr states.

Entered as second class matter January 6, 1947, at the Post Office at Minneapolis, Minnesota under the Act of August 24, 1912.

MINNESOTA'S HEALTH



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CANADA

DEPARTMENT OF AGRICULTURE

~~PRODUCTION SERVICE~~
PRODUCTION AND MARKETING BRANCH
HEALTH OF ANIMALS DIVISION

Ottawa, January 16, 1959.

National Health and Welfare
311-R1-1
JAN 19 1959
Central Regist.

Dr. E. H. Lossing,
Principal Medical Officer,
Health Insurance,
Department of National Health and Welfare,
Tunney's Pasture,
O t t a w a.

Dear Dr. Lossing:

We are enclosing for your information a copy of a letter from Dr. J. J. Hergott, M.O.H., Ayton, Ontario, whose dog is presently under Departmental quarantine for rabies.

We thought you would be interested in Dr. Hergott's comments, together with our reply, copy enclosed. No doubt, Dr. Kubryk will be interested in this information also.

Yours truly,

(for) K. F. Wells,
Veterinary Director General.

WAM/ef

Encl.

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Copy for Dr. E. H. Lossing

Ottawa, January 15, 1959

Dr. J. J. Hergott,
Medical Officer of Health,
Ayton, Ont.

Dear Dr. Hergott:

Your letter of January 11th addressed to Dr. G.H. Collacutt, in connection with the quarantine of your dog as a rabies contact, has been forwarded to me for direct reply.

The material you quote from the World Health Organization Report is well known in this office, however the control of rabies in Canada is guided by Canadian laws and regulations designed to fit Canadian experience and Canadian needs. Needless to say the reports of the World Health Organization are studied and given consideration, but they cannot be construed to represent the laws of the Canada Animal Contagious Diseases Act and the regulations made thereunder.

For your information we have had a number of dogs which have come down with rabies following exposure even though they had been previously vaccinated.

You mention your dog was again vaccinated one day following exposure. Surely you realize vaccination of animals following exposure is not considered as a sufficient preventative measure to release a dog from official quarantine.

The Canadian Government, Department of Agriculture Animal Quarantine issued to you by Dr. Knirsch, Graduate Veterinarian and Veterinary Officer of the Canada Department of Agriculture, whom you so impolitely called "so-called official", is the agent of the Department administering the regulations and you can be assured that a quarantine issued by Dr. Knirsch is not, as you state, "totally absurd".

Document disclosed under the *Access to Information Act* -
Document divulgué en vertu de la *Loi sur l'accès à l'information*

With respect to the quarantine of your dog regardless of any recommendations by the WHO, your dog is not automatically released from quarantine. In accordance with the official Canada Department of Agriculture quarantine issued to you, your dog is to be kept in strict quarantine until released by an officer of this Department, which will be not less than three months from exposure to rabies on October 20, 1958.

Yours truly,

K. F. Wells
Veterinary Director General

KFW/ML

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Document divulgué en vertu de la loi sur l'accès à l'informati

14

J. J. HERGOTT, M.D., C.M., M.O.H.

Physician and Surgeon

Phone 8

Ayton, Ontario

January IIth,1959.
Dr. G.H.Collacutt,
for Veterinary Director General.
Dept Of Agriculture,Ottawa Can.

Re: My dog,bitten,with no apparent lesion,by a rabid fox,Oct,20 /58. Refer to your letter October,31st 1958.

Dear Dr. Collacutt:-

The following is a quotation from the Expert Committee On Rabies # I2I, I957, World Health Organization Geneva Page I7 : " If the animal has been previously vaccinated within 3 years with Flury strain vaccine,revaccinate and restrain for 30 days ". See also page I0,and above.
History of the dog:

On April I5th I956 it was vaccinated with Flury vaccine,2¾ years prior to exposure. On October 2Ist I958 it was revaccinated with Flury vaccine I day following exposure.Isolation period to date is 2¾ months.
Comment:

Since this history more than conforms to the regulations of the WHO, my dog is automatically released from quarantine,see pages I0 & I7. Your representative Dr. Knirsch in a written statement to me wrote,quote: "----dog is hereby ordered to be kept in strict quarantine until released by an officer of this Dept."This statement, by a so-called official,is totally absurd,and is not found in any country's regulations.

L.L./J.J.H.
Copy to Dr.Knirsch
Chesley Ont.

Yours very truly,
J. J. Hergott M.D.
J.J.Hergott,M.O.H.
Normanby Twp.& Neustadt.

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Document divulgué en vertu de la *Loi sur l'accès à l'information*

GOVERNMENT OF CANADA

ACTION REQUEST

P. P. & S. Cat. 3433

TO (*Mr., Mrs., Miss*)

Mr. W. Simon

LOCATION

193 No. 1 Temporary Bldg.

FOR:

FILE NO.....

	ACTION		NOTE & FORWARD
	APPROVAL		NOTE & RETURN
	COMMENTS		REPLY, PLEASE
	DRAFT REPLY		SEE ME, PLEASE
	INFORMATION		SIGNATURE
	INVESTIGATION		TRANSLATION
	MORE DETAILS		YOUR REQUEST
	NOTE & FILE		

PREPARE MEMO TO: Dr. B

REPLY FOR SIGNATURES OF:

REMARKS: Do you include info re Sask.

For your information as requested.

6/3/59

FROM (*Mr., Mrs., Miss*) PHONE LOCATION

W.A. Moynihan, 776 Confederati... ...ldg

000562

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Document divulgué en vertu de la *Loi sur l'accès à l'information*

Received by Division of
EPIDEMIOLOGY
MAR 12 1959
Nat. Health & Welfare

Document disclosed under the Access to Information Act -
Document divulgué en vertu de la Loi sur l'accès à l'information

National Health and Welfare
311-R-1
MAR 12 1959
Central Registry.

PAWS

CANADA

POSITIVE RABIES DIAGNOSED

April 1, 1957 to March 31, 1958

Province	Total Cases	Domestic							Wildlife						
		Dog	Cat	Cattle	Horse	Sheep	Swine	Goat	Fox	Bat	Otter	Skunk	Racoon	Wolf	
N.W.T.	1	1													
Quebec	265	15	9	80	8	12	2	1	134		1	3			
Ontario	315	15	3	21	2	2	2		263			3	2	2	
Br. Col.	1									1					
TOTAL	582	31	12	101	10	14	4	1	397	1	1	6	2	2	

Moynihan - 2-5393

B

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Document divulgué en vertu de la *Loi sur l'accès à l'information*

811-R1-1

DA

RABIES IN ANIMALS CONFIRMED BY LABORATORY EXAMINATION APRIL/58 - FEB. 28/59

Provinces	Dog	Cat	Cattle	Horse	Sheep	Goat	Swine	Donkey	Fox	Coon	Skunk	Bat	Gopher	Bear	Gr. Hog	Wolf	Total
Newfoundland																	
P.E.I.																	
Nova Scotia																	
New Brunswick																	
Quebec	5	1	25		2				13		2			1			49
Ontario	71	104	767	31	96	1	16	1	1151	7	104				1	2	2352
Manitoba											1		1				2
Saskatchewan																	
Alberta	1																1
Br. Columbia												2					2
N.W.T.	1								1								2
Yukon																	
Total	78	105	792	31	98	1	16	1	1165	7	107	2	1	1	1	2	2408

Document disclosed under the *Access to Information Act* -
Document divulgué en vertu de la *Loi sur l'accès à l'information*

RABIES IN ANIMALS CONFIRMED BY LABORATORY EXAMINATION April 1/58 - Feb 28/59

Province	Dog	Cat	Cattle	Horse	Sheep	Goat	Swine	Donkey	Fox	Coon	Skunk	Bat	Gopher	Bear	Gr. Hog	Wolf	Total
Newfoundland						1											
PEI																	
Nova Scotia																	
New Brunswick																	
Quebec	5	1	25	-	2				13		2			1			49
Ontario	71	104	767	31	96	1	16	1	1151	7	104				1	2	2352
Manitoba											1		1				2
Saskatchewan																	
Alberta	1																1
Br. Columbia												2					2
N.W.T.	1								1								2
Yukon																	
Total	78	105	792	31	98	1	16	1	1165	7	107	2	1	1	1	2	2408

Document disclosed under the *Access to Information Act* -
Document divulgué en vertu de la *Loi sur l'accès à l'information*

JWB

PA

311-R1-1

Ottawa, February 25, 1959.

Dr. K. F. Wells,
Veterinary Director General,
Health of Animals Division,
Department of Agriculture,
Ottawa, Ontario.

Dear Dr. Wells:

Attached, for your information, is a copy of a letter which has gone forward to Mr. M. Robert Beasley in reference to his article containing a section on Rabies.

Yours very truly,

K. C. Charron, M.D.,
Director of Health Services.

Enc.

Document disclosed under the *Access to Information Act* -
Document divulgué en vertu de la *Loi sur l'accès à l'information*

Ottawa, February 25, 1959.

Mr. M. Robert Beasley,
4000 Cooper Street - 72422,
Jackson, Michigan,
U.S.A.

Dear Mr. Beasley:

We are returning herewith the manuscript of your article containing a section on Rabies, which was forwarded to us by Dr. K. F. Wells, Veterinary Director General. We have had this section reviewed by the Chief of our Epidemiology Division, and the following amendments are suggested:

Page 7 - It is suggested that the phrase, "it could be serious if neglected," appearing in the last line of the paragraph dealing with Symptoms be replaced by the phrase, "Do not wait for symptoms to appear."

With respect to the last paragraph on page 7, it is suggested that a sentence, "Telephone the local Medical Officer of Health immediately for instructions regarding location and disposal of the animal," be added.

Yours very truly,

K. C. Charron, M.D.,
Director of Health Services.

Enc.

c.c. Dr. K. F. Wells

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Document divulgué en vertu de la *Loi sur l'accès à l'information*

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

TO: Dr. K.C. Charron,
Director of Health Services.

OUR FILE NO. 311-R1-1

REF. YOUR FILE NO.
DATED

FROM: Chief, Epidemiology Division

DATE: February 23, 1959

SUBJECT:

Dr. Horowicz asked me to review page 7 of the attached manuscript for accuracy of the description of rabies symptoms and treatment.

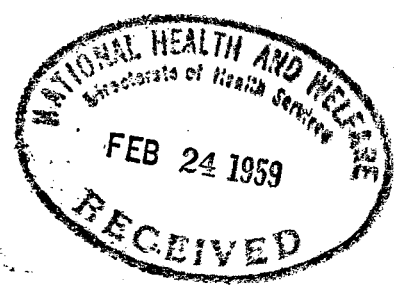
Under the heading "Symptoms", I would suggest deletion of "it could be serious if neglected" and replacement by "do not wait for symptoms to appear".

Under the heading "Treatment", I would strongly recommend the addition of the following sentence - "telephone the local Medical Officer of Health immediately for instructions regarding location and disposal of the animal."

E.W.R. Best

E.W.R. Best, M.D., D.P.H.

Encl.



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Document divulgué en vertu de la *Loi sur l'accès à l'information*

CANADA DEPARTMENT OF AGRICULTURE

PRODUCTION AND MARKETING BRANCH

HEALTH OF ANIMALS DIVISION

Dr Horowich
Review Symptoms & Treatment
Back as soon as possible

YOUR FILE No.

OUR FILE No. 675-1

Ottawa, DATE 18/2/59.

National Health and Welfare
311-R1-1
FEB 19 1959
Dr. Charron
Central Registry

Dr. K. C. Charron,
Director, Health Services,
Civil Defence Division,
Department of National Health and Welfare,
615 Copeland Building,
O t t a w a.

Dear Dr. Charron:

Enclosed is a manuscript dealing with rabies and health matters submitted by Mr. M. Robert Beasley, Jackson, Michigan. A copy of Mr. Beasley's letter of February 11th, together with a copy of our reply, is enclosed herewith.

We have reviewed the item on rabies, but would direct your attention to the section dealing with Treatment of rabies, appearing on page 7.

Would you kindly deal directly with Mr. Beasley in this regard.

Yours truly,

K. A. Moynihan

(for) K. F. Wells,
Veterinary Director General.

WAM/ef

Encls.

NATIONAL HEALTH AND WELFARE
Directorate of Health Services
FEB 19 1959
RECEIVED

Document disclosed under the Access to Information Act -
Document divulgué en vertu de la Loi sur l'accès à l'information

HEALTH OF ANIMALS DIVISION

675-1

Ottawa, 18/2/59

Mr. M. Robert Beasley,
4000 Cooper Street - 72422,
JACKSON, Michigan.

Dear Mr. Beasley:

We have your letter of February 11th attaching for proof-reading the article on Rabies.

On page 7, line one, insert the word "currently" and delete the word "prevalent" to read -- "Rabies is currently a summer hazard in the province of Ontario." The disease is not prevalent in all summer resort areas in Ontario, and, perhaps, in forthcoming summer seasons, the disease will have disappeared as it has in other areas.

Precautions - The first sentence is incorrect. The 335 clinics were held. They are not currently functioning. Clinics are established in infected areas. These clinics operate for one or two days only in an endeavour to vaccinate all the dogs in that area.

We are forwarding your manuscript, as requested, together with a copy of your letter of the 11th, to Dr. K. C. Charron, Director, Health Services, Civil Defence Division, Department of National Health and Welfare, 615 Copeland Bldg., Ottawa, Ontario.

Yours truly,

(for) K. F. Wells,
Veterinary Director General.

WAM/ef

cc: Dr. K.C. Charron

Document disclosed under the *Access to Information Act* -
Document divulgué en vertu de la *Loi sur l'accès à l'information*

Feb 11

4000 Cooper St - 72422
Jackson, Michigan
February 11, 1959

K. F. Wells,
Veterinary Director General
Production and Marketing Branch
DEPARTMENT OF AGRICULTURE
Ottawa, CANADA

Dear Doctor Wells:

Your kind letter of February 3rd, containing information on rabies, has been received.

Since you have so kindly consented to proof-read the article on rabies prior to submission for publication, I have enclosed the completed article for your review.

Since this article is to appear in the TORONTO STAR WEEKLY, I am naturally deeply concerned that all the facts as set forth are entirely accurate, to avoid misleading the readers. With this view in mind, would you be so extremely kind as to send the article on to your Department of Health division for verification and proof-reading of the other facts?

Should there be a charge for this service, I shall be most pleased to forward a check covering such costs.

I shall be looking forward to receiving your comments on this article, and the notations from the Medical Departmen

Please feel entirely free to mark the manuscript where corrections, suggestions or alterations appear indicate This will facilitate your proof-reading and lend clarity to corrections.

My sincere thanks to both you and the Department of Health for your splendid cooperation.

Cordially

M. Robert Beasle.

M. Robert Beasle

000572

Document disclosed under the *Access to Information Act* -
Document divulgué en vertu de la *Loi sur l'accès à l'information*

PA

~~312-3-15~~
311-01-1

February 24, 1959.

Dr. J.A. Taylor,
Deputy Provincial Health Officer,
Department of Health and Welfare,
Victoria, British Columbia.

Dear Dr. Taylor:

Thank you very much for your letter of February 16 and the copy of the statement detailing the 1958 rabies experience in the United States in humans and animals.

Dr. Kubryk and I feel that our Division should produce similar concise annual reports of the Canadian experience for selected diseases. Your letter encourages us with respect to rabies and I hope we will be able to produce a 1958 summary in the near future.

This brings me to a matter which will likely be discussed at the next meeting of the Dominion Council of Health. The quality of our "Surveillance Reports of Epidemic or Unusual Diseases" hinges on the information we receive from the field. We feel that a direct mailing of our reports from this office to the local Medical Health Officers might save several days in the distribution and at the same time eliminate the need for stamping and readdressing at the provincial offices. Across Canada, we feel that this might be an added inducement for the local M.H.O's to submit the usual local report forms through the provincial offices to us.

If you feel you would like this method of distribution started in British Columbia, would you please send us your mailing list. However, there is no urgency in this regard since as I noted above it will be discussed here in Ottawa in May. We are pleased that the Deputy Minister of Health in Quebec has requested this direct mailing service which was started earlier this month.

000573

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Your description of the type of work and potentialities here has been extremely accurate and I remain grateful for your encouragement in this direction. I expect my family at Easter and then, of course, the big hunt for a suitable home starts.

Yours sincerely,

EWRB

E.W.R. Best, M.D., D.P.H.,
Chief, Epidemiology Division.

EWRB/ch

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Para 1 was in our Sum. Rep.

Para 2 info on the obtained from Animal Health (Meynhers).

To JrB

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THE GOVERNMENT OF
THE PROVINCE OF BRITISH COLUMBIA

OUR FILE.....

DEPARTMENT OF HEALTH AND WELFARE

OFFICE OF THE
DEPUTY MINISTER OF HEALTH

VICTORIA, B.C.

February 16th, 1959

National Health and Welfare
311-R1-1
FEB 18 1959
EPID.
Central Registry

Dr.E.W.R.Best,
Chief,
Division of Epidemiology,
Dept.of National Health & Welfare,
OTTAWA,Ontario

Dear Dr. Best,

I am enclosing herewith copy of some material that came to our attention recently,through the good offices of Dr.Elliot, which we find exceedingly informative and which we are circulating to all full-time Medical Health Officers throughout the Province. However, in reading it,we did wonder whether there is not some similar information available on a national basis for this country, which might also be prepared for distribution, summarizing the 1958 experience insofar as both humans and animals are concerned.

We are writing to you in the hope, therefore, that you might be able to give it some consideration, to determine if such information could be correlated for our use.

Yours very truly,

J.A. TAYLOR,M.D.,D.P.H.
Deputy Provincial Health Officer.

JAT:MG

Received by Division of
EPIDEMIOLOGY
FEB 20 1959
Nat. Health & Welfare

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Document divulgué en vertu de la *Loi sur l'accès à l'information*

RABIES IN THE UNITED STATES - 1958

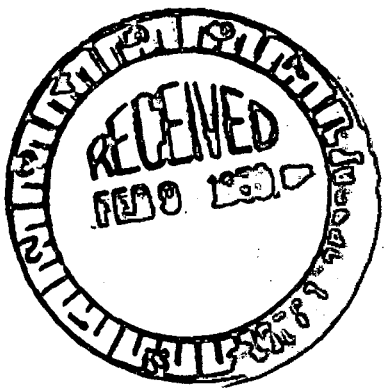
Six human rabies deaths were reported during 1958. Two were from Ohio, one South Carolina, one from Georgia, one from South Dakota and the last from California. Two of the six fatalities contracted the infection from stray dogs. One case was caused by fox bite, one by skunk bite and one by bat bite. In one case the vector is unknown. Three of the cases received no specific anti-rabies treatment. In two cases, 14 daily doses of anti-rabies vaccine were administered and the patients succumbed to rabies after very short incubation periods. In the case reported from California the patient received anti-rabies serum as well as 14 doses of anti-rabies vaccine begun four days after the bite. This is the first completely documented case of rabies caused by a bat bite. The patient was bitten by a silver-haired bat which was positive for rabies by both microscopic and animal inoculation tests. The bitten woman developed rabies two months after exposure.

RABIES INCIDENCE AND TRENDS

Animal Rabies. Provisional national totals for the calendar year 1958 based on weekly reports to the surgeon general add up to 4,560 cases which is comparable to the 1957 provisional total of 4,204. The geographic distribution of the 1958 preliminary cases is similar to the 1957 picture. The Midwestern states, particularly Wisconsin, Minnesota and Iowa again experienced extensive rabies epizootics, among skunks, which account for the majority of confirmed cases in these states as well as in North and South Dakota. The increased incidence in Indiana, from 99 in 1957 to 306 in 1958 is largely due to a canine epizootic in Marian County - Indianapolis. The upper Rocky Mountain states remain rabies free except for three cases in Colorado in coyotes and skunks. Other states reporting a high incidence of animal rabies are California - 163 cases, Texas - 413 cases, Missouri - 169 cases, Georgia - 236 cases, Wisconsin - 221 cases and Iowa 235 cases.

Unofficial data indicate that in 1958, for the second year on record, wildlife cases outnumbered canine cases. This is especially significant since the dog and cat populations have more than doubled since 1945. In 1945, the dog population was estimated at about 10 million and 1958 at more than 26 million. If dog rabies had continued at the 1945 level of 8,505, more than $2\frac{1}{2}$ times as many cases or 21 thousand would have occurred in 1958. The reduction of a high rate of canine rabies in the past decade, in face of the overall increase of disease of wild animals, is significant tribute to the effectiveness of canine rabies immunizing practices.

Rabies virus was isolated from a bat in Nebraska during 1958. There are now 19 states which have reported confirmed rabies in one or more bats since the first report from Florida in 1953.



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Document divulgué en vertu de la *Loi sur l'accès à l'information*

311-R1-1 PA

Dr. K.C. Charron,
Director of Health Services.

Chief, Epidemiology Division

February 23, 1959

Dr. Horowicz asked me to review page 7 of the attached manuscript for accuracy of the description of rabies symptoms and treatment.

Under the heading "Symptoms", I would suggest deletion of "it could be serious if neglected" and replacement by "do not wait for symptoms to appear".

Under the heading "Treatment", I would strongly recommend the addition of the following sentence - "telephone the local Medical Officer of Health immediately for instructions regarding location and disposal of the animal."

EWB

E.W.R. Best, M.D., D.P.H.

Encl.
EWB/ch

Document disclosed under the *Access to Information Act* -
Document divulgué en vertu de la *Loi sur l'accès à l'information*

193 No. 1 Temporary Building
Ottaw a

311-R1-1

February 4, 1959.

Dr. Fred O. MacCallum,
Virus Reference Laboratory,
Central Public Health Laboratory,
Colindale Avenue,
London, N.W. 9, England.

Dear Dr. MacCallum:

Your pre-Christmas letter of clubs, wolves and a man has come to my attention. Thank you very much for taking the trouble to write. The clipping from the A.M.A. News had escaped my attention.

Rabies is certainly spreading in Canada. We even have our problems with infected bats and gophers. About the epidemiology of news items, our information at the moment is incomplete.

Yours sincerely,

E.W.R. Best, M.D., D.P.H.,
Chief, Epidemiology Division.

EWR/ch

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DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

TO: Dr. E.W.R.Best,
Chief, Epidemiology Division

YOUR FILE:
DATED:
OUR FILE:

FROM: Dr. K.C. Charron

DATE: Jan. 16, 1959

SUBJECT: Rabies

As the writer of the referred letter is a Canadian graduate, you might like to write an informal letter to him as a reply.

Received by Division of
EPIDEMIOLOGY
JAN 19 1959
Nat. Health & Welfare

K.C. Charron, M.D.,
Director of Health Services

000580

N.H. & W. 25

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A.M.A. News Dec 1/58

Rabid Foxes: Red foxes are bringing rabies into southern Ontario, Canada. Dr. G. H. Collacutt, veterinarian for Canada's Agriculture Dept., says disease is moving south and will reach Lake Ontario and Lake Erie by next summer, bringing it close to U.S. border. School children in southern Canada now carry clubs while waiting for school buses after one girl drove off an attacking fox.

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PUBLIC HEALTH LABORATORY SERVICE

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

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

Virus Reference Laboratory
CENTRAL PUBLIC HEALTH LABORATORY
COLINDALE AVENUE
LONDON, N.W.9

National Health and Welfare
SII-RI-1
JAN 13 1959
Epid
Central Registry

Received by Division of
EPIDEMIOLOGY
JAN 13 1959
Nat. Health & Welfare

Dec 23 /58

Dear Sir,

It is not my practise to bother [illegible] such publicity but with slight relaxation due to the season I write in protest re the enclosed. This is a clipping from a copy of a news sheet received for the first time to-day from the American Medical Association. There was a large amount of what I would consider very poor material but I thought the enclosed must be quite new to the limits of

000582

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irresponsibility and promiscuity [illegible] that North. Still in a lighthish vein - surely the little girls have clubs to keep off the 'Wolves' not the foxes!

With best wishes for better health for my fellow countrymen.

Yours Sincerely

Fred O. MacCallum M.D.
(TOR. '32).

Document disclosed under the Access to Information Act -
Document divulgué en vertu de la Loi sur l'accès à l'information

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With best wishes for better health for my fellow countrymen.

Yours Sincerely

Fred O. MacCallum M.D.
(TOR. '32).

Document disclosed under the Access to Information Act -
Document divulgué en vertu de la loi sur l'accès à l'information

311-R1-1

Memo for file

January 22, 1959

Re: Rabies Control in Dogs

Incubation Period in Dogs

This is usually 14 to 30 days following clinical exposure. However, as in humans, you find the rare extremes at both ends of this period.

Quarantine Period

This is controlled by Section 97 of the Animal Contagious Disease Act which gives an inspector the authority to require the insolation or muzzling of a dog that is found or suspected to be affected with rabies.

The actual quarantine period is determined by two factors:

1. immune status of the animal
2. endemicity of the area

In endemic areas, the quarantine period is 6 months for non-vaccinated animals and 3 months if the animal has been vaccinated within the past 3 years.

In non-infected areas, the quarantine period for all animals is 14 days.

Regulations Pertaining to Control Measures

The Animal Contagious Diseases Act and regulations thereunder are supreme in this matter. No provincial ancillary regulations exist. The penalty for breaking these regulations is a fine of up to $500.

With regard to cattle exposure in endemic areas essentially the same regulations apply.

The incubation period is, however, more constant at 30 days plus or minus 7 days. When an animal is suspected of being affected with rabies, the entire herd is placed in quarantine for a period of 90 days. During this period, no animal may be sold from the herd. The exception to this is if an animal is sold for slaughter only, it may be done after 30 days from the initiation of the quarantine period.

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193 No. 1 Temporary Building
Ottawa

311-R1-1 PA

January 21, 1959.

re: Dr John Hundt
84 Richmond

Dr. R.P. Hardman,
Epidemiologist,
Division of Epidemiology,
Department of Health,
Parliament Buildings,
Toronto, Ontario.

Dear Dr. Hardman:

Enclosed herewith, please find a form concerning a contact to a case of rabies which apparently was received by this office in error.

Yours sincerely,

E Best

E.W.R. Best, M.D., D.P.H.,
Chief, Epidemiology Division.

Encl.: 1
JTMCC/MPSA

Document disclosed under the *Access to Information Act* -
Document divulgué en vertu de la *Loi sur l'accès à l'information*

193 No. Temporary Building
Ottawa

311-R1-1 PA

January 9, 1959.

Dr. W.A. Moynihan,
Health of Animals Division,
Department of Agriculture,
Confederation Building,
Ottawa, Ontario.

Dear Dr. Moynihan:

As promised, I am sending you a copy of the report on human rabies in the United States.

Yours sincerely,

D. Kubryk, M.D., D.P.H.,
for
E.W.R. Best, M.D., D.P.H.,
Chief, Epidemiology Division.

Encl. (1)
WRS/MPSA

Enclosure copy in T.O's file

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Document divulgué en vertu de la Loi sur l'accès à l'information

311-R1-1

December 30, 1958.

Dr. R. Kohn,
Chief, Public Health Section,
Dominion Bureau of Statistics,
Ottawa, Canada.

Dear Dr. Kohn:

Thank you for your letter of December 24 informing me of your proposal to ask the Post Office Department to grant free transmission in the mail of the Ontario form relating to Rabies. I certainly agree that any reasonable step we can take to further the gathering of information about Rabies is well worth while and should be promoted vigorously. I hope you are successful.

Yours sincerely,

G.D.W. Cameron, M.D.,D.P.H.,
Deputy Minister of National Health.

Document disclosed under the *Access to Information Act* -
Document divulgué en vertu de la *Loi sur l'accès à l'information*

DOMINION BUREAU OF STATISTICS

OTTAWA
CANADA

December 24, 1958.

Dr. G. D. W. Cameron,
Deputy Minister of National Health,
Department of National Health & Welfare,
Copeland Building,
OTTAWA, Ontario.

Dear Doctor Cameron:

I understand from Dr. Puffer that you were informed of a problem that has arisen in connection with the granting of free transmission in the mail for a proposed notification form of rabies vaccination in Ontario. Doubts have arisen regarding the applicability in this case of the Order in Council regulating free transmission in the mail because the Order in Council requires that the information contained in the forms concerned be made available to the Bureau for use for statistical purposes. At the present time no statistics are compiled on a national basis regarding persons bitten by rabid animals or vaccination procedures. In view of the growing concern over the spread of the disease, however, we think it is a pity that available statistics should be limited to the mortality from the disease. While it is true that only fatal cases can be confirmed cases of rabies, the fact that no death from rabies has occurred in Canada for several years is grossly misleading and reflects in no way the extent of a significant public health problem.

We are going to proceed, therefore, with an application to the Post Office Department for the granting of free transmission in the mail of the Ontario form and we will accept Dr. Puffer's offer to use the data obtained for a pilot study which may eventually lead to the collection of relevant statistics from other Provinces. We will be consulting with the Epidemiology Division of your Department regarding further steps in this matter.

Attached please find a copy of the proposed Ontario form.

Yours very truly,

R. Kohn

R. Kohn,
Chief,
Public Health Section.

RK/gp
Encl.

000589

Document disclosed under the *Access to Information Act* -
Document divulgué en vertu de la *Loi sur l'accès à l'information*

Regulations under the Public Health Act respecting Communicable Diseases Ontario Regulations 233/53

RABIES

Where a person bitten by an animal and that person or the person in charge of him suspects that the animal has Rabies he shall forthwith notify the Medical Officer of Health.

Rabies Vaccine may be ordered by telephone, telegraph or mail to Central Laboratory, 360 Christie St., Toronto, or any Branch Laboratory. State name, address of person bitten - Positive rabid or suspect rabid animal.

Dear Doctor:

We would appreciate your co-operation in submitting the following information regarding Rabies Vaccine:

Was the Vaccine used Yes ☐ No ☐

Name of patient Age Sex

Occupation Address

Species of animal involved Suspect only Yes ☐

Date of Positive Rabies report Date reported to M.O.H.

Date of Contact with animal Animal killed, escaped, unknown (check)

Bites	Yes ☐	No ☐
Single	Yes ☐	No ☐
Multiple	Yes ☐	No ☐
Severe lacerations	Yes ☐	No ☐
Through wearing apparel	Yes ☐	No ☐

Location of injury

Exposed to Saliva only Yes ☐ No ☐

Through abraded skin, scratches (check)

Licks - Recent abrasions, hands, Yes ☐ No ☐

If not covered in above, please state under what circumstances was Vaccine administered?

Physician Date

Rabies Vaccine Administered

Date 1st Dose Lot No. of Vaccine

Reactions noted and dates

Date Vaccine discontinued

Total number of doses

000590

Document disclosed under the *Access to Information Act* -
Document divulgué en vertu de la *Loi sur l'accès à l'information*

December 24, 1958.

Dr. G. D. W. Cameron,
Deputy Minister of National Health,
Department of National Health & Welfare,
Copeland Building,
OTTAWA, Ontario.

Dear Doctor Cameron:

I understand from Dr. Puffer that you were informed of a problem that has arisen in connection with the granting of free transmission in the mail for a proposed notification form of rabies vaccination in Ontario. Doubts have arisen regarding the applicability in this case of the Order in Council regulating free transmission in the mail because the Order in Council requires that the information contained in the forms concerned be made available to the Bureau for use for statistical purposes. At the present time no statistics are compiled on a national basis regarding persons bitten by rabid animals or vaccination procedures. In view of the growing concern over the spread of the disease, however, we think it is a pity that available statistics should be limited to the mortality from the disease. While it is true that only fatal cases can be confirmed cases of rabies, the fact that no death from rabies has occurred in Canada for several years is grossly misleading and reflects in no way the extent of a significant public health problem.

We are going to proceed, therefore, with an application to the Post Office Department for the granting of free transmission in the mail of the Ontario form and we will accept Dr. Puffer's offer to use the data obtained for a pilot study which may eventually lead to the collection of relevant statistics from other Provinces. We will be consulting with the Epidemiology Division of your Department regarding further steps in this matter.

Attached please find a copy of the proposed Ontario form.

Yours very truly,

R. Kohn,
Chief,
Public Health Section.

RK/gp
Encl.

Document disclosed under the *Access to Information Act* -
Document divulgué en vertu de la *Loi sur l'accès à l'information*

December 24, 1958.

Dr. W. G. Brown,
Deputy Minister of Health,
Department of Health,
TORONTO, Ontario.

Dear Doctor Brown:

Re: Rabies notification form

I understand that Dr. Puffer has briefed you on this matter and he suggested that further communications be directed to you.

Frankly I am very grateful that the question of obtaining free transmission in the mail for your form has come up, because I feel that statistics on the extent and distribution of rabies have been sadly lacking. While it is true that at present no use is being made by the Dominion Bureau of Statistics -- as required in the Order of Council -- of data regarding rabies contacts, suspected cases or vaccination records, Dr. Puffer's suggestion to use these forms for a pilot study is a very welcome one. While rabies is rapidly becoming a major health problem, not only in Ontario but also in other provinces, statistics for the country as a whole are non-existent. At the present we are limited to mortality figures. Although it is true that a case of rabies can be confirmed only by its fatal outcome, it is completely misleading to quote mortality figures as indicating the size of the problem in any way at all.

In view of the fact that some use of the data will be made for statistical purposes by the Bureau, the forms have been submitted to the Post Office Department recommending that they be granted free transmission in the mail. I would like to discuss further what statistics should be abstracted from the data obtained by the new form and I will be waiting for your instruction whether to take this further detail up with you or Dr. Hardman. Off hand I would say that one might want to know for epidemiological studies the number of people bitten by rapid animals, geographic distribution, and the kind of animal. Before making any decisions regarding statistics, however, I would like to discuss the matter further with your Department

.....2

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and the Epidemiology Division of the Department of National Health and Welfare. I am going to keep Dr. Cameron informed of what is happening in this matter.

Yours very truly,

R. Kohn,
Chief,
Public Health Section.

RK/gp

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Document divulgué en vertu de la *Loi sur l'accès à l'information*

193 No. 1 Temporary Building
Ottawa

311-R1-1 PA

December 11, 1958.

Dr. W. Gordon Brown,
Deputy Minister of Health,
Department of Health,
Parliament Buildings,
Toronto, Ontario.

Attention: Dr. D.S. Puffer

Dear Doctor Brown:

Thank you for your letter of December 5th, 1958.

Enclosed for your information is a copy of the reply from Dr. K.F. Wells, Veterinary Director General, to the resolution of November 14th from Dr. Carl E. Hill.

Yours very truly,

D. Kubryk, M.D., D.P.H.,
Epidemiology Division.

Encl. 1
DK/MPSA

Document disclosed under the *Access to Information Act* -
Document divulgué en vertu de la *Loi sur l'accès à l'information*

COPY

Ottawa, December 8, 1958.

Dr. Carl E. Hill,
Medical Officer of Health,
Township of North York,
The Local Board of Health,
5000 Yonge Street,
WILLOWDALE, Ontario.

Dear Dr. Hill:

A copy of your resolution of November 14th dealing with rabies publicity was forwarded to this office by the Department of National Health and Welfare inasmuch as this office is responsible for the control of rabies in animals under the authority of the Animal Contagious Diseases Act.

Press releases on rabies are rarely issued by this office, and, then, only to explain to the public details of a situation about which they should know. These press releases are always factual. Frequently items appear in the press relating to animals biting humans, and it is no doubt this type of publicity to which you are referring since they are often couched in hysterial terms. These items originate from various sources, but whenever the press contacts this office, factual information is always given freely.

Rabies in animals is a serious matter, and all reported and suspected cases are promptly and fully investigated by Health of Animals Divisional veterinarians. Where a human is involved, he is advised to seek advice from his physician and the incident is reported to the local Medical Officer of Health. In this way, we have full knowledge of all incidences, and, since the diagnosis of all animal rabies is made in the Department's laboratories, we can provide accurate and factual information when necessary to the press. In addition, we are able to supplement this information with the control measures being adopted in the area.

....2,

Document disclosed under the *Access to Information Act* -
Document divulgué en vertu de la *Loi sur l'accès à l'information*

In matters of animal disease control, in this instance, rabies, the release to the public of pertinent information, we feel, should be vested with this Division which under statutory legislation is responsible for the control of rabies in Canada. If at any time you wish to confirm a report of a rabies incident involving animals, do not hesitate to contact Dr. G.H. Collacutt, District Veterinarian, 366 Keele Street, Toronto 9, or this office, and we will be only too pleased to check on the reliability of any information concerning rabies. It is through the co-operation of the various agencies in rabies-infected areas that we can eliminate unnecessary public fear and apprehension concerning the disease.

Yours truly,

signed K.F. Wells,
Veterinary Director General.

WAM/ef

Document disclosed under the *Access to Information Act* -
Document divulgué en vertu de la *Loi sur l'accès à l'information*

CANADA

DEPARTMENT OF AGRICULTURE

PRODUCTION SERVICE

HEALTH OF ANIMALS DIVISION

National Health and Welfare
311-R1-1
DEC 10 1958
Epid
Central Registry.

Ottawa, December 9, 1958.

Received by Division of
EPIDEMIOLOGY
DEC 10 1958
Nat. Health & Welfare

Dr. D. Kubryk, D.P.H.,
Epidemiology Division,
Department of National Health and Welfare,
193 No. 1 Temporary Building,
O t t a w a.

Dear Dr. Kubryk:

Enclosed for your information is a copy of our reply to the resolution of November 14th from Dr. Carl E. Hill, Medical Officer of Health, Township of North York, Willowdale, Ontario.

Yours truly,

(for) K. F. Wells,
Veterinary Director General.

WAM/ef

Encl.

Document disclosed under the *Access to Information Act* -
Document divulgué en vertu de la *Loi sur l'accès à l'information*

Ottawa, December 8, 1958.

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Medical Officer of Health,
Township of North York,
The Local Board of Health,
5000 Yonge Street,
WILLOWDALE, Ontario.

Dear Dr. Hill:

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...../2

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Yours truly,

K. F. Wells,
Veterinary Director General.

WAM/ef

Document disclosed under the *Access to Information Act* -
Document divulgué en vertu de la *Loi sur l'accès à l'information*

THE GOVERNMENT OF
THE PROVINCE OF BRITISH COLUMBIA

OUR FILE.....

311-R1-1
PA
WS

DEPARTMENT OF HEALTH AND WELFARE

OFFICE OF THE
DEPUTY MINISTER OF HEALTH

VICTORIA, B.C.

December 8th 1958

Received by Division of
EPIDEMIOLOGY
DEC 10 1958
Nat. Health & Welfare

Dr. D. Kubryk,
Epidemiology Division,
Department of National Health
and Welfare,
193 No. 1 Temporary Building,
Ottawa, Ontario.

Dear Dr. Kubryk:

I very much appreciated your letter of December 2nd, 1958 your file 311-R1-1, in which you quoted for my information the report appearing in the Weekly Morbidity and Mortality Report of the U.S. Public Health Service for November 29th dealing with the case of rabies reported by the California Department of Public Health. I had read about this situation in the press and was therefore acquainted with the report, but I appreciated having this more formal evidence.

We will be interested in quoting it to our own public health field staff who I am afraid, are going to be faced with the need for alertness in further situations arising during the forthcoming year. Presumably if California can occasion a death we are likely to face the same possibility in view of the apparently wide-spread incidence of rabies among bats in this Province.

Yours very truly,

J.A. TAYLOR, M.D., D.P.H.,
Deputy Provincial Health Officer.

JAT:rj

Document disclosed under the *Access to Information Act* -
Document divulgué en vertu de la *Loi sur l'accès à l'information*

National Health and Welfare
311-R1-1
DEC 8 1958
Central Registry

ONTARIO

DEPARTMENT OF HEALTH
OFFICE OF
THE DEPUTY MINISTER

Toronto, Ontario,
December 5th, 1958.

Dr. D. Kubryk, D.P.H.,
Epidemiology Division,
Department of National Health and Welfare,
193 No. 1 Temporary Building,
O T T A W A, Ontario.

Dear Doctor Kubryk:- Your File No. 311-R1-1

On behalf of Dr. W. G. Brown, this is to acknowledge your letter of the 4th instant and enclosure of copy of communication over the signature of Dr. Carl E. Hill, Medical Officer of Health of the Township of North York.

Please be advised that a reply to Dr. Hill has already been made respecting the resolution to which our respective attentions have been drawn.

Yours very truly,

(D. S. Puffer, B.A.,M.B.,D.P.H.)
Assistant Chief Medical Officer of Health

DSP*MD

Received by Division of
EPIDEMIOLOGY
DEC 8 1958
Nat. Health & Welfare

Document disclosed under the *Access to Information Act* -
Document divulgué en vertu de la *Loi sur l'accès à l'information*

193 No. 1 Temporary Building
Ottawa

311-R1-1 PA

December 4, 1958.

Dr. K.F. Wells,
Veterinary Director General,
Health of Animals Division,
Department of Agriculture,
Confederation Building,
Ottawa, Ontario.

Dear Dr. Wells:

Enclosed is a copy of a letter from the Medical Officer of Health for the Township of North York informing us of a resolution made at one of their recent meetings concerning press releases on rabies.

This is passed on to you for any action you may feel would be appropriate.

Yours sincerely,

D. Kubryk, M.D., D.P.H.,
Epidemiology Division.

Encl. 1
URS/MPSA
Same letter sent to Dr. W. Gordon Brown, Deputy Minister of Health, Ontario.
SAME LETTER SENT TO/BROWN, DEPUTY MINISTER OF HEALTH, ONTARIO.

Document disclosed under the *Access to Information Act* -
Document divulgué en vertu de la *Loi sur l'accès à l'information*

193 No. 1 Temporary Building
Ottawa

311-R1-1 PA

December 4, 1958.

Dr. Carl E. Hill,
Medical Officer of Health,
Township of North York,
5000 Yonge Street,
Willowdale, Ontario.

Dear Dr. Hill:

Thank you for your letter of November 14th informing us of the resolution made at your recent meeting concerning the current publicity attached to animal bites.

We have taken the liberty of sending a copy of this letter to the Veterinary Director General of the Department of Agriculture and to the Deputy Minister of Public Health for Ontario for any appropriate action their respective departments may take.

Yours sincerely,

D. Kutryk, M.D., D.P.H.,
Epidemiology Division.

HRS/HFSA

Document disclosed under the *Access to Information Act* -
Document divulgué en vertu de la *Loi sur l'accès à l'information*

GOVERNMENT OF CANADA

ACTION REQUEST

CGSB 6-GP-12
P.P.&S. Cat. 3433

TO: Dr. Lossing

LOCATION

FOR: Acting Director Health Services

FILE NO.....

☐	ACTION	☐	NOTE & FORWARD
☐	APPROVAL	☐	NOTE & RETURN
☐	COMMENTS	☐	REPLY, PLEASE
☐	DRAFT REPLY	☐	SEE ME, PLEASE
☐	INFORMATION	☐	SIGNATURE
☐	INVESTIGATION	☐	TRANSLATION
☐	MORE DETAILS	☐	YOUR REQUEST
☐	NOTE & FILE		

PREPARE MEMO TO:.....

REPLY FOR SIGNATURES OF:.....

REMARKS:

For your attention please

Nov. 19.

NATIONAL HEALTH AND WELFARE
HEALTH INSURANCE
NOV 19 1958
RECEIVED

FROM PHONE LOCATION 000604

Document disclosed under the *Access to Information Act* -
Document divulgué en vertu de la *Loi sur l'accès à l'information*

DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

TO: Dr. K.C. Charron,
Director, Health Services.

OUR FILE NO. 311-R1-1

REF. YOUR FILE NO.
DATED

FROM: Epidemiology Division.

DATE: November 18, 1958.

SUBJECT:

The action requested in the attached letter should be taken by the Ontario Department of Health in conjunction with the Federal Department of Agriculture.

May I send copies of this letter to the Deputy Minister of Health for Ontario and the Animal Health Division of the Department of Agriculture?

Please advise.

Dr. Kubryk
Suggest you send the Resolution to Health of Animals Division Dept of Agriculture, with copies to Prov. Dept. of Health and Dept of Agriculture, North York.
cc Dr. Moll.
Nov. 19. Bee. Files.

D. Kubryk, M.D., D.P.H.

Att. 1

000605

Document disclosed under the Access to Information Act -
Document divulgué en vertu de la Loi sur l'accès à l'information

National Health and Welfare
311-R1-1
NOV 17 1958
Epid.
Central Registry.

TELEPHONE: BA. 5-4611

CHAIRMAN
H. S. SPARKS

MEDICAL OFFICER OF HEALTH
DR. CARL E. HILL

REEVE
VERNON M. SINGER

SECRETARY
A. G. STANDING

TOWNSHIP OF NORTH YORK

OFFICES
5000 YONGE STREET
WILLOWDALE ONTARIO

THE LOCAL BOARD OF HEALTH

SUPERVISOR, P.H.N. SERVICES
MISS D'ARCY BERRY, R.N.

SUPERVISOR, DENTAL SERVICES
R. W. EMERSON, D.D.S.

BOARD OF HEALTH ENGINEER
R. G. MCQUILLAN, M.A.SC.

SUPERVISOR, FOOD CONTROL
AND ENVIRONMENTAL SANITATION
J. M. GLENROY, D.V.S., D.V.P.H.

ADDRESS ALL CORRESPONDENCE
TO THE
MEDICAL OFFICER OF HEALTH

Our File_____

November 14, 1958.

Department of Health & Welfare,
Ottawa, Canada.

The following resolution was made at the 12.11.58 meeting of our Board of Health -

" That the Board of Health, Twp. of North York, should communicate with the Provincial and Federal Departments of Health suggesting that, in view of the confusing and oft-times hysterical publicity attached to animal bites, the departments concerned should assemble a representative group to prepare a statement for their Public Relations Officer to give to the Press for general public press release. "

It would be appreciated if such action could be taken by your Department in order to reduce any unnecessary public fear and apprehension re Rabies.

Yours very sincerely,

Carl E. Hill

Medical Officer of Health.

CEH:rc

Received by Division of
EPIDEMIOLOGY
NOV 17 1958
Nat. Health & Welfare

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193 No. 1 Temporary Bldg.
Ottawa

311-R1-1 P.A.

December 2, 1958.

Dr. J.A. Taylor,
Deputy Provincial Health Officer,
Dept. of Health and Welfare,
Victoria, B.C.

Dear Dr. Taylor:

Since you have been having a few cases of bites from rabid bats in your province, I thought that you might be interested in the following report which appeared in the Weekly Morbidity and Mortality Report of the U.S.P.H.S. for November 29th.

> "One case of rabies has been reported for the current week by the California Department of Public Health. The preliminary report states that a woman was bitten by a bat on August 30 and died November 4. There was a clinical diagnosis of rabies. She had received hyperimmune serum and duck embryo vaccine. Several days after biting the woman, the bat was reported positive for rabies. If this case is confirmed by appropriate labcratory tests it will be the first clear-cut case of human rabies following a bite by a bat to be reported in the United States."

If you would like further information on this case, I feel sure that it could readily be obtained by writing to Dr. Malcolm H. Merrill, Director, State Department of Public Health, 2151 Berkeley Way, Berkeley 4, California.

Yours sincerely,

D. Kubryk, M.D., D.P.H.,
Epidemiology Division.

000607

WRS/MPSA

Document disclosed under the *Access to Information Act* - Document divulgué en vertu de la *Loi sur l'accès à l'information*

National Health and Welfare
OCT 20 1958
Epid
Central Registry

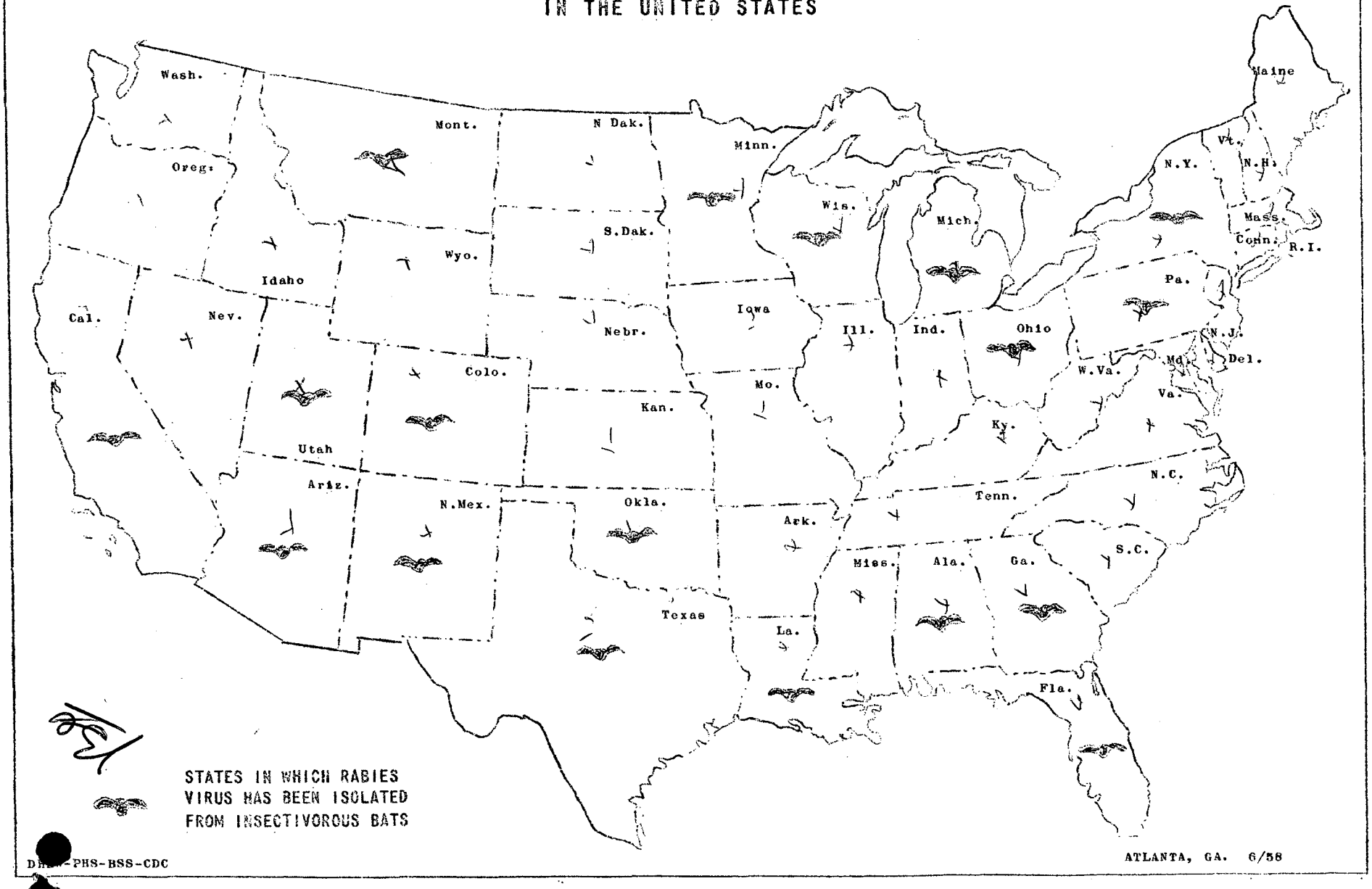
311-RY-7

Ill. Dept. of Public Health
Roland R. Cross, M.D., Director

STATE OF ILLINOIS
William G. Stratton, Governor

Weekly Report #41
Week ending October 10, 1958

GEOGRAPHICAL DISTRIBUTION OF REPORTED BAT RABIES CASES IN THE UNITED STATES



STATES IN WHICH RABIES VIRUS HAS BEEN ISOLATED FROM INSECTIVOROUS BATS

DBVE-PHS-BSS-CDC

ATLANTA, GA. 6/58

Document disclosed under the Access to Inform
Document divulgué en vertu de la Loi sur l'accès à l'information

Dr. K.C. Charron,
Director, Health Services.

311-R1-1 P11

Epidemiology Division.

November 18, 1958.

The action requested in the attached letter should be taken by the Ontario Department of Health in conjunction with the Federal Department of Agriculture.

May I send copies of this letter to the Deputy Minister of Health for Ontario and the Animal Health Division of the Department of Agriculture.

Please advise.

D. Kubryk, M.D., D.P.H.

Att. 1
DK/HPSA

Document disclosed under the *Access to Information Act* -
Document divulgué en vertu de la *Loi sur l'accès à l'information*

808 Jackson Building
Ottawa

311-R1-1 pA

October 8, 1958.

Dr. J.A. Taylor,
Deputy Provincial Health Officer,
Department of Health and Welfare,
Victoria, British Columbia.

Dear Dr. Taylor:

This will acknowledge receipt of your letter of September 23, and we wish to thank you for your efforts in obtaining the complete particulars on this suspected rabies case for us.

Yours sincerely,

D. Kubryk, M.D., D.P.H.,
Epidemiology Division.

WMS/ch

Document disclosed under the *Access to Information Act* -
Document divulgué en vertu de la *Loi sur l'accès à l'information*

311-R1-1 PA

Dr. D. Kubryk

A.C. McKenzie September 26, 1958

Dr. Taylor's letter on the "reported" rabies case in B.C.

It would appear that there is no clear-cut case of rabies in a human. Instead, there seems to have been a case in a bat, and even this is not too certain.

Under the circumstances would it be advisable to mention it in our "Surveillance Report"?

Should we advise Agriculture or would you prefer we wait until your return?

As the Surveillance Report goes to the Duplication Section on Tuesday, we expect that if you wish anything to be published we shall hear from you on ~~Wednesday.~~ Monday.

A.C. McKenzie

AC:CK/ch

Document disclosed under the *Access to Information Act* -
Document divulgué en vertu de la *Loi sur l'accès à l'information*

THE GOVERNMENT OF
THE PROVINCE OF BRITISH COLUMBIA

DEPARTMENT OF HEALTH AND WELFARE

OFFICE OF THE
DEPUTY MINISTER OF HEALTH

VICTORIA, B.C.

OUR FILE.....

Received by Division of
EPIDEMIOLOGY
SEP 26 1958
Nat. Health & Welfare

rec'd thanks

September 23rd 1958

National Health and Welfare
311-RJ-1
SEP 26 1958
Epid
Central Registry

Dr. B. Kubryk,
Division of Epidemiology,
Department of National Health and Welfare,
Ottawa, Ontario.

Dear Dr. Kubryk:

I have your telegram of September 23rd, 1958 requesting particulars concerning the rabies case reported for the week ending September 6th. Actually, this involved a case arising from a situation that occurred on July 15th at Okanagan Landing, just outside of Vernon in the Okanagan Valley. The son of Dr. Mary Garner of Vancouver who were holidaying in the Okanagan was bitten on the hand by a bat. This bat was seen by the lad lying on the ground on a road-side near the Motel and when he attempted to pick it up, bit him. The bat was captured, appeared to be sick and died two hours after biting the lad.

The remains were shipped by Dr. Garner to the Animal Pathology Laboratory at the University of British Columbia but unfortunately was not packed in such a manner as to prevent the brain from deteriorating. It was, therefore, impossible for Dr. Avery at the Laboratory to make satisfactory sections of the bat's brain and it was necessary to inject a group of mice with a solution made from the brain tissue.

On July 29th the first of the injected mice died and sections of the brain showed what appeared to be typical negri bodies. It was felt wise, therefore, to advise Dr. Garner to have her son given a series of anti-rabies injections.

Since then, there have been four other cases in the Okanagan Valley involving bats biting humans. One at Rutland, one at Summerland, one at Princeton and one at Osoyoos. The first three have not produced any proof of rabies, particularly since two of the bats were not captured. The one which occurred at Osoyoos, two miles from the U.S.A. border was proven positive.

We also have some evidence of bats biting humans in other regions of the province; recently an incident occurred in North Vancouver and one in Parksville on Vancouver Island. In each case the animal was not recovered and proof of rabies not established. Other specimens submitted from those localities have been laboratory negative.

Yours very truly,

J.A. TAYLOR, M.D., D.P.H.,
Deputy Provincial Health Officer.

JAT:rj

A C E N T U R Y T O C E L E B R A T E

000612

CD 2X

CANADIAN PACIFIC TELEGRAPHS

World Wide Communications

CLASSES OF SERVICE	
Full Rate	XXX
Day Letter	
Night Message	
Night Letter	

PLACE X OPPOSITE SERVICE DESIRED

W. D NEIL, GENERAL MANAGER, MONTREAL

ACCOUNTING REFERENCE 2-200-55300 | CHECK | TIME FILED 4:30 p.m.

Send the following message, subject to the terms on back hereof, which are hereby agreed to.

311-R1-1

OTTAWA SEPTEMBER 23 1958

DR. J.A. TAYLOR
DEPUTY PROVINCIAL HEALTH OFFICER
DEPT. OF HEALTH AND WELFARE
VICTORIA B.C.

"Confirmation Only"

WOULD APPRECIATE PARTICULARS CONCERNING RABIES CASE REPORTED TO DBS

WEEK ENDING SEPTEMBER 6

D KUBRYK MD DPH
DEPT NATIONAL HEALTH AND WELFARE

Phoned in by: MCG
Time: 11:45 a.m.
MPSA

000613

Document disclosed under the *Access to Information Act* -
Document divulgué en vertu de la *Loi sur l'accès à l'information*

G. H. PESCUD, Assistant General Manager, Montreal, Que.

L. E. HAMSON, General Superintendent, Montreal, Que.
L. W. NEALE, Superintendent, Sudbury, Ont.
L. A. RAYMOND, Superintendent, Toronto, Ont.
A. E. EMERY, Superintendent, Montreal, Que.
D. LESLIE, Superintendent, Saint John, N.B.

P. G. McLEAN, General Superintendent, Winnipeg, Man.
R. V. TOMBE, Superintendent, Vancouver, B.C.
T. H. HOLMES, Superintendent, Edmonton, Alta.
D. N. MACLEOD, Superintendent, Regina, Sask.
E. ELSEY, Superintendent, Winnipeg, Man.

TERMS AND CONDITIONS UPON WHICH TELEGRAPH AND CABLE MESSAGES SHALL BE TRANSMITTED ARE PRESCRIBED BY ORDER No. 49274 DATED DECEMBER 8th, 1942, OF THE BOARD OF TRANSPORT COMMISSIONERS FOR CANADA, AND PUBLISHED IN THE CANADA GAZETTE.

It is agreed between the sender of the message, on the face of this form and this Company, that said Company shall not be liable for damages arising from failure to transmit or deliver, or for any error in the transmission or delivery of any unrepeated telegram, whether happening from the negligence of its servants or otherwise, or for delays from interruptions in the working of its lines, for errors in cypher or obscure messages, or for errors from illegible writing, beyond the amount received for sending the same.

To guard against errors, the Company will repeat back any telegram for an extra payment of one-half the regular rate, and in that case the Company shall be liable for damages, suffered by the sender to an extent not exceeding $200, due to the negligence of the Company in the transmission or delivery of the telegram.

Correctness in the transmission and delivery of messages can be insured by contract in writing, stating agreed amount of risk and payment of premium thereon at the following rates, in addition to the usual charge for repeated messages, viz.: one per cent. for any distance not exceeding 1,000 miles, and two per cent. for any greater distance.

This Company shall not be liable for the act or omission of any other Company, but will endeavor to forward the telegram by any other Telegraph Company necessary to reaching its destination, but only as the agent of the sender and without liability therefor. The Company shall not be responsible for messages until the same are presented and accepted at one of its transmitting offices; if a message is sent to such office by one of the Company's messengers he acts for that purpose as the sender's agent; if by telephone the person receiving the message acts therein as agent of the sender, being authorized to assent to these conditions for the sender. This Company shall not be liable in any case for damages, unless the same be claimed, in writing, within sixty days after receipt of the telegram for transmission.

No employee of the Company shall vary the foregoing.

CLASSES OF SERVICE

FULL RATE TELEGRAM

A full-rate expedited service.

NIGHT TELEGRAM

Accepted up to 2 a.m. at reduced rates, to be sent during the night and delivered on the morning of the next day after their date at places where the Company's offices are open on Sundays, and on the morning of the next ensuing business day at places where the Company's offices are not open on Sundays.

DAY LETTERS

A deferred day service at rates lower than the standard telegram rates as follows: One and one-half times the ten-word day telegram rate for the transmission of 50 words or less, and one-fifth of the initial rate for such 50 words for each additional 10 words or less.

Day letters may be forwarded by the Company as a deferred service, and the transmission and delivery of such Day Letters are, in all respects, subordinate to the priority of transmission and delivery of full-rate telegrams.

Day Letters may be delivered by the Company by telephoning the same to the addressees and such deliveries shall be a complete discharge of the obligation of the Company to deliver.

Day Letters are received subject to the express understanding and agreement that the Company does not undertake that a Day Letter shall be delivered on the day of its date absolutely and at all events; but that the Company's obligation in this respect is subject to the condition that there shall remain sufficient time for the transmission and delivery of such Day Letter on the day of its date during regular office hours, subject to the priority of the transmission of full-rate telegrams under the conditions named above.

NIGHT LETTERS

Accepted up to 2 a.m. for delivery on the morning of the next day after their date at places where the Company's offices are open on Sundays, and on the morning of the next ensuing business day at places where the Company's offices are not open on Sundays, at rates still lower than its standard night telegram rates as follows: The standard day rate for 10 words for the transmission of 50 words or less and one-fifth of the initial rate for such 50 words for each additional 10 words or less.

Night Letters may, at the option of the Company, be mailed at destination to the addressees, and the Company shall be deemed to have discharged its obligation in such cases with respect to delivery by mailing such Night Letters at destination, postage prepaid.

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808 Jackson Building
Ottawa

311-R1-1 PA

July 18, 1958.

Director General Medical Services (Army),
Department of National Defence,
"B" Building, 75 Lisgar Street,
Ottawa, Ontario.

Attention: Maj. W. Fowler

Dear Bill:

We have recently received a letter from Ken Hampson informing us of your suggestion that an army veterinarian, presumably Major Sanderson, carry out a brief epidemiological study of the rabies problem.

We, of course, will give Major Sanderson all the assistance that we can, and I am sure that any other information pertinent to this problem can be readily obtained from Dr. McClenaghan of the Health of Animals Division, Department of Agriculture, or from Dr. Plummer of the Animal Disease Research Institute in Hull.

Yours sincerely,

D. Kubryk, M.D., D.P.H.,
Epidemiology Division.

WRS/MPSA

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IN REPLY PLEASE QUOTE

No. 703-74/40 Vol.4(DGMS(Air))

CANADA

Department of National Defence

OTTAWA, Ontario,
7 July 1958

Doctor D. Kubryk,
Epidemiology Division,
Department of National Health and Welfare
Jackson Building,
Ottawa, Ontario.

National Health and Welfare
311-R1-1
JUL 17 1958
Epid
Central Registry.

Rabies - Ontario and Quebec

Dear

Reference your 311-R1-1 dated 19 June 1958.

Thank you for the figures on confirmed cases of rabies in domestic and wild animals during May 1958. We have prepared a spot map, and although lacking data on the variables in reporting and diagnosis it is most interesting to note the high concentration in the Muskoka area and in extreme north east corner of Ontario. I find it surprising but not reassuring that no human fatalities have been reported as yet..

In our committee meeting the other day we discussed the matter informally, and Major Bill Fowler suggested that in view of your heavy work load perhaps an army veterinarian might be allowed access to your earlier data and some assistance in doing a brief epidemiological study of the problem in relation to time and place.

Since this is the holiday season we feel that service personnel should receive special warning of the danger of exposure to animals, particularly since a relatively high risk seems to exist in some of the resort areas.

Yours sincerely,

Division of
MIOLOGY
Nat. Health & Welfare

(K.W. Hampson)
Wing Commander
for Chief of the Air Staff.

RCAF G32B

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Document divulgué en vertu de la *Loi sur l'accès à l'information*

808 Jackson Building
Ottawa

311-R1-1 PA

June 19, 1958.

Director General Medical Services,
Department of National Defence, RCAF,
"B" Building, Lisgar Street,
Ottawa, Ontario.

Attention: W/C K. W. Hamoson

Dear Ken:

Further to our telephone conversation of the other day, enclosed are tables of laboratory confirmed cases of rabies in domestic and wild animals in various counties of Ontario and Quebec.

If we can be of any assistance to you in this connection, do not hesitate to call again.

Yours sincerely,

D. Kubryk, M.D., D.P.H.,
Epidemiology Division.

Encl. 2
DRS/ch

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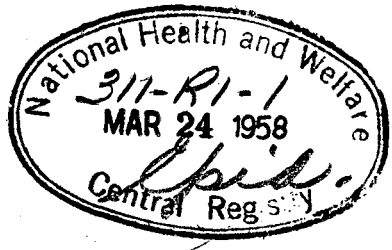
PA
68

STATE OF INDIANA

Address Reply to:

Indiana State Board of Health
1330 West Michigan Street
Indianapolis, Indiana



State Board of Health

March 21, 1958

TO: All Physicians

SUBJECT: Rabies, Rabies Prophylaxis, and Animal Bites

Indiana is experiencing a marked increase in rabies in animals. Seventeen counties have requested the State Veterinarian for quarantine measures as an aid in stemming the spread of the disease among animals and as a precautionary measure in the protection of humans from dogs.

A copy of the WHO Expert Committee on Rabies recommendations in regard specific post-exposure treatment is enclosed for your consideration. Information has not been widely disseminated concerning the horse serum product "hyperimmune serum" which affords immediate passive immunity and is referred to in these recommendations. This product is available commercially under the trade name "antirabies serum". The usual precautions prevail with antirabies serum as with any horse serum product.

The enclosed State Board of Health Technical Bulletin explains how vaccine may be obtained for indigents and from dog tax funds. The State Board of Health does not stock nor furnish such vaccine. Vaccine is readily available through normal commercial channels.

Physicians have been cooperative in reporting animal bites pursuant to our development of communicable disease regulations. We would solicit continued and more widespread cooperation in reporting bites in order that we can develop more meaningful information. When clinical information is correlated with laboratory findings, we are in a better position to supply information on the occurrence of rabies in a specific species of animal. Your continued support is earnestly requested in completing an animal bite report so that the valuable information so gathered can be made available to the profession.

Sincerely,

A. C. OFFUTT, M. D.
STATE HEALTH COMMISSIONER
INDIANA STATE BOARD OF HEALTH

Public Health is "The art and science of preventing disease, prolonging life and promoting physical and mental efficiency through organized community effort."—C.-E. A. Winslow.

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Document divulgué en vertu de la *Loi sur l'accès à l'information*

Technical Bulletin

INDIANA STATE BOARD OF HEALTH
1330 WEST MICHIGAN STREET INDIANAPOLIS 7, INDIANA

A. C. OFFUTT, M. D., STATE HEALTH COMMISSIONER

No. 3 March 21, 1958

TO: All Physicians

SUBJECT: Legal Provision for Procuring of Rabies Vaccine from Tax Funds

In treating patients bitten by dogs or other animals the question often arises as to how payment may be made for the vaccine. The Indiana State Board of Health does not treat patients nor does it provide vaccine. Current statutes provide for the furnishing of Pasteur vaccine providing certain criteria are present in a given case. These laws are outlined below:

Sec. 1000, Chapter 157, Acts of 1949, Indiana General Assembly, makes available rabies vaccine for any indigent whose physician feels has had an exposure to any animal that warrants the administration of prophylaxis. To obtain vaccine for such cases, the physician must obtain from his local health officer or the Indiana State Board of Health, form SBH 2-18-24 which is completed by him and submitted to any dealer who can supply the vaccine. The dealer submits SBH 2-18-24 to the county, township, city or town in which the patient resides and receives payment. This law is of particular value when an indigent is bitten by a suspicious animal and the animal is not apprehended for surveillance.

Sec. 6, Chapter 113, Acts of 1943, Indiana General Assembly, applies to any individual if bitten by a dog. Economic status of person bitten does not alter eligibility under this Act. In order to qualify for vaccine under this Act, commonly referred to as "The Dog Tax Fund" the physician applying for vaccine must submit to the township trustee, either a positive laboratory report or an affidavit of the attending legally qualified veterinarian as proof that the dog was rabid.

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Document divulgué en vertu de la *Loi sur l'accès à l'information*

371-R1-1

ONTARIO

DEPARTMENT OF HEALTH
OFFICE OF
THE DEPUTY MINISTER

Toronto 2,
December 23, 1957.

Dr. D. Kubryk,
Division of Epidemiology,
Department of Health and Welfare,
808 Jackson Building,
Ottawa, Ontario.

Dear Doctor Kubryk:

I have for acknowledgment your letter of December 21st enclosing rabies data for Canada.

I certainly appreciate this information and wish to thank you.

I remain,

Yours truly,

RPH:DM

R. P. Hardman, M.D., D.P.H.,
Epidemiologist.

Received by Division of
EPIDEMIOLOGY
DEC 27 1957
Nat. Health & Welfare

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RABIES

INDICATIONS FOR SPECIFIC POST-EXPOSURE TREATMENT

NATURE OF EXPOSURE	CONDITION OF BITING ANIMALS		RECOMMENDED TREATMENT
	AT TIME OF EXPOSURE	DURING OBSERVATION PERIOD OF 10 DAYS	
I. No lesions: indirect contact only (handling of food utensils, toys, bedding, etc.)	rabid		none*
II. Licks:			
(1) Unabraded skin; pre-existing wounds known to be more than 24 hours old and covered with an unbroken scab.	rabid		none*
(2) Abraded skin and abraded or unabraded mucosa	(a) healthy	healthy	none
	(b) healthy	clinical signs of rabies or proven rabid	*start vaccine at first signs of rabies in animal*
	(c) signs suggestive of rabies	healthy	*start vaccine immediately; stop treatment if animal is normal on 5th day after exposure* *
	(d) rabid, escaped, killed, or unknown		*start vaccine immediately*
III. Bites:			
(1) Skin unbroken or wound protected from saliva by adequate clothing*	(a) healthy	healthy	none
	(b) healthy	clinical signs of rabies or proven rabid	*start vaccine at first signs of rabies in animal*
	(c) signs suggestive of rabies	healthy	*start vaccine immediately; stop treatment if animal is normal on 5th day after exposure* *
	(d) rabid, escaped, killed, or unknown; or any bite by wolf, jackal, fox, or other wild animal		*start vaccine immediately*
(2) Lacerations and puncture wounds*	(a) healthy	healthy	*hyperimmune serum immediately; no vaccine as long as animal remains normal*
	(b) healthy	clinical signs of rabies or proven rabid	*hyperimmune serum immediately; start vaccine at first sign of rabies*
	(c) signs suggestive of rabies	healthy	*hyperimmune serum immediately followed by vaccine; vaccine may be stopped if animal is normal on 5th day after exposure*
	(d) rabid, escaped, killed, or unknown. Any bite by wild animal		*hyperimmune serum immediately followed by vaccine*

*Start vaccine immediately in young children and in patients where a reliable history cannot be obtained.

**An alternative treatment would be to give hyperimmune serum and not start vaccine as long as the animal remained normal.

NOTE: While desirable to administer hyperimmune serum early after exposure, there is no time limit on its use. Dose: 0.5 ml per kg of body weight at start of treatment, followed by course of not less than 14 doses of vaccine. Sensitivity to serum should be tested before serum is used.

These indications apply equally well whether or not the biting animal has been previously vaccinated.

000621

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LOCAL TREATMENT OF ANIMAL BITE WOUNDS

The Division of Communicable Disease Control, State Board of Health, recommends the immediate treatment of bite wounds inflicted by domestic or wild animals by thorough cleansing of the wound with soap and water or detergent solution. In wounds of over 2 hours and less than 24 hours duration, cauterization might be considered by the physician. In addition, tetanus prophylaxis may be indicated.

There are dangers associated with the administration of anti-rabies vaccine. Most reactions are mild but paralysis or death may occur. *Reactions are more frequent in persons who have previously received one or more series of prophylactic treatments.*

NOTE: Bites of head, neck and shoulders, deep multiple wounds, and those inflicted by wild animals involve a greater degree of risk, and should be considered accordingly.

Bats present a special problem. Information at present indicates that Rabies Virus has been isolated from bats in many states. Bats apparently survive rabies and provide a reservoir to infect other wild life. Bats may be infected without symptoms and therefore any person being bitten should receive prophylaxis.

* * * * * *

This information modified from "Rabies, The Physician's Dilemma," T. F. Sellers, M.D., and WHO Expert Committee on Rabies.

Indiana State Board of Health
1330 West Michigan Street
Indianapolis 7, Indiana

000622

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Date _____ REPORT OF ANIMAL BITE

Name _____ Age _____ Sex _____
(Patient)

Address _____ _____
(Street and Number) (City)

Where Bitten _____ By _____
(Body Site) (Animal)

Bite Occurred _____ Animal was __ was not __ impounded.
(Date)

Wound Treatment Consisted of:
Soap and Water ___
Debridement ___
Tetanus Prophylaxis ___

Prophylaxis: Immune Serum ___
Pasteur Vaccine ___

Signed _____
(Health Officer)

S.B.H. 2-18-60

000623

Return this card to Division of Communicable Disease Control, Indiana St of Health, 1330 West Michigan Street, Indianapolis, Indiana.

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PQ

311-R1-1

808 Jackson Building
Ottawa

December 20, 1957.

Dr. A.R. Foley,
Epidemiologist,
Department of Health,
Quebec, P.Q.

Dear Doctor Foley:

Enclosed herewith, please find some statistics concerning rabies which have been recently prepared by the Department of Agriculture and which we are forwarding for your information.

Page 2 gives the Canadian fiscal year picture, and page 3 the details as to the localities of the current cases, principally in foxes.

Yours sincerely,

D. Kubryk, M.D., D.P.H.,
Epidemiology Division.

Encl.(1)

SAME LETTER SENT TO CDC DIR. OF ONT., MAN., SASK., ALTA.,
JTMcG/GC also: Dr. AMYOT (2 copies)
and : Dr. P.E. Moore (memo)

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CANADA

POSITIVE RABIES BY SPECIES

	1952-53		1953-54		1954-55		1955-56		1956-57		Totals	
Wildlife	68	57%	33	45%	71	53%	109	60%	109	61%	390	57%
Domestic *	9	7%	27	36%	30	23%	35	19%	61	34%	162	23%
Dogs	43	36%	14	19%	32	24%	39	21%	9	5%	137	20%
Total	120	100%	74	100%	133	100%	183	100%	179	100%	689	100%

* Domestic, includes cats.

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CANADA

POSITIVE RABIES DIAGNOSED

		Domestic						Wildlife											
	Total Cases	Dog	Cat	Cattle	Horse	Sheep	Swine	Bear	Beaver	Caribou	Coyote	Fox	Lynx	Moose	Rabbit	Skunk	Squirrel	Raccoon	Weasel	Wolf
1952-53																				
N.W.T.	20	5										11								4
Que.	6	3										3								
Ont.	1	1																		
Man.	2	1										1								
Sask.	5	5																		
Alta.	79	28	4	2			3	1			16	19	3	1	1					1
B.C.	7										1	5								1
Total	120	43	4	2			3	1			17	39	3	1	1					6
1953-54																				
N.W.T.	5	2								1		2								
Quebec	4	3										1								
Ont.	2											2								
Man.	7	1										4			1					1
Sask.	7	1		2							1	3								
Alta.	47	6	5	9		4	6		2		8	6							1	
B.C.	2	1		1																
Total	74	14	5	12		4	6		2	1	9	18			1				1	1
1954-55																				
N.W.T.	8	5										3								
Que.	2											2								
Ont.	46	8		1		3	1					33								
Man.	15	5										10								
Sask.	5	3					1					1								
Alta.	57	11	2	11	1	2	8				21	1								
Total	133	32	2	12	1	5	10				21	50								
1955-56																				
Nfld.	1	1																		
N.W.T.	7	6										1								
Que.	3											3								
Ont.	137	23	8	16		1						85	1					2		1
Man.	11	8										3								
Sask.	1		1																	
Alta.	22		2	5			2				12		1							
B.C.	1	1																		
Total	183	39	11	21		1	2				12	92	2					2		1
1956-57																				
N.W.T.	1	1																		
Que.	98	3	1	23	1	22						46								2
Ont.	75	3	2	9	1							59					1			
Man.	1	1																		
Alta.	4	1		2							1									
Total	179	9	3	34	2	22					1	105					1			2

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CANADA

RABIES CONFIRMED BY LABORATORY EXAMINATION

April 1, 1957 - November 30, 1957

	Dog	Cat	Cattle	Horse	Sheep	Swine	Fox	Skunk	Bat	Otter	Total Cases
QUEBEC											
Abitibi East	3		1		1		9				14
Abitibi West	1		1		3	1	1				7
Rouyn-Noranda	1		1				2				4
Gatineau	2	4	12				21	1		1	41
Pontiac	2	1	4				7				14
Labelle		1	10				7				18
Papineau	1		9	1			32				43
Temiscamingue			1								1
Terrebonne				1			1				2
Argenteuil					2		3				5
Jac-Cartier	1										1
Total	11	6	39	2	6	1	83	1		1	150
ONTARIO											
Cochrane			1				1				2
Manitoulin	1						4				5
Muskoka	1						2				3
Nipissing			2				1				3
Parry Sound	3		4				5	2			14
Renfrew							1				1
Timiskaming			1								1
Prescott							1				1
Total	5		8				15	2			30
BRITISH COLUMBIA											
Vancouver									1		1
TOTALS	16	6	47	2	6	1	98	3	1	1	181

Vaccinations - April 1, 1957 - December 3, 1957 (as recorded)

QUEBEC	Clinics	Dogs	Cats	
	158	12,021	3,536	
Total Vaccinations				15,557

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Document divulgué en vertu de la *Loi sur l'accès à l'informatio*

808 Jackson Building
Ottawa

RG
311-R1-1

December 20, 1957.

Dr. K.F. Wells,
Veterinary Director General,
Department of Agriculture,
Health of Animals Division,
Ottawa.

Dear Doctor Wells:

This will acknowledge receipt of your letter dated December 19th, 1957, with enclosed statistics concerning rabies. Please accept our thanks for forwarding this material to us.

For your information, we have now distributed copies to all Provincial Communicable Disease Control Directors concerned.

Yours sincerely,

D. Kubryk, M.D., D.P.H.,
Epidemiology Division.

JTMcG/GC

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CANADA

DEPARTMENT OF AGRICULTURE

PRODUCTION SERVICE

HEALTH OF ANIMALS DIVISION

Ottawa, December 19, 1957.

National Health and Welfare
311-R1-1
DEC 20 1957
Epid
Central Registry

Dr. E. H. Lossing,
Chief,
Epidemiology Division,
Department of National Health and Welfare,
Ottawa.

Dear Dr. Lossing:

For your information I am enclosing copies of some recently prepared rabies statistics.

Page 2 gives the Canadian fiscal year picture, and Page 3 the details as to the location of the current cases, principally in foxes.

Yours very truly,

Received by Division of
EPIDEMIOLOGY
DEC 20 1957
Nat. Health & Welfare

K. F. Wells,
Veterinary Director General.

Encls.

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DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

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

OUR FILE NO. 1002-1 (E50)

REF. YOUR FILE NO. 311-R1-1
DATED August 30, 1957.

FROM: Director, Indian and Northern
Health Services.

DATE: October 4, 1957.

SUBJECT: "Rabies - Treatment of Man"

Thank you for your memorandum dated August 30, 1957, enclosing 15 copies of the above-named W.H.O. pamphlet. We are sending samples of this to our regional superintendents for information and shall let you know in due course if we require further copies.

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

Received by Division of
EPIDEMIOLOGY
OCT 7 1957
Nat. Health & Welfare

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[redacted]

[redacted]

Replies from:

Nfld.

N. B.

N. S.

Que.

[redacted]

Alta. — (50) Vault

B. C.

Ont.

Sask.

Man.

P. E. I.

000631

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DEPARTMENT OF PUBLIC HEALTH
NOVA SCOTIA

National Health and Welfare
SEP 9 1957
Central Registry.

Halifax, Nova Scotia.
September 5, 1957.

311-P1-1

Dr. E. H. Lossing, D.P.H.,
Chief, Epidemiology Division,
Dept. of National Health & Welfare,
Jackson Building,
Ottawa, Canada.

Dear Dr. Lossing:

Thank you for your letter of August 30, 1957, and for forwarding twenty-five (25) copies of the pamphlet, "Rabies - Treatment of Man".

These will be distributed to our Divisional Medical Health Officers, Dr. A. R. Morton and others.

Yours very truly,

H. B. Colford, M.D., M.P.H.,
Director of Child and Maternal Health
and
Communicable Disease Control.

HBC:cg

Received by Division of
EPIDEMIOLOGY
SEP 9 1957
Nat. Health & Welfare

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THE GOVERNMENT OF
THE PROVINCE OF BRITISH COLUMBIA

DEPARTMENT OF HEALTH AND WELFARE

OFFICE OF THE
DEPUTY MINISTER OF HEALTH

VICTORIA, B.C.

OUR FILE.....

National Health and Welfare
SEP 9 1957
Central Registry

3.11-R1-1

September 4th 1957

Dr. E.H. Lossing,
Chief, Epidemiology Division,
Department of National Health and Welfare,
808 Jackson Building,
Ottawa, Ontario.

Dear Dr. Lossing:

Thank you very much for your letter of August 30th advising that 50 copies of the pamphlet "Rabies - Treatment of Man" have been forwarded to this office.

This number of pamphlets will be sufficient to distribute to our Medical Health Officers, who, I am sure will find this material of much interest and value.

Yours very truly,

G.F. AMYOT, M.D., D.P.H.,
Deputy Minister of Health.

A:rj

Received by Division of
EPIDEMIOLOGY
SEP 9 1957
Nat. Health & Welfare

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THE GOVERNMENT OF
THE PROVINCE OF NEW BRUNSWICK

DEPARTMENT OF
HEALTH AND SOCIAL SERVICES
FREDERICTON, N. B.

September 10, 1957

National Health and Welfare
Epid
SEP 11 1957
311-R1-1
Central Registry.

Dr. E. H. Lossing, M.P.H.
Chief, Epidemiology Division
Dept. of National Health & Welfare
808 Jackson Building
OTTAWA, Canada

Dear Dr. Lossing:

Reference RABIES pamphlets and your letter of August 30, 1957, File No. 311-R1-1.

These seem very useful and distribution is being made at present. Thank you very much.

Received by Division of
EPIDEMIOLOGY
SEP 11 1957
Nat. Health & Welfare

Yours very truly,

A. F. Chaisson, M.D., D.P.H.
Director
Communicable Disease Control

AFC/VPH

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Department of Health

St. John's, Newfoundland

National Health and Welfare
SEP 12 1957
311-R1-1
Central Registry.

September 9th, 1957.

Dr. E.H. Lossing,
Chief, Epidemiology Division,
Dept. of National Health & Welfare,
Ottawa.

Dear Doctor Lossing:

Thank you for your letter of August 30th concerning the pamphlet "Rabies - Treatment of Man".

We will distribute these pamphlets as requested. I think one hundred copies would suffice for the present.

Yours sincerely,

AOD McDERMOTT, M.B., D.P.H.,
CHIEF MEDICAL HEALTH OFFICER.

Received by Division of
EPIDEMIOLOGY
SEP 12 1957
Nat. Health & Welfare

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PROVINCE OF QUEBEC

MINISTRY OF HEALTH

QUEBEC, on September 9, 1957.

National Health and Welfare
Epid
SEP 10 1957
311-R1-1
Central Registry

Dr. E.H. Lossing, Chief,
Epidemiology Division,
Department of National Health and Welfare,
808 Jackson Building,
OTTAWA, Ont.

Dear Doctor Lossing:

Thank you very much for your letter dated August 30th, 1957 and for your kindness in sending me copies of the pamphlet on the treatment of Rabies in men.

Yours sincerely,

A.-R. Foley, M.D.,
Epidemiologist.

ARF/yf

Received by Division of
EPIDEMIOLOGY
SEP 10 1957
Nat. Health & Welfare

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CANADA

DEPARTMENT OF AGRICULTURE

PRODUCTION SERVICE

HEALTH OF ANIMALS DIVISION

National Health and Welfare
SEP 5 1957
3 11-R1-1
Central Registry

O t t a w a, September 4, 1957.

Dr. E. H. Lossing,
Chief, Epidemiology Division,
Department of National Health and Welfare,
808 Jackson Bldg.,
Ottawa, Ontario.

Dear Dr. Lossing:

Thank you for the 15 copies of the pamphlet "Rabies Treatment of Man", prepared by the World Health Organization.

The final decision as to the administering of rabies prophylactic treatment rests, as you are no doubt aware, with the medical practitioner.

The articles are appreciated and contain valuable information.

Yours truly,

W. A. Monaghan

(for) K. F. Wells,
Veterinary Director General.

WAM/bs

Received by Division of
EPIDEMIOLOGY
SEP 5 1957
Nat. Health & Welfare

NOTED
SEP 5 1957

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808 Jackson Building
Ottawa

311-R1-1

August 30, 1957.

Dr. Aod McDermott,
Chief Medical Health Officer,
Department of Health,
St. John's, Nfld.

Dear Doctor McDermott:

Under separate cover we are forwarding 100 copies of the pamphlet "Rabies - Treatment of Man" which has been prepared by the World Health Organization. This pamphlet will be very helpful to those called upon to make the difficult decision whether or not an exposed person should receive prophylaxis. May I please ask you to distribute these pamphlets as you feel indicated.

The supply of these pamphlets received from the World Health Organization is pretty well exhausted, but if you wish additional copies, I can ask for further supplies.

Yours sincerely,

E.H. Lossing, M.D., M.P.H.,
Chief, Epidemiology Division.

EHL/GC

Same letter sent to all Communicable Disease Control Directors

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808 Jackson Building
Ottawa

311-R1-1

August 30, 1957.

Dr. K.F. Wells,
Veterinary Director General,
Health of Animals Division,
Department of Agriculture,
Confederation Building,
Ottawa, Ontario.

Attention: Dr. I.W. Moynihan

Dear Doctor Wells:

Enclosed herewith please find 15 copies of the pamphlet "Rabies - Treatment of Man" which has been prepared by the World Health Organization. This pamphlet will be very helpful to those called upon to make the difficult decision whether or not an exposed person should receive prophylaxis. May I please ask you to distribute these pamphlets as you feel indicated.

The supply of these pamphlets received from the World Health Organization is pretty well exhausted, but if you wish additional copies, I can ask for further supplies.

Yours sincerely,

E.H. Lossing, M.D., M.P.H.,
Chief, Epidemiology Division.

Encls.(15)

EHL/GC

SAME LETTER SENT TO: ~~XXXXXXXXXXXXXXXXXXXXXXXXXX~~ DR. P.E. Moore, Attention: Dr. J.S. Willis

000639

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CANADA

DEPARTMENT OF AGRICULTURE

PRODUCTION SERVICE

HEALTH OF ANIMALS DIVISION

National Health and Welfare
311-R1-1
AUG 12 1957
Epid
Central Registry

O t t a w a, August 9, 1957.

Dr. E. H. Lossing,
Chief,
Epidemiology Division,
Department of National Health
and Welfare,
Jackson Building,
Ottawa.

Dear Doctor Lossing:

This will acknowledge your letter of August 2nd concerning the possible examination of pooled bat blood samples to further our knowledge on the bat rabies problem.

Certainly your observations are most interesting, and would provide a worthwhile project.

The question of taking on the project, however, involves help in manpower. We could not at the present time divert our field inspection and control staff from those duties to collect bats. For the time being, therefore, we can only keep the proposal under consideration.

However, if you could arrange to have raw material collected, the Hull laboratory would be pleased to examine the blood by serological means or in vivo, or by both.

Received by Division of
EPIDEMIOLOGY
AUG 9 1957
Nat. Health & Welfare

Yours very truly,

W. A. Magrichan

(for) K. F. Wells,
Veterinary Director General.

WAM:em

NOTED
AUG 12 1957

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File No. 311-R1-1

RABIES VACCINE

Physicians can obtain rabies vaccine as follows:
(information given to Dr. W.A. Moyniham, Health of Animals Division, Department of Agriculture, Ottawa, August 8, 1957).

Ontario

Mr. A.D. McClure,
Regional Laboratory,
Ontario Dept. of Health,
130 King Edward Avenue., Ottawa, Ont.
CE 5-5109
PA 9-0581 (Night)

OR

Central Laboratory,
Ontario Department of Health,
360 Christie Street,
Toronto 4, Ontario.
Lennox 4-3511

Quebec

Dr. F.D. Gosselin,
M.O.H.,
Hull County Health Unit,
81 Eddy Street,
Hull, P.Q.
PR 7-7725
PR 7-8617 (Night)

OR

Any Medical Officer of Health for
requirements in their jurisdiction

311-R1-1

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National Health and Welfare Central Registry.

Retrospectives R.

Morbidity and Mortality Weekly Report

PUBLIC HEALTH SERVICE
U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

NOTED AUG 6 1957

Prepared by the NATIONAL OFFICE OF VITAL STATISTICS Executive 3-6300, Ext. 4744

Release August 2, 1957 | Washington 25, D. C. | Vol. 6, No. 30

Provisional Information on Selected Notifiable Diseases in the United States and on Deaths in Selected Cities for Week Ended July 27, 1957

Dr. R. H. Hutcheson, Tennessee Commissioner of Health, has reported that the diagnoses of 13 cases previously reported as nonparalytic poliomyelitis has been changed to aseptic meningitis. With this change there is no indication of any concentration of poliomyelitis in any part of the State. The case totals for the State and the United States will reflect this change.

EPIDEMIOLOGICAL REPORTS

Influenza

A special bulletin on influenza prepared by the California Department of Public Health states that outbreaks of respiratory disease have been reported in 15 summer camps located in 8 counties. However, none was observed in 13 other jurisdictions. In some instances, paired sera have been collected for laboratory testing. A virus was isolated from a group of teenage boys and girls in San Jose, but it has not been typed to date. Two outbreaks have occurred among inmates of jails. A virus has been isolated in each instance but not typed. Paired sera also have been obtained. The bulletin states that influenza-like disease has been relatively uncommon in persons under 12 years of age. The occurrence of influenza in the general population of California has not been established but is being carefully investigated.

Reports have been received of influenza-like illness among Boy Scouts after leaving Valley Forge. Such occurrences are under investigation in a group that traveled to Boston, Massachusetts. The Texas, South Carolina, New Mexico, and Louisiana health authorities also have cases under investigation. In South Carolina a sister contact developed an influenza-like illness.

The following information has been provided by the Department of the Army. On July 7 the U. S. S. Patch left New York

Continued on page 2

Table I. Cases of Specified Notifiable Diseases: Continental United States

(Numbers after diseases are category numbers of the Sixth Revision of the International Lists, 1948)

DISEASE	30th WEEK			CUMULATIVE NUMBER						Approximate seasonal low point
				First 30 weeks			Since seasonal low week			
	Ended July 27, 1957	Ended July 28, 1956	Median 1952-56	1957	1956	Median 1952-56	1956-57	1955-56	Median 1951-52 to 1955-56	
Anthrax-----062	-	-	1	13	29	20	(1)	(1)	(1)	(1)
Botulism-----049.1	-	-	-	1	4	6	(1)	(1)	(1)	(1)
Brucellosis (undulant fever)-----044	14	20	32	579	590	927	(1)	(1)	(1)	(1)
Diphtheria-----055	19	25	26	533	897	1,028	69	71	107	July 1
Encephalitis, infectious-----082	39	52	47	862	919	819	302	290	259	June 1
Hepatitis, infectious, and serum-----092,N998.5 pt.	226	258	409	9,840	12,738	19,473	15,039	20,241	---	Sept. 1
Malaria-----110-117	9	9	32	65	123	320	(1)	(1)	(1)	(1)
Measles-----085	3,093	3,426	3,426	440,889	567,993	567,993	478,093	597,091	597,091	Sept. 1
Meningococcal infections-----057	35	30	44	1,526	1,825	2,851	2,257	2,748	4,080	Sept. 1
Meningitis, other-----340	104	29	---	[2]1,176	856	---	---	---	---	---
Poliomyelitis-----080	265	654	1,169	[2]2,244	4,546	7,884	[2]1,718	3,479	6,211	Apr. 1
Paralytic-----080.0,080.1	51	287	---	831	2,303	---	557	1,720	---	Apr. 1
Nonparalytic-----080.2	165	258	---	[2]1,096	1,501	---	[2]933	1,216	---	Apr. 1
Unspecified-----080.3	49	109	---	317	742	---	228	543	---	Apr. 1
Psittacosis-----096.2	4	14	5	168	313	178	(1)	(1)	(1)	(1)
Rabies in man-----094	-	-	-	3	6	4	(1)	(1)	(1)	(1)
Typhoid fever-----040	37	52	55	685	1,010	1,068	428	698	698	Apr. 1
Typhus fever, endemic-----101	1	-	3	67	64	100	42	45	70	Apr. 1
Rabies in animals-----	61	60	112	2,820	3,100	4,560	3,784	4,127	6,075	Oct. 1

[1]Data show no pronounced seasonal change in incidence.
[2]Includes revised report for Tennessee. Thirteen cases reported as nonparalytic poliomyelitis later diagnosed as aseptic meningitis are included with meningitis, other.

Symbols.—1 dash [-]: no cases reported; 3 dashes [---]: data not available.

000642

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EPIDEMIOLOGICAL REPORTS—Continued

with military personnel from at least 14 different locations in the United States transited through Fort Dix. About 300 cases of influenza occurred on board ship from July 9 to 23. The attack rate was 41.1 percent in troop contingents, 18.1 percent in cabin passengers, and 17.2 percent in members of the crew. Of 6 paired specimens collected at a 10-day interval, 4 had titer rises against the A/Japan/305/57 influenza virus.

The Texas Department of Health states that 30 cases of influenza have been reported at the Corpus Christi Naval Air Station. All were among Navy personnel from San Diego. One positive and 2 probable isolates of virus similar to Far East strains have been made at the 4th Army Medical Laboratory at Fort Sam Houston.

Dr. Gordon Meiklejohn, the University of Colorado, reports that 3 of 5 paired sera obtained at Warren Air Force Base, Wyoming, early in July show diagnostic rises in antibody by the hemagglutination inhibition test. Antigens used were the Ann Arbor/56 and Denver/1/57 strains of influenza A virus.

Dr. G. E. McDaniel, South Carolina Board of Health, has reported on 3 cases of influenza-like illness observed by an intern, Dr. A. V. Williams, in Charleston. All of them occurred in the last week in June. One had no known contact with persons from the Far East. Another stated he had talked for an hour with a friend who was in the Air Force and stationed in Morocco. He became ill 1 week later. This person's father was the third case. No laboratory confirmation of diagnosis was obtained.

Information has been received by the International Cooperation Administration, U. S. Department of State, that influenza incidence reached a peak about July 20 in Iraq. Approximately 34,000 cases were reported, 90 percent of them in Baghdad. Morbidity is said to have been low in infants, preschool children, and the aged but high in persons from 16 to 40 years of age. A type A influenza virus was identified locally as similar to Far East strains. Laboratory specimens have been sent to Cairo for confirmation.

The World Health Organization, Geneva, reports the occurrence of influenza in French Somaliland and Sudan in Africa and outbreaks in Syria and Yemen.

Rabies in a bat

Dr. F. R. Hassler, Oklahoma State Department of Health, has reported a case of rabies in a bat. The bat, with 2 young attached to her, was found on the ground by an 8-year-old boy. The child attempted to pick it up and was bitten on one finger. The mother reported the bat was unable to fly and it made a hissing sound. The bat was placed in a wire cage for observation and died approximately 28 hours later. During this time she attacked viciously one of her young and tore it to pieces. After death, microscopic examination of the brain revealed no Negri bodies. Mouse inoculations were made a few days later, and the actions of the mice were typical of rabies infection. Slides prepared from mouse brains were heavily loaded with typical Negri bodies. The bat has been identified as a hoary bat, Lasiurus cinereus. This is the first time a person in Oklahoma has been bitten by a bat proven to be rabid. However, a number of bats have been examined in the past and 2 positive isolations have been made. Rabies vaccine treatment was started on the child shortly after he was bitten.

Psittacosis

Dr. S. H. Osborn, Connecticut State Department of Health, has reported a case of psittacosis in a 49-year-old woman. A blood specimen collected 19 days after onset was positive for psittacosis in a dilution of 1:64. The patient is a sales clerk in the pet department of a local store. Since the middle of June about 9 birds have died. The supply is from a local breeder; and birds from both the local store and the aviary are being tested for the psittacosis virus.

The California State Department of Public Health has reported a case of psittacosis in a 44-year-old man. The diagnosis was confirmed by a greater than fourfold rise in titer with psittacosis antigen. The patient had purchased a parakeet 18 days earlier from a local pet shop. The bird did not appear ill, but psittacosis virus was isolated on the second mouse passage. Two birds from the pet shop showed signs of psittacosis infection, but attempts at viral isolations gave negative results.

Brucellosis

Dr. R. F. Goldsboro, New Jersey State Department of Health, has reported a case of brucellosis in a 19-year-old man, who developed severe frontal headache, generalized weakness, fatigue, diaphoresis, episodes of chills and nausea, and painful flexion of the head and neck. On admission to a hospital 10 days later he had a fever of 101° F. Brucella abortus titer was 1:320 on a blood serum. Four days later the titer was found to be in excess of 1:1280. The patient had contact with milk cows on his dairy farm. He also drank raw milk. Subsequent tests of the herd on the farm revealed 3 positive reactors.

Diphtheria

The Washington State Department of Health has reported an outbreak of diphtheria in an institution in the northern part of the State. Eighteen cases were reported among the employees over the 6-week period ended July 20. Many employees live outside of the institution, but no cases have occurred in persons outside of the institution who were not employees.

Salmonellosis

Dr. Wentworth, Ohio Department of Health, has reported an outbreak of salmonellosis among persons who ate homemade ice cream. Twelve persons became ill approximately 12 hours after eating the food. Cultural studies on separate ingredients of the ice cream showed no pathogenic organisms. However, Salmonella heidelberg was isolated from a sample of one flavor of the ice cream. None of the other flavor served was available for laboratory tests. Eleven stool specimens collected yielded the same organism.

Dr. Jacob Koomen, North Carolina State Board of Health, has given preliminary information on an outbreak of salmonellosis among crew members of a transport steamship. Fourteen persons became ill with diarrhea, abdominal pain, headache, vomiting, and varying amounts of fever. Six cultures were submitted and all were positive for S. typhimurium. Food and water samples have been collected for analysis.

Also reported in North Carolina is an outbreak of salmonellosis involving 6 of 7 persons who ate ice cream. S. typhimurium was cultured from the ice cream and from specimens from several individuals who ate of it.

Gastro-enteritis

Dr. N. H. Dyer, West Virginia State Department of Health, has reported an outbreak of gastro-enteritis among 150 pupils and parents following a school picnic. Of these, about 100 became ill with nausea, vomiting, and diarrhea from 2 to 3 hours

Continued on page 8

000643

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Table 2. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES, EACH DIVISION AND STATE, ALASKA, HAWAII, AND PUERTO RICO, FOR WEEKS ENDED JULY 28, 1956 AND JULY 27, 1957

(By place of occurrence. Numbers under diseases are category numbers of the Sixth Revision of the International Lists, 1948)

AREA	BRUCELLOSIS (UNDULANT FEVER) 044		DIPHTHERIA 055				ENCEPHALITIS, INFECTIOUS 082		HEPATITIS, INFECTIOUS, AND SERUM 092,N998.5 pt.			
			30th week		Cumulative first 30 weeks				30th week		Cumulative first 30 weeks	
	1957	1956	1957	1956	1957	1956	1957	1956	1957	1956	1957	1956
CONT. UNITED STATES	14	20	19	25	533	897	39	52	226	258	9,840	12,738
NEW ENGLAND	-	2	-	1	19	9	4	-	8	23	523	836
Maine	-	-	-	-	3	-	-	-	4	8	168	200
New Hampshire	-	-	-	-	-	1	-	-	-	-	8	26
Vermont	-	1	-	-	-	-	-	-	-	-	86	101
Massachusetts	-	-	-	1	16	8	-	-	1	6	142	207
Rhode Island	-	1	-	-	-	-	3	-	2	6	43	112
Connecticut	-	-	-	-	-	-	1	-	1	3	76	190
MIDDLE ATLANTIC	-	2	-	-	55	41	3	12	39	49	1,488	2,714
New York	-	-	-	-	29	15	3	12	22	35	885	1,382
New Jersey	-	-	-	-	9	12	-	-	2	4	200	240
Pennsylvania	-	2	-	-	17	14	-	-	15	10	403	1,092
EAST NORTH CENTRAL	4	3	1	1	37	174	5	12	18	29	1,734	1,967
Ohio	-	-	-	1	8	14	1	2	5	7	441	484
Indiana	-	-	-	-	9	84	1	6	2	4	246	290
Illinois	2	1	-	-	3	8	-	-	-	5	364	459
Michigan	2	-	-	-	15	66	2	3	11	9	498	523
Wisconsin	-	2	1	-	2	2	1	1	-	4	185	211
WEST NORTH CENTRAL	5	5	4	6	47	91	3	1	8	18	580	1,083
Minnesota	-	3	-	-	21	25	-	-	4	8	207	329
Iowa	3	-	-	-	6	17	-	-	1	1	137	291
Missouri	-	-	-	1	1	10	1	-	2	2	103	59
North Dakota	-	-	-	4	3	5	2	-	-	-	73	85
South Dakota	1	1	-	1	6	6	-	1	-	5	26	132
Nebraska	-	-	4	-	6	25	-	-	-	1	14	87
Kansas	1	1	-	-	4	3	-	-	1	1	20	100
SOUTH ATLANTIC	1	3	7	8	151	179	4	3	24	23	736	799
Delaware	-	-	-	-	-	-	-	-	-	-	6	24
Maryland	-	2	-	-	1	-	-	3	1	-	80	68
District of Columbia	-	-	-	-	-	1	-	-	-	-	9	14
Virginia	-	-	3	-	10	21	-	-	4	8	286	313
West Virginia	-	-	-	-	4	5	-	-	8	4	60	46
North Carolina	1	-	3	-	22	25	2	-	2	2	59	76
South Carolina	-	-	-	4	23	43	-	-	1	-	21	49
Georgia	-	-	-	3	33	33	2	-	4	4	83	107
Florida	-	1	1	1	58	51	-	-	4	5	132	102
EAST SOUTH CENTRAL	1	-	1	4	69	118	1	11	34	30	1,373	1,112
Kentucky	-	-	-	-	12	8	-	9	9	10	588	344
Tennessee	1	-	-	-	7	19	-	1	14	10	520	492
Alabama	-	-	-	4	29	58	1	1	6	9	167	127
Mississippi	-	-	1	-	21	33	-	-	5	1	98	149
WEST SOUTH CENTRAL	2	2	4	5	111	221	10	1	19	16	722	951
Arkansas	1	-	1	-	9	17	-	-	-	1	56	88
Louisiana	-	-	-	3	9	25	-	-	-	1	40	90
Oklahoma	1	-	-	1	16	56	1	-	-	2	89	69
Texas	-	2	3	1	77	123	9	1	19	12	537	704
MOUNTAIN	-	2	-	-	19	22	2	-	34	17	879	1,157
Montana	-	-	-	-	4	3	-	-	2	3	116	297
Idaho	-	2	-	-	1	1	-	-	1	-	58	155
Wyoming	-	-	-	-	1	3	1	-	6	1	44	63
Colorado	-	-	-	-	2	3	-	-	12	6	136	255
New Mexico	-	-	-	-	7	4	-	-	7	2	308	104
Arizona	-	-	-	-	3	5	1	-	5	3	161	229
Utah	-	-	-	-	1	3	-	-	1	2	34	52
Nevada	-	-	-	-	-	-	-	-	-	-	22	2
PACIFIC	1	1	2	-	25	42	7	12	42	53	1,805	2,119
Washington	-	-	2	-	19	5	-	-	7	12	239	469
Oregon	-	1	-	-	2	10	-	-	11	7	341	404
California	1	-	-	-	4	27	7	12	24	34	1,225	1,246
Alaska	-	-	-	29	-	35	-	-	1	2	55	62
Hawaii	-	-	-	-	-	-	-	-	-	-	27	29
Puerto Rico	-	-	-	1	31	45	-	-	12	3	114	149

000644

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Table 2. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES, EACH DIVISION AND STATE, ALASKA, HAWAII, AND PUERTO RICO, FOR WEEKS ENDED JULY 28, 1956 AND JULY 27, 1957—Continued

(By place of occurrence. Numbers under diseases are category numbers of the Sixth Revision of the International Lists, 1948)

AREA	POLIOMYELITIS 080								MALARIA		MEASLES	
	Total[1]				Paralytic		Nonparalytic					
	30th week		Cumulative first 30 weeks		080.0,080.1		080.2		110-117		085	
	1957	1956	1957	1956	1957	1956	1957	1956	1957	1956	1957	1956
CONT. UNITED STATES	265	654	[2]2,244	4,546	51	287	165	258	9	9	3,093	3,426
NEW ENGLAND	4	13	26	85	1	6	3	7	-	-	227	88
Maine	-	-	2	11	-	-	-	-	-	-	47	13
New Hampshire	1	-	1	2	-	-	1	-	-	-	12	4
Vermont	-	3	2	14	-	2	-	1	-	-	4	13
Massachusetts	2	7	8	39	1	2	1	5	-	-	102	36
Rhode Island	-	-	-	2	-	-	-	-	-	-	2	1
Connecticut	1	3	13	17	-	2	1	1	-	-	60	21
MIDDLE ATLANTIC	14	34	81	255	3	11	5	15	2	-	539	982
New York	8	23	54	176	2	8	5	14	-	-	389	670
New Jersey	6	7	13	35	1	3	-	1	2	-	92	179
Pennsylvania	-	4	14	44	-	-	-	-	-	-	58	133
EAST NORTH CENTRAL	49	225	256	817	5	91	23	94	1	-	728	654
Ohio	10	24	53	105	1	3	2	4	-	-	68	113
Indiana	5	20	34	61	1	4	3	7	-	-	23	31
Illinois	14	158	54	473	1	76	3	73	-	-	117	85
Michigan	12	15	68	104	1	6	10	8	-	-	70	156
Wisconsin	8	8	47	74	1	2	5	2	1	-	450	269
WEST NORTH CENTRAL	27	52	159	290	4	11	15	30	-	-	149	106
Minnesota	8	8	14	35	-	1	8	7	-	-	7	9
Iowa	2	18	19	85	-	3	1	13	-	-	64	31
Missouri	8	17	49	90	1	5	4	6	-	-	50	28
North Dakota	-	-	1	6	-	-	-	-	-	-	22	19
South Dakota	1	1	6	11	-	-	-	-	-	-	2	10
Nebraska	6	1	45	21	3	-	2	1	-	-	4	3
Kansas	2	7	25	42	-	2	-	3	-	-	-	6
SOUTH ATLANTIC	51	60	330	421	14	31	33	25	2	-	254	340
Delaware	-	-	2	5	-	-	-	-	-	-	1	2
Maryland	1	2	5	20	1	1	-	1	-	-	29	33
District of Columbia	1	-	1	1	1	-	-	-	-	-	8	4
Virginia	2	6	33	44	1	4	1	2	-	-	85	93
West Virginia	-	4	10	28	-	2	-	2	-	-	9	27
North Carolina	31	19	88	77	2	10	28	9	-	-	7	30
South Carolina	9	4	78	37	6	1	2	2	-	-	30	35
Georgia	-	13	36	52	-	7	-	5	1	-	13	40
Florida	7	12	77	157	3	6	2	4	1	-	72	76
EAST SOUTH CENTRAL	21	31	[2]185	205	4	12	13	8	-	2	146	345
Kentucky	6	10	29	65	3	3	3	6	-	2	46	116
Tennessee	3	2	[2]65	33	1	2	2	-	-	-	34	167
Alabama	2	8	24	21	-	-	-	-	-	-	65	46
Mississippi	10	11	67	86	-	7	8	2	-	-	1	16
WEST SOUTH CENTRAL	58	110	680	1,143	11	66	45	36	1	4	302	350
Arkansas	5	9	42	44	2	6	3	3	1	-	3	62
Louisiana	6	20	101	275	-	16	6	4	-	-	1	10
Oklahoma	9	18	58	86	2	10	5	-	-	-	30	14
Texas	38	63	479	738	7	34	31	29	-	4	268	264
MOUNTAIN	10	42	121	241	2	9	4	8	-	1	257	180
Montana	-	3	4	17	-	-	-	1	-	-	31	33
Idaho	3	7	9	40	-	3	2	3	-	1	39	41
Wyoming	1	-	7	8	1	-	-	-	-	-	9	1
Colorado	1	1	17	25	-	1	1	-	-	-	40	29
New Mexico	1	1	24	20	-	-	-	1	-	-	55	22
Arizona	2	6	31	70	1	4	1	2	-	-	62	33
Utah	2	22	25	46	-	-	-	-	-	-	20	21
Nevada	-	2	4	15	-	1	-	1	-	-	1	-
PACIFIC	31	87	406	1,089	7	50	24	35	3	2	491	381
Washington	1	9	3	46	1	5	-	2	-	-	83	88
Oregon	2	4	30	62	-	2	2	2	-	-	138	39
California	28	74	373	981	6	43	22	31	3	2	270	254
Alaska	-	1	2	7	-	1	-	-	-	-	9	123
Hawaii	-	-	2	52	-	-	-	-	-	1	10	97
Puerto Rico	-	4	8	34	-	4	-	-	-	-	19	49

[1]Includes cases not specified by type, category number 080.3.
[2]Includes revised report. Thirteen cases reported as nonparalytic poliomyelitis later diagnosed as aseptic meningitis are included with meningitis, other.

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Table 2. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES, EACH DIVISION AND STATE, ALASKA, HAWAII, AND PUERTO RICO, FOR WEEKS ENDED JULY 28, 1956 AND JULY 27, 1957—Continued

(By place of occurrence. Numbers under diseases are category numbers of the Sixth Revision of the International Lists, 1948)

AREA	MENINGOCOCCAL INFECTIONS 057		MENINGITIS, OTHER 340	PSITTACOSIS 096.2		TYPHOID FEVER 040				TYPHUS FEVER, ENDEMIC 101	RABIES IN ANIMALS	
						30th week		Cumulative first 30 weeks				
	1957	1956	1957	1957	1956	1957	1956	1957	1956	1957	1957	1956
CONT. UNITED STATES	35	30	104	4	14	37	52	685	1,010	1	61	60
NEW ENGLAND	-	1	5	1	-	-	3	17	38	-	-	-
Maine	-	-	1	-	-	-	-	2	11	-	-	-
New Hampshire	-	-	-	-	-	-	-	2	-	-	-	-
Vermont	-	-	-	-	-	-	-	-	1	-	-	-
Massachusetts	-	-	2	-	-	-	1	7	12	-	-	-
Rhode Island	-	-	2	-	-	-	2	4	5	-	-	-
Connecticut	-	1	-	1	-	-	-	2	9	-	-	-
MIDDLE ATLANTIC	7	5	-	-	2	4	4	72	135	-	10	11
New York	5	2	-	-	2	2	1	27	38	-	10	9
New Jersey	1	1	-	-	-	-	1	17	16	-	-	-
Pennsylvania	1	2	-	-	-	2	2	28	81	-	-	2
EAST NORTH CENTRAL	4	7	5	2	1	2	4	75	146	-	2	12
Ohio	1	2	-	1	-	1	-	35	31	-	-	7
Indiana	-	-	2	-	-	-	2	14	18	-	-	5
Illinois	2	1	3	-	1	1	-	11	20	-	-	-
Michigan	-	4	-	-	-	-	2	9	36	-	2	-
Wisconsin	1	-	-	1	-	-	-	6	41	-	-	-
WEST NORTH CENTRAL	-	1	1	-	5	2	6	48	133	-	14	7
Minnesota	-	-	-	-	5	-	-	4	32	-	8	4
Iowa	-	-	1	-	-	1	1	10	52	-	-	-
Missouri	-	1	-	-	-	-	3	25	28	-	4	1
North Dakota	-	-	-	-	-	-	1	1	6	-	-	-
South Dakota	-	-	-	-	-	1	-	4	2	-	-	-
Nebraska	-	-	-	-	-	-	-	-	7	-	2	2
Kansas	-	-	-	-	-	-	1	4	6	-	-	-
SOUTH ATLANTIC	5	4	19	1	3	9	10	146	163	1	17	9
Delaware	-	-	-	-	-	-	-	1	1	-	-	-
Maryland	1	-	4	-	-	-	2	3	13	-	-	-
District of Columbia	-	-	-	-	-	-	-	7	11	-	-	-
Virginia	-	-	11	-	1	2	2	25	26	-	11	3
West Virginia	-	-	-	-	-	4	2	34	15	-	-	1
North Carolina	2	1	-	1	2	-	-	11	19	-	1	-
South Carolina	-	-	1	-	-	-	1	11	15	-	4	4
Georgia	2	3	3	-	-	-	1	20	35	1	-	1
Florida	-	-	-	-	-	3	2	34	28	-	1	-
EAST SOUTH CENTRAL	11	7	64	-	-	11	10	117	119	-	9	15
Kentucky	1	5	-	-	-	3	2	34	25	-	7	6
Tennessee	2	-	62	-	-	2	2	50	49	-	2	1
Alabama	8	1	-	-	-	1	4	9	12	-	-	8
Mississippi	-	1	2	-	-	5	2	24	33	-	-	-
WEST SOUTH CENTRAL	3	2	5	-	-	7	7	142	181	-	3	3
Arkansas	-	1	2	-	-	2	1	26	39	-	-	2
Louisiana	2	-	-	-	-	-	2	28	32	-	2	1
Oklahoma	-	-	1	-	-	1	1	16	22	-	-	-
Texas	1	1	2	-	-	4	3	72	88	-	1	-
MOUNTAIN	-	1	3	-	-	-	2	28	31	-	-	-
Montana	-	-	-	-	-	-	1	2	3	-	-	-
Idaho	-	-	-	-	-	-	-	2	2	-	-	-
Wyoming	-	-	1	-	-	-	-	2	2	-	-	-
Colorado	-	1	1	-	-	-	1	7	8	-	-	-
New Mexico	-	-	-	-	-	-	-	10	9	-	-	-
Arizona	-	-	1	-	-	-	-	5	5	-	-	-
Utah	-	-	-	-	-	-	-	-	1	-	-	-
Nevada	-	-	-	-	-	-	-	-	1	-	-	-
PACIFIC	5	2	2	-	3	2	6	40	64	-	6	3
Washington	2	-	2	-	1	-	-	2	1	-	-	-
Oregon	-	-	-	-	2	1	-	4	6	-	-	-
California	3	2	-	-	-	1	6	34	57	-	6	3
Alaska	-	-	-	-	-	-	-	1	1	-	-	-
Hawaii	1	-	-	-	-	-	-	3	-	-	-	-
Puerto Rico	-	-	-	-	-	-	-	13	33	-	-	-

Symbols.--1 dash [-]: no cases reported.

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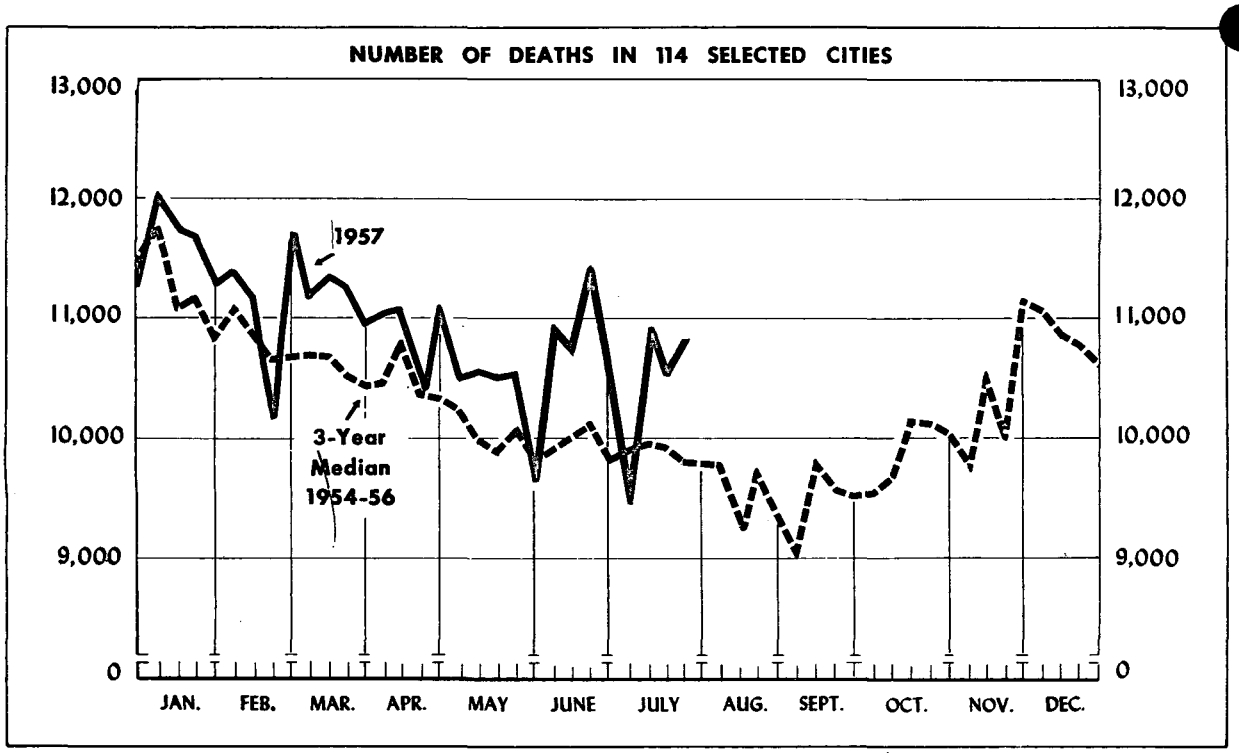

The chart shows the number of deaths reported for 114 major cities of the United States by week for the current year, and, for comparison, the median of the number of deaths reported for the corresponding weeks of the 3 previous calendar years. (The median is the central one of the three values arranged in order of magnitude.) If a report is not received from a city in time to be included in the total for the current week, an estimate is made to maintain comparability for graphic presentation.

The figures reported represent the number of death certificates received in the vital statistics offices during the week indicated for deaths occurring in that city. Figures compiled in this way, by week of receipt, usually approximate closely the number of deaths occurring during the week. However, differences are to be expected because of variations in the interval between death and receipt of the certificate.

While week-to-week changes in the total number of deaths reported for all major cities generally represent a change in mortality conditions, this may not be true for variations in weekly figures for each city. For example, in a city with a weekly average of 50 deaths, the number of deaths occurring in a week may be expected to vary by chance alone from 36 to 64 ($d \pm 2\sqrt{d}$, where d represents the average number of deaths per week).

The number of deaths in cities of the same size may also differ because of variations in the age, race, and sex composition of their populations, and because some cities are hospital centers serving the surrounding areas. Changes from year to year in the number of deaths may be due in part to population increases or decreases.

Table 3. DEATHS IN SELECTED CITIES BY GEOGRAPHIC DIVISIONS

(By place of occurrence, and week of filing certificate. Excludes fetal deaths)

AREA	30th week ended July 27, 1957	29th week ended July 20, 1957	30th week median 1954-56	Percent change, median to current week	CUMULATIVE NUMBER FIRST 30 WEEKS		
					1957	1956	Percent change
TOTAL: 110 REPORTING CITIES	10,653	10,384	9,678	+10.1	323,607	314,218	+3.0
New England (13 cities)	623	570	577	+8.0	20,204	19,618	+3.0
Middle Atlantic (20 cities)	3,334	2,893	2,765	+20.6	95,683	94,021	+1.8
East North Central (17 cities)	2,229	2,195	2,040	+9.3	67,635	66,494	+1.7
West North Central (8 cities)	800	802	656	+22.0	22,388	21,565	+3.8
South Atlantic (11 cities)	908	909	832	+9.1	27,712	26,680	+3.9
East South Central (8 cities)	464	489	478	-2.9	14,537	14,313	+1.6
West South Central (13 cities)	892	1,010	793	+12.5	27,506	25,312	+8.7
Mountain (8 cities)	255	260	232	+9.9	8,116	7,443	+9.0
Pacific (12 cities)	1,148	1,256	1,132	+1.4	39,826	38,772	+2.7

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Table 4. DEATHS IN SELECTED CITIES

(By place of occurrence, and week of filing certificate. Excludes fetal deaths)

AREA	30th week ended July 27, 1957	29th week ended July 20, 1957	CUMULATIVE NUMBER FIRST 30 WEEKS 1957	1956
NEW ENGLAND				
Boston, Mass.	210	200	7,219	6,995
Bridgeport, Conn.	---	(33)	---	(1,096)
Cambridge, Mass.	26	23	924	921
Fall River, Mass.	18	33	827	863
Hartford, Conn.	42	32	1,500	1,437
Lowell, Mass.	31	29	835	721
Lynn, Mass.	18	19	631	649
New Bedford, Mass.	20	19	765	692
New Haven, Conn.	42	40	1,402	1,417
Providence, R. I.	62	72	1,919	1,901
Somerville, Mass.	14	12	419	492
Springfield, Mass.	44	23	1,303	1,261
Waterbury, Conn.	36	22	767	767
Worcester, Mass.	60	46	1,693	1,502
MIDDLE ATLANTIC				
Albany, N. Y.	60	33	1,509	1,484
Allentown, Pa.	41	46	1,160	1,159
Buffalo, N. Y.	181	156	4,356	4,265
Camden, N. J.	40	33	1,225	1,190
Elizabeth, N. J.	27	30	873	845
Erie, Pa.	29	43	1,083	1,030
Jersey City, N. J.	63	71	2,096	2,138
Newark, N. J.	98	95	3,196	2,948
New York City, N. Y.	1,719	1,431	48,185	47,397
Paterson, N. J.	41	25	1,193	1,107
Philadelphia, Pa.	491	508	14,905	14,712
Pittsburgh, Pa.	203	157	5,469	5,567
Reading, Pa.	24	24	716	652
Rochester, N. Y.	98	71	2,883	2,834
Schenectady, N. Y.	28	17	698	687
Scranton, Pa.	42	28	1,144	1,064
Syracuse, N. Y.	44	41	1,735	1,782
Trenton, N. J.	44	35	1,365	1,337
Utica, N. Y.	24	23	969	904
Yonkers, N. Y.	37	26	923	919
EAST NORTH CENTRAL				
Akron, Ohio	66	54	1,623	1,582
Canton, Ohio	28	38	941	863
Chicago, Ill.	774	703	22,721	22,451
Cincinnati, Ohio	146	158	4,567	4,570
Cleveland, Ohio	214	205	6,302	6,259
Columbus, Ohio	124	101	3,409	3,231
Dayton, Ohio	79	59	2,180	1,999
Detroit, Mich.	309	341	9,800	9,694
Evansville, Ind.	23	25	932	1,012
Flint, Mich.	33	48	1,138	1,188
Fort Wayne, Ind.	28	32	1,071	1,075
Gary, Ind.	15	29	875	884
Grand Rapids, Mich.	---	(39)	---	(1,273)
Indianapolis, Ind.	104	125	3,556	3,521
Milwaukee, Wis.	125	121	3,954	3,753
Peoria, Ill.	38	18	903	837
South Bend, Ind.	32	29	763	719
Toledo, Ohio	91	109	2,900	2,856
Youngstown, Ohio	---	(54)	---	(1,667)
WEST NORTH CENTRAL				
Des Moines, Iowa	73	73	1,640	1,540
Duluth, Minn.	33	19	789	816
Kansas City, Kans.	(32)	---	---	(938)
Kansas City, Mo.	130	143	3,614	3,307
Minneapolis, Minn.	142	147	3,767	3,624
Omaha, Nebr.	78	73	2,061	1,940
WEST NORTH CENTRAL—Con.				
St. Louis, Mo.	237	247	7,151	7,122
St. Paul, Minn.	63	65	2,032	2,012
Wichita, Kans.	44	35	1,334	1,204
SOUTH ATLANTIC				
Atlanta, Ga.	96	108	3,293	3,307
Baltimore, Md.	236	254	7,336	6,965
Charlotte, N. C.	31	33	990	930
Jacksonville, Fla.	55	48	1,622	1,542
Miami, Fla.	34	51	1,473	1,529
Norfolk, Va.	43	26	1,114	970
Richmond, Va.	80	69	2,283	2,135
Savannah, Ga.	22	30	892	866
Tampa, Fla.	64	59	1,910	1,796
Washington, D. C.	207	194	5,683	5,605
Wilmington, Del.	40	37	1,116	1,035
EAST SOUTH CENTRAL				
Birmingham, Ala.	68	78	2,331	2,317
Chattanooga, Tenn.	42	36	1,390	1,269
Knoxville, Tenn.	16	20	840	1,037
Louisville, Ky.	97	99	3,143	3,242
Memphis, Tenn.	131	130	3,234	2,998
Mobile, Ala.	27	33	1,078	1,003
Montgomery, Ala.	37	28	715	856
Nashville, Tenn.	46	65	1,806	1,591
WEST SOUTH CENTRAL				
Austin, Tex.	31	36	908	852
Baton Rouge, La.	19	17	766	670
Corpus Christi, Tex.	17	30	631	571
Dallas, Tex.	117	146	3,340	3,177
El Paso, Tex.	29	36	933	816
Fort Worth, Tex.	55	77	1,878	1,737
Houston, Tex.	155	166	4,566	4,041
Little Rock, Ark.	52	69	1,659	1,375
New Orleans, La.	184	198	5,174	4,836
Oklahoma City, Okla.	51	57	1,876	1,871
San Antonio, Tex.	105	89	2,866	2,638
Shreveport, La.	41	54	1,425	1,373
Tulsa, Okla.	36	35	1,484	1,357
MOUNTAIN				
Albuquerque, N. Mex.	25	23	768	683
Colorado Springs, Colo.	16	16	411	388
Denver, Colo.	100	97	3,328	3,301
Ogden, Utah	14	13	364	375
Phoenix, Ariz.	28	28	890	789
Pueblo, Colo.	13	11	381	367
Salt Lake City, Utah	37	49	1,320	1,382
Tucson, Ariz.	22	23	654	158
PACIFIC				
Berkeley, Calif.	23	17	580	512
Long Beach, Calif.	48	55	1,635	1,599
Los Angeles, Calif.	389	439	14,403	14,085
Oakland, Calif.	74	90	2,905	2,761
Pasadena, Calif.	28	36	1,075	1,074
Portland, Oreg.	107	95	2,878	2,868
Sacramento, Calif.	39	55	1,565	1,444
San Diego, Calif.	77	81	2,430	2,248
San Francisco, Calif.	172	196	5,817	5,772
Seattle, Wash.	120	121	3,948	3,852
Spokane, Wash.	41	41	1,411	1,419
Tacoma, Wash.	30	30	1,179	1,138
Honolulu, Hawaii	(42)	(40)	(1,162)	(1,049)

Symbols.—parentheses [( )] : data not included in table 3; 3 dashes [---] : data not available.

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EPIDEMIOLOGICAL REPORTS—Continued

after the food was served. Potato salad was suspected to be the vehicle of infection. Bacteriologic examination of a sample of this food revealed a large number of streptococci. Investigation revealed that both the potatoes and the mayonnaise used in the salad were left unrefrigerated for approximately 18 hours. Throat cultures from 2 food handlers yielded alpha hemolytic streptococci. Studies to determine the species of the streptococci isolated from the food samples and from the 2 food handlers and their probable relationship were inconclusive.

Dr. Dean Fisher, Maine Department of Health and Welfare, has reported an outbreak of gastro-enteritis among persons leaving a camp. They were given lunches (chicken salad sandwiches) before leaving the camp to eat enroute. These lunches had been prepared several hours earlier, and the men who became ill were in the last group to be given the lunches. An unknown number of men had mild symptoms but 18 others required hospitalization.

Meningitis, probably viral

Dr. Mason Romaine, Virginia State Department of Health, has reported an outbreak of meningitis in the peninsular area of the State. Since the latter part of May 65 cases have been reported. There have also been mild illnesses with recovery in about 3 days which have not been reported by physicians. The patients became suddenly ill with headache, nausea, vomiting, stiffness of neck, and fever. When spinal punctures were done, there was an indication of pressure and prompt relief of headache, nausea, and vomiting followed. When punctures were done soon after onset an increase in lymphocytes up to 300 cells was found. When done later counts as high as 1,500 to 3,000 with some polymorphonuclear cells were noted. Judged by multiple cases in some households the incubation period was estimated to be from 4 to 6 days. All ages have been affected but 27 of the 65 cases were 5 to 14 years of age. The distribution between males and females was about equal. Information so far indicates that this is a viral infection spread by personal contact. A few blood specimens have been sent to a laboratory. To date no reports on these specimens have been received.

QUARANTINE MEASURES

Immunization Information for International Travel
Public Health Service Publication No. 384

Africa.—Sierra Leone (Supplement p. 5) now requires yellow fever vaccination of persons 1 year of age and over leaving for receptive areas. All other information remains the same.

America.--Mexico (Supplement p. 10). Under item "Recommendations--Additional by USPHS" change "S" to "T".

SOURCE AND NATURE OF MORBIDITY DATA

These provisional data are based on reports to the Public Health Service from health departments of each State and of Alaska, Hawaii, and Puerto Rico. They give the total number of cases of certain communicable diseases reported during the week usually ended the preceding Saturday. Cases of anthrax, botulism, and rabies in man are not shown in table 2, but a footnote to table 1 shows the States reporting on these diseases. In addition, when diseases of rare occurrence (cholera, dengue, plague, louse-borne relapsing fever, smallpox, louse-borne epidemic typhus, and yellow fever) are reported, this will be noted at the end of table 1.

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National Health and Welfare
AUG 1
Central Registry

Technical Bulletin

INDIANA STATE BOARD OF HEALTH
1330 WEST MICHIGAN STREET INDIANAPOLIS 7, INDIANA
A. C. OFFUTT, M.D., STATE HEALTH COMMISSIONER

July 30, 1957

No. 2

TO: All Physicians

SUBJECT: Rabies Prophylaxis

The problem of animal bites may often present many perplexities. The physician faced with this dilemma seeks recommendations. Therefore, The Indiana State Board of Health offers for its consideration the enclosed suggestions of the Third Report of the World Health Organization's Expert Committee on Rabies as a practical, recognized guide to follow.

It must be pointed out that whereas the WHO Committee recommends a 10 day observation period of the biting animal, our Indiana regulation requires a 14 day period of observation. In addition to the State regulations, many local city and county ordinances also specify 14 days. In our opinion, the 14 day period is safer from the standpoint of incubation of the disease in the biting animal.

As a matter of policy the State Board of Health recommends prophylaxis in any case of animal bite where the biting animal is unknown or has not been apprehended and placed under observation.

The use of hyperimmune serum is felt to be highly desirable, providing serum sensitivity tests are performed. Serum should not be given after course of vaccine is begun as there is some evidence to indicate such a procedure interferes with the antibody formation normally expected from the vaccine.

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RABIES

INDICATIONS FOR SPECIFIC POST-EXPOSURE TREATMENT

NATURE OF EXPOSURE	CONDITION OF BITING ANIMALS		RECOMMENDED TREATMENT
	AT TIME OF EXPOSURE	DURING OBSERVATION PERIOD OF 10 DAYS	
I. No lesions: indirect contact only (handling of food utensils, toys, bedding, etc.)	rabid		none*
II. Licks:			
(1) Unabraded skin; pre-existing wounds known to be more than 24 hours old and covered with an unbroken scab.	rabid		none*
(2) Abraded skin and abraded or unabraded mucosa	(a) healthy	healthy	none
	(b) healthy	clinical signs of rabies or proven rabid	*start vaccine at first signs of rabies in animal*
	(c) signs suggestive of rabies	healthy	*start vaccine immediately; stop treatment if animal is normal on 5th day after exposure* *
	(d) rabid, escaped, killed, or unknown		*start vaccine immediately*
III. Bites:			
(1) Skin unbroken or wound protected from saliva by adequate clothing*	(a) healthy	healthy	none
	(b) healthy	clinical signs of rabies or proven rabid	*start vaccine at first signs of rabies in animal*
	(c) signs suggestive of rabies	healthy	*start vaccine immediately; stop treatment if animal is normal on 5th day after exposure* *
	(d) rabid, escaped, killed, or unknown; or any bite by wolf, jackal, fox, or other wild animal		*start vaccine immediately*
(2) Lacerations and puncture wounds*	(a) healthy	healthy	*hyperimmune serum immediately; no vaccine as long as animal remains normal*
	(b) healthy	clinical signs of rabies or proven rabid	*hyperimmune serum immediately; start vaccine at first sign of rabies*
	(c) signs suggestive of rabies	healthy	*hyperimmune serum immediately followed by vaccine; vaccine may be stopped if animal is normal on 5th day after exposure*
	(d) rabid, escaped, killed, or unknown. Any bite by wild animal		*hyperimmune serum immediately followed by vaccine*

*Start vaccine immediately in young children and in patients where a reliable history cannot be obtained.

**An alternative treatment would be to give hyperimmune serum and not start vaccine as long as the animal remained normal.

NOTE: While desirable to administer hyperimmune serum early after exposure, there is no time limit on its use. Dose: 0.5 ml per kg of body weight at start of treatment, followed by course of not less than 14 doses of vaccine. Sensitivity to serum should be tested before serum is used.

These indications apply equally well whether or not the biting animal has been previously vaccinated.

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LOCAL TREATMENT OF ANIMAL BITE WOUNDS

The Division of Communicable Disease Control, State Board of Health, recommends the immediate treatment of bite wounds inflicted by domestic or wild animals by thorough cleansing of the wound with soap and water or detergent solution. In wounds of over 2 hours and less than 24 hours duration, cauterization might be considered by the physician. In addition, tetanus prophylaxis may be indicated.

There are dangers associated with the administration of anti-rabies vaccine. Most reactions are mild but paralysis or death may occur. *Reactions are more frequent in persons who have previously received one or more series of prophylactic treatments.*

NOTE: Bites of head, neck and shoulders, deep multiple wounds, and those inflicted by wild animals involve a greater degree of risk, and should be considered accordingly.

Bats present a special problem. Information at present indicates that Rabies Virus has been isolated from bats in many states. Bats apparently survive rabies and provide a reservoir to infect other wild life. Bats may be infected without symptoms and therefore any person being bitten should receive prophylaxis.

* * * * * *

This information modified from "Rabies, The Physician's Dilemma," T. F. Sellers, M.D., and WHO Expert Committee on Rabies.

Indiana State Board of Health
1330 West Michigan Street
Indianapolis 7, Indiana

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808 Jackson Building
Ottawa

311-R1-1

August 2, 1957.

Dr. K.F. Wells,
Veterinary Director General,
Department of Agriculture,
Health of Animals Division,
Ottawa, Ontario.

Attention: Dr. W.A. Moynihan

Dear Dr. Wells:

Thank you for your letter of July 31 describing the presence of confirmed rabies in a Vancouver bat. I suppose it was inevitable that sooner or later we would have this experience, in view of the numerous reports of bat rabies in the United States.

I have been interested in bat rabies for some time, particularly the finding in the Southeastern United States that neutralizing antibodies to rabies could be demonstrated from the pooled sera of apparently healthy bats, (Burns, K.F. Insectivorous Bats Naturally Infected with Rabies in Southwestern United States. A.J.P.H. 46:1089-1097 (Sept.) 1956). This would seem to suggest the very interesting observation that bats can apparently suffer an experience of rabies and survive. If this is so it would seem that either the host characteristics of bats are different from other species of animals, or the strain of rabies virus affecting bats is different than that affecting other animals. In any case it is a very interesting problem which if investigated further might add to our understanding of the behaviour of rabies virus in nature.

I understand that "Canadian" bats may be either colony bats who spend the winter here, or solitary bats who are migratory - their range being from the Arctic Islands to the Southern United States or even Central America. There would, therefore, seem to be a reasonable chance of their being infected with (or transmitting) rabies virus at any point North or South. Would it be worthwhile to make some attempt to find out something about the prevalence of

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rabies in bats? It is obviously impractical to attempt to find bats with active rabies. They come to notice only rarely when a person is bitten, or where a bat found dead is sent in for examination. But the persistance of neutralising antibodies in apparently healthy bats suggests a possibility for investigation. As a suggestion, it might not be too impractical to catch apparently healthy bats (I understand bat colonies can be found in caves up the Gatineau Valley) pool their sera and do neutralizing antibody estimations on the pools. I know that such a project would have a low priority in the many problems you have on hand and I suggest it only as an interesting research possibility for your consideration.

Yours sincerely,

E.H. Lossing, M.D., M.P.H.,
Chief, Epidemiology Division.

EHL/GC

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CANADA

DEPARTMENT OF AGRICULTURE

PRODUCTION SERVICE

HEALTH OF ANIMALS DIVISION

National Health and Welfare
3/11-R1-1
AUG 1 1957
Epid
Central Registry

Ottawa, July 31, 1957.

Dr. E. H. Lossing,
Chief, Epidemiology Division,
Department of National Health and Welfare,
808 Jackson Building,
O t t a w a.

Dear Dr. Lossing:-

For your information, the incident concerning rabies in a bat, Vancouver, has now been quite definitely confirmed and, as this is the first time that rabies has been diagnosed in a bat in Canada, we thought you might appreciate some of the incidental details.

The incident occurred on June 3rd in Vancouver (Kerrisdale area). A boy, John Pinkus of Vancouver, was bitten at the base of the thumb after picking up a sleeping bat from the playground of his public school. In order to remove the bat, it was necessary to anaesthetize it and, in so doing, the bat was killed. The bat wasbrought to the Public Health office of the City of Vancouver on June 5th. Our Branch Laboratory examined the brain material. Primary examination, including smears and inoculated mice, did not suggest rabies. A second group of inocula was prepared and smears, together with animal inoculations, confirmed negri bodies.

The bat, itself, was so decomposed that it was not fit for further examination as to species. However, subsequent submission of bats from the immediate area has indicated that the species encountered are of the non-migratory type and hibernate in the general Vancouver area.

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We might also add that the second group of inocula from which the diagnosis was established was examined at the Institute here in Hull.

Yours truly,

W. A. Mogridge

(for) K. F. Wells,
Veterinary Director General.

WAM/ef

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Table 1—Survey of Bat Fauna for Natural Rabic Infection in Southwest United States and Mexico

Taxonomic Classification	Geographical Location	No. of Bats Collected	Isolates Recovered from: Brain Tissue		Salivary Gland	
Desmodus rotundus murinus	San Andres Tuxtla, Mexico	2	0/2*		NA	
	Temixco, Morelos, Mexico	25	2/24		1/18	
Tadarida brasiliensis mexicana	San Antonio, Tex.	20	0/20		NA	
	Fort Sam Houston, Tex.	431	8/93	(0/47) †	0/7	(0/12)
	Kelly AFB, Tex.	7	1/4		0/1	
	Uvalde, Tex.	95		(1/19)		(0/9)
	Bracken, Tex.	69	0/1		0/1	
	New Braunfels, Tex.	43	0/43		NA	
	Fort Hood, Tex.	10	0/3			(0/1)
	El Paso, Tex.	24	0/2	(0/4)	0/2	(0/3)
	Carlsbad, N. M.	170	11/20	(0/1)	2/16	(1/2)
Tadarida brasiliensis cynocephala	New Orleans, La.	94		(1/19)		(0/19)
Myotis velifer incautus	Boerne, Tex.	42	0/42			(0/4)
	San Marcos, Tex.	4	0/4		0/4	
	Bracken, Tex.	63	0/48		0/4	(0/9)
	Fort Hood, Tex.	122	0/4	(1/24)	0/4	(0/24)
	Temixco, Morelos, Mexico	3	NA		NA	
Pipistrellus subflavus veraecrucis ‡	Kelly AFB, Tex.	1	0/1		0/1	
Pipistrellus subflavus subflavus	Camp Chaffee, Ark.	1	0/1		NA	
	Kelly AFB, Tex.	1	0/1		0/1	
Antrozous pallidus pallidus	El Paso, Tex.	10	1/10		0/10	
Aëllo megalophylla senicula	Medina Lake, Tex.	4	0/4		0/4	
Lasiurus borealis borealis	San Antonio, Tex.	6	2/6		0/5	
	Totals	1,247 /903/	25/333	(3/114)	3/78	(1/83)

* Expressed as number positive/number individuals tested.
† Results in parentheses indicate number positive/number pools tested.
‡ Obtained from a plane returning from Mexico.
NA Test not accomplished.
/ / Necropsied.

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Insectivorous Bats Naturally Infected with Rabies in Southwestern United States

LT. COLONEL KENNETH F. BURNS, VC; COLONEL CHARLES J. FARINACCI, MC; CAPTAIN THOMAS G. MURNANE, VC; with the assistance of DOROTHY FRESENIUS SHELTON

Isolation and identification of rabies virus from bats taken in their natural habitats indicate the need for evaluating their importance as a reservoir and transmitter of the infection to certain terrestrial animals.

Insectivorous bats do not ordinarily ingest blood nor do they normally attack other animals unless provoked to do so. However, some of the colonial insectivorous species, particularly Tadarida brasiliensis mexicana, are known to migrate into Mexico [1] where, because of their gregarious nature, they may encounter and become infected by rabies-harboring vampire bats. The vampires are intolerant of other species and are aggressively vicious toward smaller bats.

A significant number of insectivorous species of bats have recently been reported as attacking human beings without provocation. These reports were from Florida (Dasypterus floridanus),[2] Pennsylvania (Lasiurus cinereus),[3] and Texas (Tadarida brasiliensis mexicana).[4] In addition, Sulkin [5] reported the death of a woman in Texas which was attributed to the bite of an unidentified rabid bat.

Naturally infected T. brasiliensis mexicana, while held in captivity, exhibit a marked change in their social behavior during the incubatory stages of rabies. There may be a prodromal period in which the bats are irritable, aggressive, restless, and frequently display urine incontinence and tremors. This is usually followed by a fatal progressive paralysis. During this period of deranged behavior, it is quite likely that these animals will attack without provocation.

Some of the T. brasiliensis mexicana appear to be refractive to rabies as we have netted these animals under natural conditions in Texas, and were able to demonstrate the virus in the brain and salivary glands, even though the bats exhibited no signs of illness. This is further substantiated by the fact that large numbers of T. brasiliensis mexicana have a rabies virus neutralizing substance in their blood sera,[6,7] suggesting either previous inapparent infection or clinical illness followed by recovery. Considering the significance of these observations, together with the current interest in bats and bat rabies in certain areas of the United States, we initiated a survey of bat fauna for evidence of rabic infections among these animals in the southwestern United States.

Materials and Methods

Bats Collected Under Natural Conditions—The bat fauna survey started in

Lt. Col. Burns is chief of the Virology and Veterinary Branches; Col. Farinacci is commanding officer; and Capt. Murnane is assistant chief, Veterinary Branch, Fourth Army Area Medical Laboratory, Brooke Army Medical Center, Fort Sam Houston, Tex.

This paper was presented before a Joint Session of the Conference of Public Health Veterinarians and the Laboratory Section of the American Public Health Association at the Eighty-Third Annual Meeting in Kansas City, Mo., November 16, 1955.

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February, 1954, and is currently in progress. Our bat collections were limited to 14 geographical localities in the United States (Texas, Arkansas, New Mexico, and Louisiana) and to two localities in Mexico. A total of 1,247 bats representing nine species were collected (Table 1). Gross specimens of the insectivorous species of bats were identified by their external characteristics, and the classification was later verified.*

Twenty-five vampires (Desmodus rotundus murinus) * were collected in Temixco, Morelos, and two in San Andres Tuxtla, Vera Cruz, Mexico. Although they do not live in the United States, these mammals are of considerable interest as they appear to be increasing their range into the northern states of Mexico, which now includes the tier bordering on Texas. Therefore the vampires are a most dangerous species and may be considered a direct problem as a source of rabic infection for migrating insectivorous species of bats of the United States, particularly Texas.

Serum Collections—Serums for intracerebral neutralization tests were obtained from 688 T. brasiliensis mexicana, 94 T. brasiliensis cynocephala, 162 Myotis velifer incautus, 4 Lasiurus borealis borealis, 10 Antrozous pallidus pallidus, and 19 D. rotundus murinus. With the exception of 138 T. brasiliensis mexicana collected at Fort Sam Houston which exhibited encephalitic manifestations, all of the other animals bled were apparently healthy. The axillary blood vessels were severed and the blood collected from the axillary fossa with a tuberculin syringe.

Blood from groups of four or more bats was pooled, the serum removed and stored in a deep freeze chest (− 40° C) without any preservative until tests were conducted for the presence of rabies virus neutralizing antibodies.

Demonstration of Virus—The brain of each bat was aseptically removed and divided along the longitudinal fissure. From one hemisphere a 20 per cent suspension by weight was made for intracerebral mouse inoculations, and from the other, two slides containing multiple imprints were prepared, stained with Sellers's [11] stain and examined for the presence of Negri bodies.

From a representative group of these mammals, salivary gland tissues were harvested, 20 per cent suspensions by weight were made, 1,000 units penicillin and 1 mg streptomycin per ml added, and the mixtures allowed to elute for one hour at 4° C, after which they were inoculated intracerebrally into Swiss albino (CFw) mice.

Results

Stained Imprints—Direct microscopic examination of Sellers's [11] stained imprints of brain tissue of the necropsied bats was carried out. Of the 32 isolates, representing 25 individual bats and four pools containing 16 bats, five were microscopically positive for Negri bodies in the original bat brain impressions. Considering that 29 bats were the minimum number necessary to have obtained the 32 isolates (28 brain and four salivary gland isolates), the percentage of microscopically positive bats is approximately 17 per cent. Negri bodies were observed in mouse passage material of 31 (97 per cent) of the strains of bat rabies virus. Microscopic examination of third passage material of the remaining isolate yielded inclusion bodies incompatible with Negri bodies as classically described, yet the agent was identified as rabies by intracerebral neutralization tests.

Negri inclusion bodies were observed

* The authors are indebted to Luis de la Torre, associate, Division of Mammals at the Chicago Natural History Museum, and Dr. A. Málaga-Alba, of the Pan American Sanitary Bureau, Mexico City, for their taxonomic assistance.

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in the cytoplasm of the neurons and extracellularly. The majority of these inclusions as observed in the bats and subsequent mouse passage were small, (approximately 1.5–2.0 microns) round or oval, slightly irregular in outline, acidophilic, fairly uniform in size, and with a minimum of internal structure, usually a single basophilic granule. In mouse passage the Negri inclusion bodies associated with the one L. borealis borealis and the two vampire strains of rabies were larger (approximately 3–4 microns) and many contained multiple basophilic granules.

Some variation in Negrigenesis was noted among the strains of virus studied. Comparatively speaking, many of the bat strains do not produce inclusion bodies with the frequency and characteristics observed in mice inoculated with the usual street virus recovered from rabid dogs.

Histopathology—Sections of mouse brain were prepared and stained with Harris's Hematoxylin and Eosin and Stovall and Black [13] stains. Representative mouse passage material showed typical rabies inclusion bodies with focal areas of encephalitis. These areas were characterized by destruction of neurons, satellitosis, and moderate neuronophagia. There was no evidence of the disease except around the neurons per se. There were no perivascular lymphocytic infiltrations and no glial nodules formed. Multiple groups of individual neurons were affected by the rabies inclusions and only rarely were individual neurons involved.

Isolation of Viral Agent—Brain and salivary gland suspensions either from single bats or pooled tissues of from five to seven mammals were inoculated intracerebrally into Swiss albino mice and observed for a 21-day period as previously described.[6] Sterility studies were accomplished on all bat suspensions using trypticase soy and thioglycollate culture mediums. From the brains or salivary glands, or both, of 903 necropsied bats representing nine different species, 32 strains of rabies virus were obtained (Table 1). The incubation period in the initial passage ranged from six to 16 days with the infected mice exhibiting typical symptoms of a viral encephalitis. Subsequent serial passages were readily accomplished.

Serologic Studies — Neutralization tests were conducted as previously described.[7] Undiluted and serial tenfold dilutions of bat serums were mixed in equal volume with a dilution of mouse brain suspension infected with the CVS fixed strain of rabies virus containing approximately 200 LD_{50} of the virus. Serum-virus mixtures were incubated for one hour at 37° C and one hour at 4° C, before intracerebral injection into Swiss albino mice. Five or six mice were used for each serum dilution and the test was recorded 21 days after inoculation. Survival of more than 50 per cent of the mice in the 100 LD_{50} group tested against the undiluted serum was regarded as satisfactory evidence of immunity to rabies and was designated as positive. The results were classified as equivocal if only 50 per cent of the mice survived in the 100 LD_{50} group. Tables 2 and 3 give the results of the neutralization tests.

Antibody studies on the serums of 688 T. brasiliensis mexicana bats contained in 110 pools indicate that 67 pools (61 per cent) protected against 100 LD_{50} of the rabies challenge virus standard. Five serum pools (5 per cent) exhibited equivocal results and 38 pools (34 per cent) were negative. Fifteen (22 per cent) of the positive T. brasiliensis mexicana serum pools neutralized 1,000 LD_{50} or more of fixed rabies virus per 0.015 ml. Fourteen of the 19 serum pools (74 per cent) of T. brasiliensis cynocephala exhibited rabies neutralizing substances, two were equivocal, and three pools negative. Of the 162 M. velifer incautus whose serums were contained in 29 pools, seven (24 per cent) were positive and the remaining 22 pools were negative. These positive findings appear to be statistically significant, offering evidence of past experience with this disease as manifested by neutralizing antibody for rabies.

Rabies neutralizing antibody was not observed in the serums of ten A. pallidus

Table 2—Neutralizing Substances for Rabies Virus in the Molossidae of Southwest United States

Species	Source	1954 and 1955 Collection	No. of Bats	Positive *		Negative	
					Per cent		
		1954 February	27	3/5	(60)	2	
		June	148	19/24	(79)	3	/2/
T. brasiliensis mexicana	Fort Sam Houston, Tex.	October	10	1/1	(100)	0	
		1955 February	41	3/4	(75)	1	
		March	70	4/6	(67)	2	
		August	15	1/3	(33)	2	
T. brasiliensis mexicana	New Braunfels, Tex.	1954 March	33	1/6	(17)	4	/1/
T. brasiliensis mexicana	Uvalde, Tex.	1954 July	50	2/5	(40)	1	/2/
		1955 July	25	3/5	(60)	2	
		September	20	3/3	(100)	0	
T. brasiliensis mexicana	San Antonio, Tex.	1954 November	15	1/3	(33)	2	
T. brasiliensis mexicana	Fort Hood, Tex.	1955 May	3	0/1	(0)	1	
		October	12	1/2	(50)	1	
T. brasiliensis mexicana	Bracken, Tex.	1955 May	29	4/5	(80)	1	
		July	40	5/8	(63)	3	
T. brasiliensis mexicana	El Paso, Tex.	1955 August	10	1/1	(100)	0	
T. brasiliensis mexicana	Carlsbad, N. M.	1955 September	140	15/28	(54)	13	
T. brasiliensis cynocephala	New Orleans, La.	1955 July	94	14/19	(74)	3	/2/

* Expressed as number positive/number pools tested. Percentage-positive placed in parentheses.

/ / Pools exhibiting equivocal results.

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Table 3—Neutralizing Substances for Rabies Virus in the Vespertilionidae of Southwest U.S.A. and Mexico, and the Desmodontidae of Mexico

Species	Source	1954 and 1955 Collection	No. of Bats	Positive *		Negative
					Per cent	
M. velifer incautus	Boerne, Tex.	1954 October	40	0/6	(0)	6
M. velifer incautus	San Marcos, Tex.	1955 March	4	0/1	(0)	1
M. velifer incautus	Fort Hood, Tex.	1955 March	4	0/1	(0)	1
		June	53	0/8	(0)	8
M. velifer incautus	Bracken, Tex.	1955 April	44	6/8	(75)	2
		June	15	1/3	(33)	2
M. velifer incautus	Temixco, Morelos, Mexico	1955 May	2	0/2 †	(0)	2
Antrozous pallidus pallidus	El Paso, Tex.	1955 March	4	0/1	(0)	1
		April	3	0/1	(0)	1
		August	3	0/1	(0)	1
Lasiurus borealis borealis	San Antonio, Tex.	1955 July	4	0/1	(0)	1
Desmodontidae						
Desmodus rotundus murinus	Temixco, Morelos, Mexico	1955 May	19	0/3	0/4 † (0)	7

* Expressed as number positive/number pools tested. Percentage positive placed in parentheses.
† Individual results.

pallidus (three pools); four L. borealis borealis (one pool); and 19 D. rotundus murinus (7 pools) tested. No interpretations of these negative findings are offered due to the small number of Chiroptera examined.

Serologic tests for immunity (neutralizing antibody) to rabies must be carefully evaluated. However, it appears most unlikely that the serums tested representing an extensive geographical distribution of bat fauna would contain a heat stabile, nonspecific virus inactivator which would confuse results to such an extent as to yield 61 per cent, 74 per cent, and 24 per cent positives for T. brasiliensis mexicana, T. brasiliensis cynocephala and M. velifer incautus, respectively. Inactivation of the bat serums did not eliminate the rabies virus neutralizing substance in the blood; hence, the plausible explanation appears to be that this virus inactivator is specifically related to immunity.

Virus Identification — Intracerebral neutralization tests using the aforementioned technic performed with the virus isolated from insectivorous and hemophagous bats and the standard challenge rabies virus (CVS) against refined and concentrated antirabies serum prepared from horses hyperimmunized with fixed virus demonstrate that the fixed rabies immune serum neutralized its homologous virus and the newly isolated bat strains.

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Salivary Gland Isolate Unrelated to Rabies—During the course of routine examination of bats for rabies, we isolated an atypical virus (four strains) from salivary gland tissues of 38 encephalitic T. brasiliensis mexicana collected at Fort Sam Houston, Tex.

This neurotropic virus is not neutralized by refined and concentrated antirabies serum and has a short incubation period when inoculated intracerebrally into mice. The behavior pattern of the mice inoculated with bat virus is quite different from that of mice infected with rabies. The fur becomes ruffled after the fourth day, tremors are noticed, a short period of excitation develops, and this is followed by prostration and encephalitic death of the animal within from four to eight hours.

The four strains which were recovered are apparently identical to each other. Reciprocal complement-fixation tests with known neurotropic virus antigens and antisera suggest the salivary gland virus to share some antigen common to St. Louis encephalitis virus (Hubbard strain). Relationship to no other arthropod-borne virus has been demonstrated by complement-fixation tests. This virus is partially neutralized by potent hyperimmune SLE, rabbit serum, but not by antisera to Western and Eastern and Venezuelan equine encephalitis, rabies, lymphocytic choriomeningitis and encephalomyocarditis viruses.*

Discussion

Bats have an extremely wide geographic distribution, perhaps the most extensive spontaneous range among mammals. They occur on all continents except the Antarctic, and are represented in numerous continental as well as typically oceanic islands which lack other spontaneous mammals.

In the Americas there are three general groupings of bats. Based upon feeding habits, they are, the carnivorous or blood-lapping Desmodus sp. (vampire), the fruit-eating, Artibeus sp., and the insectivorous. The insectivorous bats are further grouped as colony bats (Tadarida sp.) which congregate and live in caves, attics, and belfries, and the free-living bats which live singly in trees and bushes (Lasiurus sp.). In the New World, the vampire and fruit-eating bats are confined to Latin America. The range of the vampire bat extends from South and Central America through Mexico to an area just south of the United States border.

Bats have many natural enemies, including Reptiliae and a wide variety of carnivores. Wildlife predators (skunk, raccoon, fox, etc.) commonly feed on both living and dead bats to the extent, Twente [8] speculates, that predation may be a limiting factor in bat population density. This predation factor may be of indirect significance in rabies transmission as field investigations have indicated that skunks are of considerable import in the epidemiology of dog rabies with the resulting occasional infection of man.

In this connection it is of current epidemiologic interest that practically all the animal rabies occurring in Florida has been in raccoons and foxes. Similarly, a marked increase in the incidence of rabies in wildlife, particularly the fox, was reported by Young in Texas.[9] Immediate information from California shows that a large proportion of the total (291) rabies in animals reported through October 4, 1955, was in skunks (104 cases).[12]

During the course of routine examination of bats collected in their natural

* Subsequent cross-neutralization studies conducted by Dr. W. McD. Hammon, University of Pittsburgh, indicate this virus to be more closely related to Ntaya than to other members of Group B arthropod-borne encephalitis viruses tested, more closely related to West Nile than St. Louis, and probably a distinct new entity.

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habitats we have shown, through animal inoculation of brain and salivary gland tissue and histological studies, that insectivorous bats may harbor rabies and yet show no signs of illness nor abnormality in habit. Hence the belief that only bats showing abnormal behavior are infectious is fallacious. Any bite wound inflicted by a bat, unmolested or otherwise, should be regarded as possible exposure to rabies infection. Our isolations have been from free-living species (L. borealis borealis and A. pallidus pallidus) of bats in Texas as well as from the colonial species, T. brasiliensis mexicana and M. velifer incautus in New Mexico and Texas, and T. brasiliensis cynocephala in Louisiana. Scatterday [10] also demonstrated that two species of free-living bats in Florida harbored the virus of rabies asymptomatically.

Reports from Florida,[2] Pennsylvania,[3] and Texas [5] indicate that insectivorous species of bats' social instincts are at times perverted. These reported changes have been ascribed to derangement with rabies manifested by their attacks on human beings compared with a normal life in recluse. Bats showing abnormal behavior patterns, e.g., daylight flying, should be destroyed as it would probably facilitate the control and prevention of the disease.

One of the current bat rabies problems yet to be resolved is whether the present findings represent the invasion of a new host or whether such infections are only now being recognized. The fact that we have found a high percentage of bats collected over an extensive geographical area, including T. brasiliensis mexicana and T. brasiliensis cynocephala and one colony of M. velifer incautus to have neutralizing antibodies against rabies may be the result of an accumulative incidence of inapparent infection during the life span of the bats. Since rabies neutralizing antibodies persist over long periods of time, it seems plausible that we may be detecting infection in an established host rather than the current invasion of a new one, perhaps with a virus which was highly invasive but of low virulence for bats.

Fixed virus is cited as an example of "mutation" of a pathogenic agent by animal passage. It is generally held that virus fixe does not produce Negri bodies nearly so readily as does street virus, this property usually becoming lost after 25–45 passages. Pasteur showed that the virus may be intensified by successive passage through certain animals, as guinea pigs, rabbits, and cats; and weakened by passage through other species, as monkeys.

Perhaps the unbroken passage through several generations of bats has produced a modified virus, with many but not all of the physical properties of a fixed virus; hence, the infrequent Negri bodies. Certainly there is a marked difference in the readiness with which various bat strains, compared to street virus strains of rabies, produce Negri bodies.

The importance of Negri bodies in the diagnosis of bat rabies is obscured temporarily by our finding of an extremely high percentage of bat brain tissues from which rabies virus was isolated that were negative for Negri inclusions. This emphasizes the pitfalls in the identification of rabies infection in bats without recourse to animal inoculation.

Recently there has been a reported increase in sylvatic rabies in the United States paralleled by reports of widespread rabic infections among insectivorous bats. Does this suggest a current mutation of the virus as a result of exchange of virus strains with well-known terrestrial vectors of rabies, e.g., dogs, foxes and skunks, manifested by increased infectivity for bats as well as other hosts?

It is certainly surprising that within a space of two years there have been five reported attacks on human beings by insectivorous bats, with one death resulting. It is unlikely that if this type of experience had occurred in the past that it would have gone unreported.

Summary

Two species of colonial insectivorous bats (T. brasiliensis cynocephala and M. velifer incautus) collected in Louisiana and Texas, respectively, are the first to be reported from these states as being naturally infected with rabies. In addition, two species of free-living insectivorous bats (L. borealis borealis and A. pallidus pallidus) collected in Texas were reported to be naturally infected with rabies.

Further evidence of latent and asymptomatic carriers of the virus of rabies in insectivorous bats in the states of Texas, Louisiana, and New Mexico is presented. Serums of apparently normal healthy bats representing fauna collected over an extensive geographical area revealed the presence of neutralizing antibodies for the virus of rabies in a large percentage of specimens.

An extremely high percentage of bat brain tissues from which rabies virus was isolated were negative for Negri bodies. Four strains of a bat salivary gland agent unrelated to rabies and sharing some antigen common to St. Louis encephalitis virus are reported.

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PA

311-R1-1

July 23, 1957.

Dr. Gustave Molina,
Chief, Division of
Public Health,
World Health Organization,
1501 New Hampshire Avenue, N.W.,
Washington 6, D.C.

Dear Dr. Molina:

Thank you for your courtesy in informing me of the availability of the World Health Organization pamphlet "Rabies - Treatment of Man". This concise information on the management of animal bites will be very helpful, and we will appreciate receiving Canada's allotment of 1,000 copies.

If you would please forward these pamphlets to this Department I shall undertake their distribution.

Yours sincerely,

G.D.W. Cameron, M.D., D.P.H.,
Deputy Minister of National Health.

EHL/GC

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PAN AMERICAN SANITARY BUREAU
Regional Office of the
WORLD HEALTH ORGANIZATION
1501 New Hampshire Avenue, N. W., Washington 6, D. C.
CABLE ADDRESS: OFSANPAN

In Reply Refer to: AMRO-61
HCD-1073-57

17 July 1957

Dr. G.D.W. Cameron
Deputy Minister
Dept. of National Health and Welfare
Ottawa, Canada

Dear Doctor Cameron:

We are enclosing a copy of a pamphlet entitled "Rabies - Treatment of Man" which is an excerpt from the Third Report of the WHO Expert Committee on Rabies.

The pamphlet has been produced as a ready reference for medical practitioners, laboratory directors and public health personnel. Reactions and requests received to date indicate it to be a useful item.

We have made a tentative reservation of 1000 copies of the pamphlet for Canada. If you desire the pamphlets we will be glad to forward them to you, or to send them directly to the provincial health departments, if preferred.

Will you kindly advise us whether or not we should forward the pamphlets.

Sincerely yours,
For the Director

Dr. Gustavo Molina, Chief
Division of Public Health

Dr Taylor
Dr Lossee
What do you think?

Encl.

JUL 1957

Received by Division of
EPIDEMIOLOGY
JUL 22 1957
Nat. Health & Welfare

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PAN AMERICAN SANITARY BUREAU
REGIONAL OFFICE OF THE
WORLD HEALTH ORGANIZATION
WASHINGTON, D.C.

EXCERPT FROM THE THIRD REPORT** OF WHO EXPERT COMMITTEE ON RABIES

5. RECOMMENDATIONS OF POST-EXPOSURE TREATMENT OF MAN

5.2 GUIDE FOR SPECIFIC POST-EXPOSURE TREATMENT

NATURE OF EXPOSURE	CONDITION OF BITING ANIMAL		RECOMMENDED TREATMENT (NOTE: LOCAL TREATMENT SHOULD BE GIVEN)*
	AT TIME OF EXPOSURE	DURING OBSERVATION PERIOD OF 10 DAYS	
I. No lesion; indirect contact only	rabid	–	none*
II. Licks:			
(1) unabraded skin	rabid	–	none*
(2) abraded skin, scratches and unabraded or abraded mucosa	a) healthy	healthy	none*
	b) healthy	clinical signs of rabies or proven rabid (laboratory)	start vaccine at first signs of rabies in animal*
	c) signs suggestive of rabies	healthy	start vaccine immediately. Stop treatment if animal is normal on 5th day after exposure*
	d) rabid, killed, escaped or unknown	–	start vaccine immediately*
III. Bites			
(1) mild exposure	a) healthy	healthy	none*
	b) healthy	clinical signs of rabies or proven rabid (laboratory)	start vaccine at first sign of rabies*
	c) signs suggestive of rabies	healthy	start vaccine immediately. Stop treatment if animal is normal on 5th day after exposure*
	d) rabid, escaped, killed or unknown; or any bite by wolf, jackal, fox, bat or other wild animal	–	start vaccine immediately*
(2) severe exposure: multiple, or face, head or neck bites	a) healthy	healthy	serum immediately; no vaccine as long as animal remains normal
	b) healthy	clinical signs of rabies or proven rabid (laboratory)	serum immediately; start vaccine at first sign of rabies
	c) signs suggestive of rabies	healthy	serum immediately, followed by vaccine; vaccine may be stopped if animal is normal on 5th day after exposure
	d) rabid, escaped, killed or unknown. Any bite by wild animal	–	serum immediately, followed by vaccine

*See explanatory notes below.
**WHO Technical Report Series, authorized for publication and distribution by Executive Board 16 January 1957.
NOTE: The above schedule applies equally well whether or not the biting animal has been previously vaccinated.

EXPLANATORY NOTES FOR THE GUIDE

The great importance of local treatment is re-emphasized and the ideal local treatment includes infiltration with antirabies serum along with thorough cleansing of the wound and the application of nitric acid where applicable. The dose of serum used in local infiltration will be dictated chiefly by the site of the bite. However, where possible not less than 5 ml should be used.

The general principles on which the above guide is based are that in mild exposures a course of vaccine following the above recommended local treatment is sufficient, whereas following severe exposures the full systemic dosage of antirabies serum together with vaccine should be employed. In such systemic use of serum, although it is recognized the earlier the treatment is started the better, there is no time limit after exposure to this recommendation. For the reasons stated in section 2.3 (of the Report) serum should be administered in a single dose (0.5 ml per kg of body-weight) at the start of treatment followed by a course of no less than 14 daily doses of vaccine.

Sensitivity to serum should be tested before any use of serum.

It is readily recognized that in certain situations specific conditions may warrant modifications of the above guide, e.g. exposure especially in young children or where a reliable history cannot be obtained, and particularly in areas where rabies is known to be endemic even though the animal at the time of exposure is considered to be healthy. Such cases may justify treatment immediately in a modified way. One possible modification is that following local treatment of the wound described above, two or three doses of vaccine be given at daily intervals and no further doses as long as the animal stays healthy for 10 days following exposure.

It should be emphasized at this point that this table is only a guide and that certain circumstances may justify its modification.

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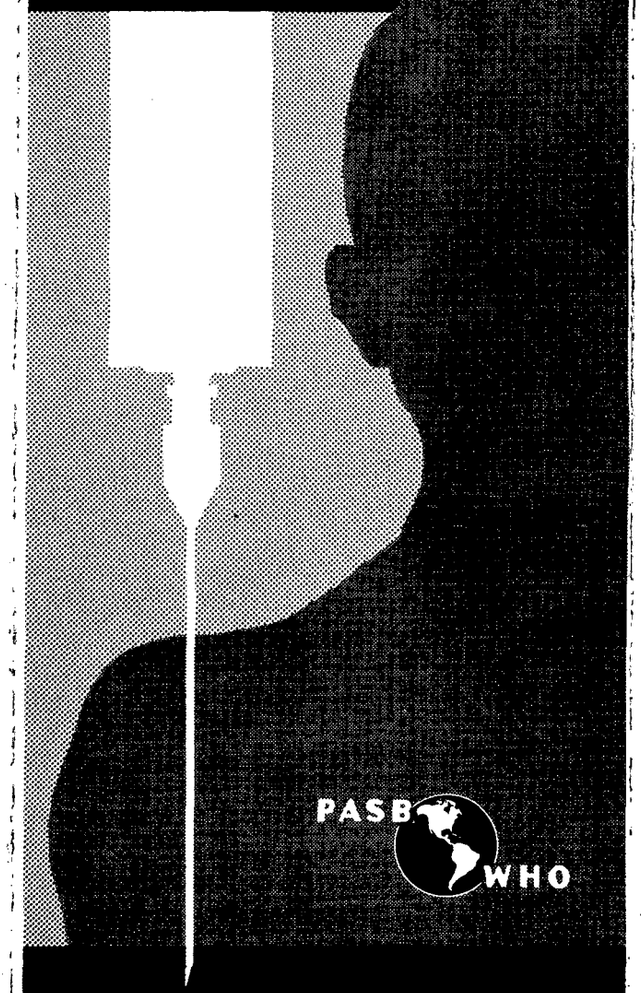
RABIES – Treatment OF MAN



PASB WHO

EXCERPT FROM THE THIRD REPORT OF
WHO EXPERT COMMITTEE ON RABIES
FEBRUARY, 1957

000666

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

Principal Executive Officer,
Health Services.

May 31,1957

Rabies - Treatment of Man

As I have mentioned to you over the telephone, Dr. Earl C. Chamberlayne, Communicable Diseases Advisor, Pan American Sanitary Bureau, sent us copies of publications on "Rabies - Treatment of Man", and the Third Report of the WHO Expert Committee on Rabies.

In forwarding those to you, I would like to indicate that additional copies may be obtained from Dr. Chamberlayne.

J.H.Horowicz, LL.D.,
Principal Executive Officer,
Health Services.

JHH/eon
ENCL.

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It appears in this connection, that the 1948-49 base-line for the purpose of calculation, should

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DEPARTMENT OF

NATIONAL HEALTH AND WELFARE

Memorandum:

Mr. Gibbard is to send us a copy of his reply.

B. F.

June 5th, 1957

000669

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DEPARTMENT OF

NATIONAL HEALTH AND WELFARE

Memorandum:

D. Horowicz

The original letter did not indicate a copy to the deputy

JS

000670

N.H. & W. 44

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(Copy)

CANADA

DEPARTMENT OF
NATIONAL HEALTH AND WELFARE

IN YOUR REPLY REFER TO FILE No.

LABORATORY OF HYGIENE,
OTTAWA

13 May, 1957

Dr. Earl C. Chamberlayne,
Communicable Diseases Advisor,
Pan American Sanitary Bureau,
Regional Office of the World Health Organization,
1501 New Hampshire Ave., N.W.,
WASHINGTON 6, D.C.,
U.S.A.

Dear Dr. Chamberlayne:

Many thanks for the reprints on Rabies which I am very pleased to have.

I wish I could be of help to you in being able to recommend someone as a laboratory consultant. Unfortunately I know of no one at the moment, but should I come across a likely candidate I'll certainly pass along the Personal History form.

With kindest regards,

Yours sincerely,

sgd: James Gibbard,
Director,
Laboratory of Hygiene.

20M—5-51—P2599

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PAN AMERICAN SANITARY BUREAU

Regional Office of the

WORLD HEALTH ORGANIZATION

1501 New Hampshire Ave.N.W
Washington 6, D.C.

Refer to: HCD-564-57
AMRO-61

23 April, 1957

Dr. J. Gibbard,
Chief, Laboratory of Hygiene,
Dept. Nat. Health and Welfare
45 Spencer St.,
Ottawa, Canada.

Dear Doctor Gibbard:

Sending along to you two copies (French and English) of the new WHO Expert Committee Report on Rabies. The Committee is very proud of this report which seems to be justified for it contains some very useful information.

Also enclosing two copies of a special pamphlet containing the rabies treatment chart taken from the Third Report. This pamphlet was prepared for distribution to practitioners and health officials; it is rather useful to send out in answer to a query about how to handle suspected rabies cases. We have a small supply of these in English so could send some to you and to Dr. Cameron if requested.

Again I am turning to you for advice in our recruitment program. We need a laboratory consultant to go to Haiti for 12-18 months as advisor to the public health laboratory. The person should have training and experience to enable him to advise on practically every phase of public health laboratory work. He must be able to speak French.

If you know of a person, or persons, who might be interested in this post would kindly have them fill out and send us the enclosed Personal History forms. Your assistance will be greatly appreciated.

With best personal regards,

Earl C. Chamberlayne
Communicable Diseases Advisor.

Enclosures.

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DEPARTMENT OF

NATIONAL HEALTH AND WELFARE

Memorandum: Dr K.C. Charron
Bureau Health Services

In your absence Dr Cameron referred the attached to me. Do you want to follow it up with Jen J.?

Ted Kenney would be very interested in the Robarts

000673

N.H. & W. 44

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Kerry

Please follow up
with Jim + prepare
a suitable acknowledgment

KK

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PAN AMERICAN SANITARY BUREAU
Regional Office of the
WORLD HEALTH ORGANIZATION
1501 New Hampshire Avenue, N. W., Washington 6, D. C.
CABLE ADDRESS: OFSANPAN

HCD-564-57
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If you know of a person, or persons, who might be interested in this post would kindly have them fill out and send us the enclosed Personal History forms. Your assistance will be greatly appreciated.

With best personal regards,

Earl C. Chamberlayne
Communicable Diseases Advisor

Enclosures

cc.: Dr. G.D.W.Cameron

ECC/jm

000675

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WORLD HEALTH ORGANIZATION
Specialised Agency of the UNITED NATIONS

PERSONAL HISTORY

DO NOT WRITE IN THIS SPACE

Date received :

INSTRUCTIONS

Please answer each question clearly and completely. **Type or print in dark ink.** Read carefully and follow all directions. It is desirable to include **all** relevant information on this form but, if really necessary, you may attach additional pages of similar size. **Please complete in English or French and attach a recent photograph** (passport size).
Be sure to sign and date the form.

SPACE FOR PHOTOGRAPH

1. Family Name (Surname) | First Name | Other Names | Maiden Name, if any

2. Mailing Address | Telephone Number

3. Present Residence (Specify City, Province or State, and Country)
Length of Residence :
a) in the Country
b) in the City

4. Place of Birth | Date of Birth (day / month / year) | Nationality at Birth | Present Nationality

5. Sex (check)
Male ☐ Female ☐

6. Marital Status (check one)
Single ☐ Married ☐ Widow(er) ☐ Divorced ☐ Separated ☐

7. Give names of any dependents :

Name	Date of Birth	Relationship	*	Name	Date of Birth	Relationship	*

* If under 21 years, check if in full time attendance at school or university.

8. Give names of any near relatives who are employed by the United Nations or one of its Specialized Agencies.

Name	Relationship	International Organization

9. FOR PROFESSIONAL AND TECHNICAL STAFF
Are you willing to travel ? (check one)
No ☐ Occasionally ☐ Frequently ☐ Constantly ☐

Would you accept employment anywhere ? Yes ☐ No ☐
If answer is « No », list the countries or areas in which you would be unwilling to work :

10. Would you accept short-term employment ?
No ☐ Yes ☐ (what duration ?)

11. For what kinds of work do you wish to be considered :

12. If offered a position, what length of notice would you have to give to your employers ? | How soon would you be available after the expiry of your notice ?

000676

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Name :

13. EMPLOYMENT RECORD : It is important to give complete information. This is needed to evaluate the relationship between your experience and the requirements of posts in WHO. For each post you have occupied give details of your duties, responsibilities, and the relationships involved both within your organization and with other organizations.

Present or most recent post				Description of your work
Dates		Salaries per annum		
From	To	Starting	Most recent	
Exact title of your post				
Type of Business				
Name and address of Employer				
Name of Supervisor				
Number and kind of employees supervised by you				
Reason for leaving if applicable				

Dates		Salaries per annum		Description of your work
From	To	Starting	Final	
Exact title of your post				
Type of Business				
Name and address of Employer				
Name of Supervisor				
Number and kind of employees supervised by you				
Reason for leaving				

Dates		Salaries per annum		Description of your work
From	To	Starting	Final	
Exact title of your post				
Type of Business				
Name and address of Employer				
Reason for leaving				

Dates		Salaries per annum		Description of your work
From	To	Starting	Final	
Exact title of your post				
Type of Business				
Name and address of Employer				
Reason for leaving				

14. Have you any objections to our making inquiries of your present employer? Yes ☐ No ☐

000677

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Name :

15. [illegible] (list mother-tongue first)	READ			WRITE			SPEAK		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair

16. FOR CLERICAL GRADES ONLY
Indicate speed in words per minute

	English	French	Spanish	Other languages	
Typing					
Shorthand					

List any special skills you possess and machines and equipment you can use :

17. EDUCATION : Give full details, using the following space in so far as it is appropriate, and listing in chronological order the educational establishments you have attended.

Name and Place	Years attended		Type	Certificates or Diplomas obtained. Indicate Main Subjects
	From	To		

18. List professional societies, and activities in civil, public or international affairs.

19. List any significant publications you have written **(do not attach)**.

20. References : List three persons not related to you who are familiar with your character and qualifications. Do not repeat names of supervisors listed under Item 13.

Full Name	Full Address (Telephone No. if known)	Business or Occupation

21. State any other relevant facts. Include information regarding any residence or prolonged travel abroad, giving dates, areas, purpose, etc. Also state any disabilities which might limit your field of work. Final appointment will be subject to a physical examination.

I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief.

Date and place _____ Signature _____

Note : The Organization will retain this form in its active files for a period of 2 years ; in the absence of a further specific request for continued retention or for return to the person concerned, it reserves the right to dispose of this form at the end of a 2-year period.

000678

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WORLD HEALTH ORGANIZATION
Specialised Agency of the UNITED NATIONS

PERSONAL HISTORY

DO NOT WRITE IN THIS SPACE

Date received :

INSTRUCTIONS

Please answer each question clearly and completely. **Type or print in dark ink.** Read carefully and follow all directions. It is desirable to include **all** relevant information on this form but, if really necessary, you may attach additional pages of similar size. **Please complete in English or French and attach a recent photograph** (passport size).
Be sure to sign and date the form.

SPACE FOR PHOTOGRAPH

1. Family Name (Surname) | First Name | Other Names | Maiden Name, if any

2. Mailing Address | Telephone Number

3. Present Residence (Specify City, Province or State, and Country) | Length of Residence : a) in the Country b) in the City

4. Place of Birth | Date of Birth day month year | Nationality at Birth | Present Nationality

5. Sex (check) Male ☐ Female ☐

6. Marital Status (check one) Single ☐ Married ☐ Widow(er) ☐ Divorced ☐ Separated ☐

7. Give names of any dependents :

Name	Date of Birth	Relationship	*	Name	Date of Birth	Relationship	*

* If under 21 years, check if in full time attendance at school or university.

8. *Give names of any near relatives who are employed by the United Nations or one of its Specialized Agencies.*

Name	Relationship	International Organization

9. FOR PROFESSIONAL AND TECHNICAL STAFF
Are you willing to travel ? (check one)
No ☐ Occasionally ☐ Frequently ☐ Constantly ☐

Would you accept employment anywhere ? Yes ☐ No ☐
If answer is « No », list the countries or areas in which you would be unwilling to work :

10. Would you accept short-term employment ?
No ☐ Yes ☐ (what duration ?)

11. For what kinds of work do you wish to be considered :

12. If offered a position, what length of notice would you have to give to your employers ? | How soon would you be available after the expiry of your notice ?

000679

Document disclosed under the *Access to Information Act* -
Document divulgué en vertu de la *Loi sur l'accès à l'information*

Name :

13. EMPLOYMENT RECORD : It is important to give complete information. This is needed to evaluate the relationship between your experience and the requirements of posts in WHO. For each post you have occupied give details of your duties, responsibilities, and the relationships involved both within your organization and with other organizations.

Present or most recent post				Description of your work
Dates		Salaries per annum		
From	To	Starting	Most recent	
Exact title of your post				
Type of Business				
Name and address of Employer				
Name of Supervisor				
Number and kind of employees supervised by you				
Reason for leaving if applicable				

Dates		Salaries per annum		Description of your work
From	To	Starting	Final	
Exact title of your post				
Type of Business				
Name and address of Employer				
Name of Supervisor				
Number and kind of employees supervised by you				
Reason for leaving				

Dates		Salaries per annum		Description of your work
From	To	Starting	Final	
Exact title of your post				
Type of Business				
Name and address of Employer				
Reason for leaving				

Dates		Salaries per annum		Description of your work
From	To	Starting	Final	
Exact title of your post				
Type of Business				
Name and address of Employer				
Reason for leaving				

14. Have you any objections to our making inquiries of your present employer ? Yes ☐ No ☐

000680

Document disclosed under the *Access to Information Act* -
Document divulgué en vertu de la *Loi sur l'accès à l'information*.

Name :

15. LANGUAGES (list mother tongue first)	READ			WRITE			SPEAK		
	Excellent	Good	Fair	Excellent	Good	Fair	Excellent	Good	Fair

16. FOR CLERICAL GRADES ONLY
Indicate speed in words per minute

	English	French	Spanish	Other languages	
Typing					
Shorthand					

List any special skills you possess and machines and equipment you can use :

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20. References : List three persons not related to you who are familiar with your character and qualifications. Do not repeat names of supervisors listed under Item 13.

Full Name	Full Address (Telephone No. if known)	Business or Occupation

21. State any other relevant facts. Include information regarding any residence or prolonged travel abroad, giving dates, areas, purpose, etc. Also state any disabilities which might limit your field of work. Final appointment will be subject to a physical examination.

I certify that the statements made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief.

Date and place _____ Signature _____

Note : The Organization will retain this form in its active files for a period of 2 years ; in the absence of a further specific request for continued retention or for return to the person concerned, it reserves the right to dispose of this form at the end of a 2-year period.

000681

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DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

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

YOUR FILE: 311-R1-1
DATED:
OUR FILE: 354-23-1

FROM: Director, Laboratory of Hygiene.

DATE: May 10, 1957

SUBJECT: Rabies in Bats.

I have discussed your memorandum of April 29 with Dr. Nagler and, as I have indicated to you verbally, we are not in a position to do anything towards assisting you this year.

I have also taken the matter up with Dr. Plummer, Acting/Chief of the Animal Diseases Research Institute in Hull, and he would be quite prepared to examine a number of pools of specimens. However, he can provide no other assistance such as would be required for the training of your inexperienced summer students. Each bat would have to be autopsied and the brains and salivary removed. Then someone, of necessity, would have to identify the species of bat. This, of course, means that the bats would have to be trapped alive and since this work would have to be carried out in the summertime, very careful efforts would be required to avoid spoilage of the specimens which might be exposed for long periods in the summer heat.

These details could, of course, be arranged by experienced personnel. However, in light of the many factors involved, a few of which are noted above, my personal advice is to forget the problem for the present time. I agree with you that it should be done but I suspect that the real problem may be associated with the solitary rather than the colony bats, thus demanding an even higher level of field experience than one might expect with the staff you will have available.

As you know, Dr. Mitchell has retired from the Animal Diseases Research Institute and I would be rather embarrassed to ask them for any help this year.

James Gibbard,
Director.

000682

N.H. & W. 2

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Copy for information - Dr. E. H. Lossing

National Health and Welfare
311-R1-1
MAY 7 1957
Central Registry.

MAY 3 1957

Ottawa, May 6, 1957.

Mr. W. B. Brittain,
Assistant Director,
Directorate of Indian and Northern
Health Services,
Department of National Health and Welfare,
Booth Building,
O t t a w a.

Dear Mr. Brittain:-

In accordance with your telephone conversation of May 3rd, we are pleased to outline briefly the following information on rabies in the past few years. We are including some statistics indicating the location and species involved, together with a brief resume of our control programs.

In 1947, Dr. P.J.G. Plummer of the Animal Diseases Research Institute visited Baker Lake district in the Northwest Territories and, in addition to making some clinical observations, brought out specimen material from which he was able to demonstrate that the disease formerly known and described by natives of the North as "Arctic Fox Disease" was actually "Rabies". This disease, no doubt, had been present in the Territories for many, many years.

Subsequently, the disease moved in a southerly direction and an outbreak occurred around the Hay River, Fort Smith areas of the district of Mackenzie. It subsequently spread southerly via the Athabaska waterways, and in the fall of 1953 was identified in the wildlife just north of Lethbridge.

Received by Division of
EPIDEMIOLOGY
MAY 7 1957
Nat. Health & Welfare

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This southerly movement from the Territories was observed in the years 1952 and 1953 into the northern, settled areas of Saskatchewan and Manitoba, and you will note the incidence of the disease on the tables enclosed. In 1952, it was identified in a fox at Moose Factory and in January, 1953, in foxes and sled dogs at East Main, Port Harrison, and Fort George on the Hudson Bay coast of Quebec.

The major outbreak in 1955-56 centred around the districts of Cochrane and Timiskaming in Ontario, in which a total of 137 cases were recorded - 85 in foxes. In the fiscal year 1956-57, the infection, in keeping with the easterly movement, was centred around Temiscamingue, Abitibi East, and Abitibi West in Quebec. Ninety-eight cases occurred in these areas, mostly involving foxes.

In charting the seasonal incidence of the disease for the last four years, we have found that from the middle of March to the middle of April a distinct decline occurs in the incidence. Perhaps, this is associated with the denning-up of the fox and the subsequent reduced migration, with a renewed activity as the young fox pups separate from the adults some time in October.

Briefly, our control measures in dealing with this outbreak have been directed towards preventing the spread from the wildlife to the dog, and subsequently to humans and live stock. They include a thorough and complete investigation of all suspected cases, and in the case where a dog is bitten by a positive fox, the owner is strongly urged to eliminate his dog. In cases of valuable dogs, exceptions are permitted and the owner is required to chain the dog in quarantine for six months. To date, by following this procedure, we have been most successful in preventing a dog-to-dog transmission. In addition to thorough investigation, appropriate educational programs are conducted through the distribution of pamphlets, by newspaper items, etc., and in infected areas where our survey reveals that conditions exist which would support an epidemic dog vaccination clinics are established. The vaccine used at these clinics is supplied free by this Department, and

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administered by our Health of Animals veterinarians with the co-operative assistance of local practitioners and municipal authorities. In 1955-56, approximately 100,000 dogs were vaccinated throughout Canada, mostly in northern Ontario. In 1956-57, only approximately 15,000 dogs were vaccinated.

We have also found in studying these outbreaks that they usually abate in approximately three years. This has been the pattern observed in northern Alberta and in northern Ontario. Although the centre of the infection will, in all probability, continue to move eastward across northern Quebec, we feel that our control measures are being effective in so far as preventing the spread to dogs, humans, and live stock, in general, is concerned.

If we may be of any further assistance to you in this regard, please do not hesitate to contact our office again.

Yours truly,

W. A. Maynihan

(for) K. F. Wells,
Veterinary Director General.

WAM/ef

c.c.- Dr. E. H. Lossing.

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000686

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CANADA

POSITIVE RABIES DIAGNOSED

Province 1952 - 53	Total Cases	Dog	Cat	Bovine	Horse	Sheep	Swine	Fox	Coyote	Bear	Wolf	Moose	Rabbit	Caribou	Lynx	Beaver	Weasel
		Domestic						**Wildlife**									
YUKON & N. W. T.	20	5						11			4						
QUEBEC	6	3						3									
ONTARIO	1	1															
MANITOBA	2	1						1									
SASK.	5	5															
ALBERTA	79	28	4	2			3	19	16	1	1	1	1		3		
B.C..	7							5	1		1						
TOTAL	120	43	4	2			3	39	17	1	6	1	1		3		
1953-54																	
YUKON & N.W.T..	5	2						2						1			
QUEBEC	4	3						1									
ONTARIO	2							2									
MANITOBA	7	1						4			1		1				
SASK.	7	1		2				3									
ALBERTA	47	6	5	9		4	6	6	8						2	1	
B.C..	2	1		1													
Total	74	14	5	12		4	6	18	9		1		1	1		2	1
YUKON & N.W.T.		5						3									
QUEBEC	2							2									
ONTARIO	46	8		1		3	1	33									
MANITOBA	15	5						10									
SASK.	5	3					1	1									
ALBERTA	57	11	2	11	1	2	8	1	21								
Total	133	32	2	12	1	5	10	50	21								
[illegible]																	
[illegible]	1	1															
[illegible]	7	6						1									
[illegible]	3							3									
[illegible]	127	23	8	16		1		85			1				1		2
[illegible]	11	8						3									
[illegible]	1		1														
[illegible]	22		2	5			2		12						1		
[illegible]	1	1															
[illegible]	193	39	11	21		1	2	92	12		1				2		2

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CANADA

[illegible] LABORATORY [illegible]

Fiscal Year ... April ... 1956 - [illegible]

Province	Positive Cases	County of District	Strains: Ox	Cat	Bovine	Horses	Sheep	Swine	Dog	Guinea Pig	Rabbit
N.W.T.	1	Cambridge Bay	1								
Quebec		Temiscamingue	1	1	9	1	1		10		
		Abitibi E.							5		
		Abitibi W.			14		1		[illegible]		
		Rouyn-Noranda	2				2				
Ontario	5	Sudbury	1			1			1		
		Nipissing	1	1	1				[illegible]		
		Temiskaming	1		3				6		
		Manitoulin							1		
		Parry Sound		1	3				1		
		Renfrew							1		
		Victoria							1		
		Hastings									
		Cochrane			2				1		
Manitoba	1	Rivers	1								
Alberta	4		1		2						
Total	179		9	3	34	2	[illegible]		[illegible]		

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CANADA

POSITIVE RABIES BY SPECIES

Fiscal year April 1, 1956 - March 31, 1957

	1952-53	1953-54	1954-55	1955-56	1956-57
Wildlife	68 57%	33 45%	71 53%	139 60%	109 61%
* Domestic	9 7%	27 36%	30 23%	35 19%	61 34%
Dogs	43 36%	14 19%	32 24%	39 21%	9 5%
Total	120 100%	74 100%	133 100%	183 100%	179 100%

* Domestic - includes cats.

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Mr. J. Gibbard,
Director, Laboratory of Hygiene.

311-R1-1

Chief, Epidemiology Division.

April 29, 1957.

Rabies in Bats

I have been interested in the question of rabies in bats for some time. As you know, of course, a few human infections have occurred in the United States from bites by rabid bats, and virus recoveries from bats have not been infrequent, even as far north as Pennsylvania. The demonstration of neutralizing antibodies in pooled bats' serum in the southwestern United States is also very interesting.

Would you agree with me in thinking that we should make some effort to demonstrate whether or not "Canadian" bats are affected by rabies? As a first step, an attempt to find out whether neutralizing antibodies can be demonstrated in Canadian bats might seem to be reasonable. To do this we would need to (1) collect the bats, (2) identify their species, and (3) do the neutralizing tests.

We expect to have two summer Medical Students for two months from the beginning of June and I would be willing to have them spend some of their time collecting the bats. I feel sure that Doctor Banfield of the Wildlife Service would assist with their identification. The main problem would seem to be the neutralization tests.

Your comments on the whole idea will be appreciated, and in particular whether it might be possible to do the neutralization tests in your laboratories, or failing that whether it could be arranged to have them done elsewhere.

E.H. Lossing, M.D., M.P.H.

EHL/TB

A young lady went swimming with two girl companions. On returning she told her parents a dog had bitten her. They rushed her for Pasteur treatment. After 12 injections of the so-called anti-rabic serum, the lady suffered convulsions and died of typical rabies. Coming home from the funeral, the two girl companions told the parents that the girl was bitten, not by a dog, but by her friend, the bank clerk.

Condensed account as related by Robert J. Morris, M.D. in his recently published book.

A ten year old boy in town had been bitten by a dog, supposedly mad. Local newspapers reported he was dying of hydrophobia. Flocks of curious people were going to the house to enjoy the horrifying spectacle. The offer of a drink of water would throw the boy into a convulsion. If any object like a handkerchief or pencil were held near his head, he would growl, snapping at it savagely with his teeth and frothing at the mouth. He frequently uttered menacing growls like those of a vicious dog.

The student doctor hypnotized him and suggested that at 5 P.M. he would suddenly get well. He left asking that a swarm of visitors be kept out.

At 5 o'clock the boy announced that he was well and wanted supper. The crowd now wanted to see the one who had wrought the miracle in curing hydrophobia. All wanted to be treated by him.

Station WWRL
Jan. 25, 1947

MILLICENT MORDEN
Physician and surgeon

For Information or Literature
address
Religious Liberty and Temperance Association
Box 195, Trenton, New Jersey

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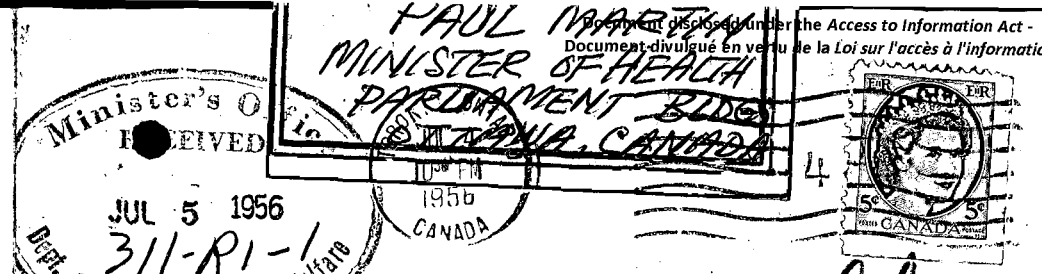

Rabies Radio Address

I am a medical doctor, realizing that animals are entirely different from human beings in their reaction to drugs and diseases. I have served, without pay, as an experimental animal in order to help humanity.

The fits and foamings and droolings which are called rabies can be inflicted on animals by improper methods. I have never seen a case of genuine rabies nor have I met anyone who has, during a search in five different countries.

Rabies is a disease of politics. The Department of Health should not be annoyed with this old superstition, which is a relic from the time when devils ran to and from man and animal carrying diseases.

Black and white evidence is available to show that a campaign was planned and is being carried out to compel the injections of all cows as well as dogs throughout the nation . . . BIG BUSINESS!

Mad foxes are said to be biting the cows, east, west, north and south. In parts of New York State some people are terror stricken; others tell me the real mad foxes ride in high powered cars and live on Park Avenue.

In Pasteur's time a favorite method of diagnosis was to inject rats and rabbits with the saliva of the supposed mad dog. The animals died in horrible rabic convulsions. The doctors then tried some saliva from their own mouths, and, Lo, the animals died in similar convulsions. This method of diagnosis was then discontinued but, lately, the rat method has reappeared.

Nothing has ever been found in the head or body of a human being or animal to indicate that there is such a disease as rabies.

The Negri bodies (tiny black specks) are found in the brain cells in man and animal in a variety of conditions. (They might be in yours this minute.) This is a fact beyond argument. Even in Pasteur's time workers in his laboratory admitted to Dr. Elmer Lee and Dr. Stillman and others that they mean nothing.

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Grabbing the dog to examine its head is a smoke screen. Before this was done we have a list of persons who died following the Pasteur treatment while the dogs that bit them remained alive and well.

The dog has no rabies to give you and could *not* give it to you, if he had. This, the scientific laboratories have proved but *money* keeps the fact from the public.

Studies of the blood and tissues show that because a human being has no dog flesh he cannot possibly suffer a dog disease. If this were possible we humans would have all been dead of distemper.

Dr. Dulles, of Philadelphia, offered a reward of $3,000 for a genuine case of rabies over a period of 25 years. He was called to all parts of the country.

A letter shortly before his death states . . . "I have never seen a case of rabies or hydrophobia."

On several occasions I entered the room where the victim was strapped down, and in addition, was being held during convulsions, by from one to six attendants. I unstrapped the victim, dismissed the attendants and assured the patient that there was no such disease. Quick recovery followed.

The written statements of several animal Shelters which handled many millions of dogs over a period of years, state that they had never seen a case of rabies. Have the dogs suddenly changed?

When a man was less money-mad, rabies was cured by the "the kiss of a king." Later, the mad stone placed over the wound would draw the madness out. Another popular cure was to eat or bind on, a hair from the dog that bit you. Later, extract of wild cockroach cured rabies.

At the time of Pasteur, politics started to interfere with the science of medicine and rabies remedies took a turn to the dreadful. From that time to the present the so-called anti-rabic injections have been, and are extracted from the mashed-up brains and spinal cords of animals that have been tortured to death. The new method of taking serum from a tortured horse is no safer.

These injections have proved dangerous to man and animals. Dogs have died by the hundreds in mass inoculations. Fortunately, distilled water is sometimes substituted.

Dr. William A. Bruette of New York, formally with the Animal Industry, Washington, D.C. states. . . . "Who disregards the reports of government pathologists and testimony of the leading bacteriologists in this and other countries of the dangers attendent upon the use of rabies vaccines, is a menace to the community in which he lives."

If bitten by a dog do not fear. Suck and squeeze as you would any other wound. No matter how dirty the wound do not use anything stronger than mild soap and water. Cauterization is too shocking to the tissues and might lead to trouble in a hypersensitive person.

Dr. Buisson of France had been sadly bitten by a dog and was given up to die of hydrophobia. He recited that his fear was, of course, intense as were his sufferings. He decided to relieve his sufferings by a warm bath. After soaking for one and a quarter hours, his convulsions disappeared and he became well. He cured all other cases which came to him in a similar way. The Buisson baths were employed with great success in France in so-called rabies cases.

Under no circumstances would I give or receive the Pasteur treatment. This wierd concoction has killed dogs by the hundreds. We all know several individual cases of death. I would sooner kill a dog than ruin it for life. Again I say this voodoo mixture could not cure or prevent anything. Prevent so-called rabies by vital food, drink and proper care.

A little over 150 years ago the witchcraft cruelties were ended in this country, not by science, not by the church, not by the law, but, by the public demanding investigation.

Let the public of today demand a free press and radio on the rabies question. Public meetings and the investigation of animal welfare work is necessary.

Demand the lifting of rabies quarantines and the removal from school books that which is false about Pasteur.

In 1760 the famous author, Oliver Goldsmith, in the Citizen of the World, gives us stories of mad geese and goes on to say that his landlady awakened him earlier than usual; with looks of horror and astonishment she begged him to remain indoors, as a mad dog in the country, had bit a farmer who, soon becoming mad ran into his yard and bit a fine brindled cow. The cow quickly became as mad as the man and began to foam at the mouth, and raising herself up, walked about on her hind legs, sometimes barking like a dog and sometimes attempting to talk like the farmer."

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National Health and Welfare
311-R1-1
JUL 5 1956
Epid
Central Registry

xxxxxxxxxxxx
Communicable Disease Control

July 3, 1956

Minister of Health
City of Toronto Health Department
Toronto, Canada

Dear Doctor:

Please refer to our letter of June 25 reporting dog bite inflicted on Jean Sparks, resident of Toronto, by dog owned by Mr. Edw. G. Beebe, Lincolnwood, Illinois.

This is to inform you that the dog was released July 2, 1956, by the veterinarians at the Nieser Animal Hospital, Lincolnwood, where it had been observed for two weeks, and is pronounced well and healthy.

Very truly yours,

Ruth E. Church M.D.

Ruth E. Church, M.D., Chief
Bureau of Communicable Disease Control

cc: Department of National Health and Welfare, Ottawa, Canada
Cook County Health Department

RnD

NOTED
JUL 5 1956

Received by Division of
EPIDEMIOLOGY
JUL 5 1956
Nat. Health & Welfare

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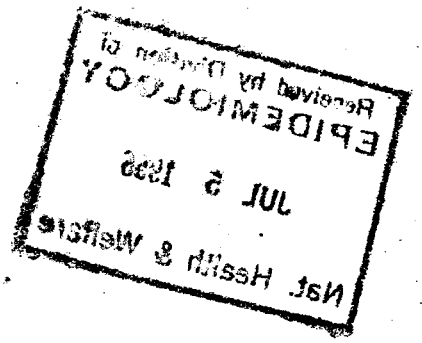

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National Health and Welfare
311-R-1-1
JUN 27 1956
Epid
Central Registry

RL

Communicable Disease Control

June 25, 1956

Minister of Health
City of Toronto Health Department
Toronto, Canada

Dear Doctor:

Our Cook County Health Department has informed us that a resident of Toronto, Joan Sparks, age 46, Female, White, was bitten on the face by a dog owned by Mr. Edw. G. Boobo, who resides at 3931 Albion, Lincolnwood, Illinois, U.S.A.

The patient was treated for the wound by Dr. Roberg, at the Swedish Covenant Hospital, Chicago. The dog was vaccinated against rabies and is now impounded and under observation at the Rigsor Animal Hospital, Lincolnwood.

This Department will notify you by letter when the dog is released from observation, or by wire, should the animal die or develop symptoms suspicious of rabies.

Very truly yours,

Ruth E. Church

Ruth E. Church, M.D., Chief
Bureau of Communicable Disease Control

cc: Department of National Health and Welfare, Ottawa, Canada
Cook County Health Department

Received by Division of
EPIDEMIOLOGY
JUN 28 1956
National Health & Welfare

JUN 28 1956

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DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

TO: NOTE TO FILE

OUR FILE NO. 311-R1-1

REF. YOUR FILE NO.
DATED

FROM: Chief, Epidemiology Division.

DATE: May 8, 1956.

SUBJECT:

Doctor Moynihan of the Agriculture Department phoned concerning a dog head sent by Doctor Fulmer of Moose Factory, the dog having bitten Andrew Ferries on the thigh on April 28th. The dog was shot on May 1st. Examination for rabies, negative. Informed Doctor Blake of Indian Health Services.

E.H. Lossing, M.D., M.P.H.

000695

200M—9-48—P-1494

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ONTARIO

DEPARTMENT OF HEALTH
OFFICE OF
THE DEPUTY MINISTER

National Health and Welfare
311-R1-1
APR 16 19[illegible]
Epid
Central Registry

Toronto 2,
April 12, 1956.

Dr. E. H. Lossing,
Chief, Epidemiology Division,
Department of National Health and Welfare,
808 Jackson Building,
Ottawa, Ontario.

Dear Doctor Lossing:

I have for acknowledgment your letter of April 11th with reference to a child said to have died in the Hospital for Sick Children suffering from Rabies. I have made enquiries at that hospital and can find no confirmation for this story.

You might remember that sometime last fall a mounted policeman who had received preventative inoculations against Rabies developed an encephalitis and was removed to Sunnybrook Hospital, Toronto, for treatment.

I remain,

Yours truly,

RPH:DM

R. P. Hardman, M.D., D.P.H.,
Epidemiologist.

Received by Division of
EPIDEMIOLOGY
APR 16 1956
Nat. Health & Welfare

NOTED
APR 16 1956

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808 Jackson Building
Ottawa

311-R1-1

April 11, 1956.

Dr. R.P. Hardman,
Epidemiologist,
Division of Epidemiology,
Department of Health,
Parliament Buildings,
Toronto, Ontario.

Dear Doctor Hardman:

I have heard an unconfirmed story that a Newfoundland boy said to have been bitten by a dog, died recently in the Sick Childrens Hospital in Toronto. If this is so, I would be very interested in knowing the cause of death and any other details that may be available.

With best regards.

Yours sincerely,

E.H. Lossing, M.D., M.P.H.,
Chief, Epidemiology Division.

EHL/TB

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CANADA

DEPARTMENT OF AGRICULTURE

PRODUCTION SERVICE

HEALTH OF ANIMALS DIVISION

National Health and Welfare
311-R1-1
APR 12 1956
EPID
Central Registry

Ottawa, April 11, 1956

Dr. E. H. Lossing,
Chief,
Epidemiology Division,
Department of National
Health and Welfare,
No. 3 Temporary Building,
Ottawa, Ont.

Dear Dr. Lossing:

Enclosed for your information is some statistical material on the current rabies situation in Canada and Ontario.

Yours truly,

K. F. Wells

For K. F. Wells
Veterinary Director General

Encl.
WAM/ML

Received by Division of
EPIDEMIOLOGY
APR 11 1956
Nat. Health & Welfare

PR
NOTED
APR 12 1956

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CANADA

POSITIVE RABIES BY SPECIES

Province	No. Positive	Domestic					Wildlife				
		Dog	Bovine	Sheep	Swine	Cat	Fox	Lynx	Coyote	Wolf	Racoon
Nfld.	1	1									
N.W.T.	5	4					1				
Quebec	3						3				
Ontario	137	23	16	1		8	85	1		1	2
Manitoba	11	8					3				
Sask.	1					1					
Alta.	21		5		2	2		1	11		
B.C.	1	1									
Total	180	37	21	1	2	11	92	2	11	1	2

April 1, 1955 - March 31, 1956.

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CANADA

POSITIVE RABIES BY SPECIES

	1952-53	1953-54	1954-55	1955-56	Totals
Wildlife	68 57%	33 45%	71 53%	108 60%	280 55%
Domestic	9 7%	27 36%	30 23%	35 19%	101 20%
Dogs	43 36%	14 19%	32 24%	37 21%	126 25%
Total	120 100%	74 100%	133 100%	180 100%	507 100%

Domestic - includes cats.

April 1, 1955 - March 31, 1956.

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ONTARIO

POSITIVE RABIES BY SPECIES

	1952-53	1953-54	1954-55	1955-56	Totals
Wildlife	0	2 100%	33 72%	89 65%	124 67%
Domestic	0	0	5 11%	25 18%	30 16%
Dogs	1	0	8 17%	23 17%	32 17%
Total	1	2 100%	46 100%	137 100%	186 100%

Domestic - includes cats.

April 1, 1955 - March 31, 1956.

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Document divulgué en vertu de la *Loi sur l'accès à l'information*

311-R1-1

CANADA DEPARTMENT OF AGRICULTURE

HEALTH OF ANIMALS DIVISION

RABIES FORUM

GUELPH - MARCH 26, 1956

A G E N D A

1.	Introduction	Dr. K.F. Wells
2.	Chairman	Dr. T. Lloyd Jones (Principal of OVC)
3.	The Disease - "Rabies" Symptoms Diagnosis Immunity	Dr. P.J.G. Plummer
	Question Period -	Drs. C.A. Mitchell, P.J.G. Plummer, J. Archibald
4.	History of Rabies in Canada	Dr. R.J. McClenaghan
5.	History of Present Outbreak in Ontario	Dr. G.H. Collacutt
6.	Public Health Problems	Dr. R. King, Dr. W.S. Puffer
	Question Period -	Dr. R. King, Dr. W.S. Puffer, Dr. E.H. Lossing, Dr. G.A. Edge
7.	Wildlife Problems	Dr. C.H.D. Clark, with Dr. C.D. Fowle
	Question Period -	Dr. C.H.D. Clark, Dr. C.D. Fowle, Dr. V.E.F. Solman
8.	Municipal Bylaws	Mr. F.A. Braybrook
	Question Period -	Mr. F.A. Braybrook
9.	Control Program	Dr. K.F. Wells
	Question Period -	Dr. K.F. Wells, Dr. R.J. McClenaghan, Dr. G.H. Collacutt

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311-R1-1

RABIES STATISTICS PRESENTED AT

RABIES FORUM MEETING

BY

HEALTH OF ANIMALS DIVISION

CANADA DEPARTMENT OF AGRICULTURE

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TABLE 1.

CANADA

POSITIVE RABIES BY SPECIES

Province	No. Positive	Domestic					Wildlife				
		Dog	Bovine	Sheep	Swine	Cat	Fox	Lynx	Coyote	Wolf	Racoon
Nfld.	1	1									
N.W.T.	4	3					1				
Quebec	2						2				
Ontario	116	21	15	1		8	67	1		1	2
Man.	11	8					3				
Sask.	1					1					
Alta.	20		5		2	2		1	10		
B.C.	1	1									
	156	34	20	1	2	11	73	2	10	1	2

April 1, 1955 - March 15, 1956

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TABLE 2.

CANADA

POSITIVE RABIES BY SPECIES

	1952-53		1953-54		1954-55		1955-56		Totals	
Wildlife	68	57%	33	45%	71	53%	88	56%	260	54%
Domestic	9	7%	27	36%	30	23%	34	22%	100	21%
Dogs	43	36%	14	19%	32	24%	34	22%	123	25%
	120	100%	74	100%	133	100%	156	100%	483	100%

Domestic - includes cats.

Period 1955-56 - April 1, 1955 to March 15, 1956.

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TABLE 3

- ONTARIO -

POSITIVE RABIES BY SPECIES

	1952-53	1953-54		1954-55		1955-56		Totals	
Wildlife	0	2	100%	33	72%	71	62%	106	64%
Domestic	0	0		5	11%	24	20%	29	18%
Dogs	1 Imported from Europe	0		8	17%	21	18%	30	18%
Totals	1	2		46	100%	116	100%	165	100%

Domestic - includes cats.

Period 1955-56 - April 1, 1955 to March 15, 1956

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TABLE 4

- ONTARIO -

POSITIVE RABIES BY SPECIES, COUNTY--DISTRICT

County or District	Dogs	Cats	Bovine	Sheep	Fox	Lynx	Wolf	Racoon	Total
Cochrane	3		8		19				30
Parry Sound					4				4
Sudbury	2	2	5		14		1		24
Timiskaming	2		1	1	9				13
Rainy River	1								1
Victoria	1				5				6
Kenora					1				1
Algoma	1	2				1			4
Simcoe	1								1
Patricia					1				1
Hastings	1	1			1				3
Renfrew	2	1							3
Nipissing	4				8				12
Durham	1							2	3
York					2				2
Northumberland					1				1
Prince Edward			1						1
Peterboro (Jan) 56					1				1
Bruce Feb 56 Tolmaney					1				1
Wentworth Feb 56	1								1
Haliburton		1							1
Wellington		1							1
Lennox & Add.	1								1
Total	21	8	15	1	67	1	1	2	116

(April 1st 1955 - March 15th 1956)

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808 Jackson Building
Ottawa

311-R1-1

March 29, 1956.

Dr. K.F. Wells,
Veterinary Director General,
Health of Animals Division,
Department of Agriculture,
Confederation Building,
Ottawa, Ontario.

Dear Doctor Wells:

I was very glad of the opportunity of attending the Rabies Forum which you organized at the Ontario Veterinary College in Guelph on March 26th. I think everyone agrees that it was a very worthwhile meeting which will do much to put the rabies situation in its proper perspective.

I hope to continue to have the opportunity of keeping in touch with developments as they may occur.

Yours sincerely,

E.H. Lossing, M.D., M.P.H.,
Chief, Epidemiology Division.

EHL/TB

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CANADA

DEPARTMENT OF AGRICULTURE

PRODUCTION SERVICE

HEALTH OF ANIMALS DIVISION

Ottawa, March 22, 1956.

Dr. E. H. Lossing,
Chief, Epidemiology Division,
Department of National Health and Welfare,
O t t a w a.

Dear Dr. Lossing:-

This will confirm the information provided your office March 21st advising that rabies had been identified in a dog submitted by the Medical Superintendent of the hospital at Moose Factory, who advised that the dog had bitten seven Indians. Apparently, the dog and persons involved originated from the area of Winisk.

At the time of writing, no further information on this outbreak is available although we are in communication with the R.C.M.P. Detachment in that area, and we shall provide your office with any relative information as it becomes available.

Yours truly,

R. J. Mulligan
(for) K. F. Wells,
Veterinary Director General.

WAM/ef

Received by Division of
EPIDEMIOLOGY
MAR 23 1956
Nat. Health & Welfare

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311-R1-1

Ottawa, March 20, 1956.

Dr. K.F. Wells,
Veterinary Director General,
Health of Animals Division,
Department of Agriculture,
O t t a w a.

Dear Dr. Wells:

Thank you for your consideration in advising me in your letter of March 16, 1956, of the Rabies Forum to be convened by the Health of Animals Division at the Ontario Veterinary College, Guelph, on March 26th, and your kind invitation for myself and any officers of this Department to attend.

I have brought this meeting to the attention of those interested in the Department and at the moment can say definitely that Dr. E.H. Lossing, Chief, Epidemiology Division, is planning on attending the meeting. He will be prepared to discuss questions which may arise with regard to the medical public health aspects of the subject and will make himself known to you at the earliest opportunity after arrival at the meeting.

Your cooperation in bringing this to our attention is greatly appreciated.

Yours sincerely,

B.D.B. Layton, M.D., M.P.H.,
Principal Medical Officer,
Research Development.

BDBL/FC

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DEPARTMENT OF NATIONAL HEALTH AND WELFARE

TRANSMITTAL SLIP

Date March 19/56

To Dr. G.D.W. Cameron,
Deputy Minister of National Health.

- ☐ Note and file
- ☐ Note and see me about this
- ☐ Note and return
- ☐ Investigate and return
- ☒ For your information
- ☐ Prepare reply for my signature
- ☐ Take appropriate action
- ☐ Per your request
- ☐ For your approval
- ☐ For your signature

Comments

Good Tel. Med Pub Health - Med
- Power - Questions
Jr. Consultant

From B.D.B. Layton, M.D.

000711

N.H. & W. 45

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311-R1-1

Mr. J. Gibbard,
Director, Laboratory of Hygiene.
Dr. R.H. Loesing,
Chief, Epidemiology Division.

March 19, 1956.

Attached hereto a communication from Dr. K.F. Wells, Veterinary Director General, Health of Animals Division, Department of Agriculture, relating to a Forum on Rabies to be held at the Ontario Veterinary College, Guelph, Monday, March 26th. — 10 00 AM

In view of your interest in this subject, would you advise me, please, regarding attendance of yourself or any officers of your Division in order that I may relay this information to Dr. Wells.

B.D.B. Layton, M.D., M.P.H.,
Principal Medical Officer,
Research Development.

BDBL/FC

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DEPARTMENT OF AGRICULTURE

311-R1-1

Production Service

Health of Animals Division

Ottawa, March 15, 1956.

Dr. B.D.B. Layton,
Principal Medical Officer,
Research Development,
Dept. National Health and Welfare,
639 Jackson Bldg.,
Ottawa.

Dear Dr. Layton:

The Health of Animals Division are convening a Rabies Forum at the Ontario Veterinary College, Guelph, on Monday, March 26th, at 10:00 a.m., at which time all aspects of Rabies disease will be fully discussed.

The following topics will be presented, and discussion time will be allowed following each presentation:

1. A review of the disease in animals, including the symptoms, dissemination and diagnosis.

2. History of Rabies in Canada in general, and in Ontario in particular.

3. Public Health problems.

4. Wildlife management problems.

5. Control measures.

Please accept this announcement as an open invitation for yourself and any officers of your organization who you care to have attend.

Yours very truly,

(Sgd.) K.F. Wells,
Veterinary Director General.

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311-R1-1

CANADA

DEPARTMENT OF AGRICULTURE

PRODUCTION SERVICE

HEALTH OF ANIMALS DIVISION

NATIONAL HEALTH AND WELFARE
311-R-1-1
16 1956
PMO/RD
Central Registry

Ottawa, March 15th, 1956.

Doctor B. D. B. Layton,
Principal Medical Officer
Research Development,
Dept. National Health and Welfare,
639 Jackson Bldg.,
Ottawa.

Dear Doctor Layton:

The Health of Animals Division are convening a Rabies Forum at the Ontario Veterinary College, Guelph, on Monday, March 26th, at 10:00 a.m., at which time all aspects of Rabies disease will be fully discussed.

The following topics will be presented, and discussion time will be allowed following each presentation:

1. A review of the disease in animals, including the symptoms, dissemination and diagnosis.
2. History of Rabies in Canada in general, and in Ontario in particular.
3. Public Health problems.
4. Wildlife management problems.
5. Control measures.

Please accept this announcement as an open invitation for yourself and any officers of your organization who you care to have attend.

Yours very truly,

K. F. Wells,
Veterinary Director General.

KFW/em

000714

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Dr. Taggart
Chron
& return

311-R1-1

March 13, 1956.

Dr. J.G. Taggart,
Deputy Minister,
Department of Agriculture,
Ottawa, Canada.

Dear Doctor Taggart:

The apparent continuing spread of rabies in animal populations is a matter of considerable interest to this Department. Although the problem is, of course, a veterinary one at the present time, it is reasonable to anticipate that human cases may occur if the outbreak should continue and spread to more populated areas.

Enquiries have been received from Provincial Health Departments concerning this situation. I believe that Doctor Lossing of the Epidemiology Division was in touch with Doctor Wells some time ago with particular reference to the situation in Quebec.

Since the human population may be involved at any time, I would like to suggest for your consideration the possibility of arranging a closer liaison between this Department and yourselves. You will recall that some three years ago representatives of this Department were privileged to attend meetings of a committee which was set up to review the rabies situation in the Northern regions. Possibly you may feel that an arrangement of this nature might be indicated at the present time.

Our main concern is to keep in close touch with developments and I shall be very happy to be guided by your suggestions.

Yours sincerely,

Original Signed by
G. D. W. CAMERON

G.D.W. Cameron, M.D., D.P.H.,
Deputy Minister of National Health.

Noted pl
14 Mar 56

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DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

TO: Dr. B.D.B. Layton,
Principal Medical Officer, Research Development,
639 Jackson Building.

OUR FILE NO. 311-R1-1

REF. YOUR FILE NO. DATED

FROM: Chief, Epidemiology Division.

DATE: March 13, 1956.

SUBJECT:

There have recently been many newspaper reports of the spread of rabies in Ontario and other provinces and I feel that we should be in closer touch with the situation. You may feel that the attached letter prepared for Doctor Cameron's signature may be indicated.

NATIONAL HEALTH AND WELFARE
Directorate of Health Services
MAR 13 1956
RECEIVED

Dr Cameron —
This has Jim Gibbard's "heart blessing" and I, too, think it is very important

E.H. Lossing, M.D., M.P.H.

Att. (1)

13 Mar 56

B.D.B.L.

200M—9-48—P-1494

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CANADA

DEPARTMENT OF
NATIONAL HEALTH AND WELFARE

OFFICE OF THE DEPUTY MINISTER
OF NATIONAL HEALTH
OTTAWA

March 13, 1956.

Dr. K.F. Wells,
Veterinary Director General,
Health of Animals Division,
Department of Agriculture,
Confederation Building,
Ottawa, Ontario.

Dear Doctor Wells:

The apparent continuing spread of rabies in animal populations is a matter of considerable interest to this Department. Although the problem is, of course, a veterinary one at the present time, it is reasonable to anticipate that human cases may occur if the outbreak should continue and spread to more populated areas.

Enquiries have been received from Provincial Health Departments concerning this situation. I believe that Doctor Lossing of the Epidemiology Division was in touch with you some time ago with particular reference to the situation in Quebec.

Since the human population may be involved at any time, I would like to suggest for your consideration the possibility of arranging a closer liaison between this Department and yourselves. You will recall that some three years ago representatives of this Department were privileged to attend meetings of a committee which was set up to review the rabies situation in the Northern regions. Possibly you may feel that an arrangement of this nature might be indicated at the present time.

Our main concern is to keep in close touch with developments and I shall be very happy to be guided by your suggestions.

Yours very truly,

G.D.W. Cameron, M.D., D.P.H.,
Deputy Minister of National Health.

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311-R1-1

Rabies Forum at the Ontario Veterinary College,

Guelph, on Monday, March 26th, 1956 at 10:00 a.m.,

Room 114

The following topics will be presented, and discussion time will be allowed following each presentation:

1. A review of the disease in animals, including the symptoms, dissemination and diagnosis.

2. History of Rabies in Canada in general, and in Ontario in particular.

3. Public Health problems.

4. Wildlife management problems.

5. Control measures.

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DEPARTMENT OF NATIONAL HEALTH AND WELFARE

TRANSMITTAL SLIP

Date .....

311-R1-1

To Dr Cooper

.....

- ☐ Note and file
- ☐ Note and see me about this
- ☐ Note and return
- ☐ Investigate and return
- ☑ For your information
- ☐ Prepare reply for my signature
- ☐ Take appropriate action
- ☐ Per your request
- ☐ For your approval
- ☐ For your signature

Comments .....

Thanks

Wakeney

.....

From .....

000719

N.H. & W. 45

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DEPARTMENT OF AGRICULTURE

DEPUTY MINISTER'S OFFICE

OTTAWA, March 22, 1956.

Memorandum Dr. G.D.W. Cameron,
Deputy Minister of National Health.

For your information I am attaching a copy of a memorandum which I have just received from Mr. Barry, Director of our Production Service, with reference to rabies.

J. G. Taggart, K.B.A.
J. G. Taggart,
Deputy Minister.

000720

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DEPUTY MINISTER OF
NATIONAL HEALTH
MAR 23 1956
REC'D

311-R1-1

March 20, 1956.

MEMORANDUM FOR Dr. J. G. Taggart,
Deputy Minister.

You sent us copy of Dr. Cameron's letter to you of March 13th, suggesting that his Department would like to be kept in touch with Rabies developments, and copy of your reply.

As you pointed out to Dr. Cameron, there has been no committee set up currently, similar to that established previously in Alberta, and in which the Department of National Health and Welfare participated.

The Health of Animals Division have given National Health and Welfare officers any information which they have requested with respect to the Rabies situation, and there have been several telephone communications between them. They have been invited to attend and will have a representative at the Rabies forum in Guelph next Monday, to which all interested individuals and public bodies are being invited. At that meeting the human health aspect of Rabies will be dealt with by the Ontario Department of Health.

I think that everything is going satisfactorily between the two Departments and that Dr. Cameron's enquiry probably presumed that there was some kind of formal committee dealing with the over-all matter, which, of course, is not the case.

S. C. Berry,
Director.

SCB:AK

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DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

TO: Dr. B.D.B. Layton,
Principal Medical Officer, Research Development,
639 Jackson Building.

OUR FILE NO. 311-R1-1
REF. YOUR FILE NO.
DATED

FROM: Chief, Epidemiology Division.

DATE: March 19, 1956.

SUBJECT:

With reference to your memorandum of March 19th, forwarding a notice from Doctor Wells of the proposed meeting on March 26th, at the Ontario Veterinary College, Guelph, to discuss rabies, I feel it would be worthwhile to have at least one departmental representative at this meeting and, if you concur, I would be interested in attending.

As discussed I think this is a very good idea for you to attend

20 Mar 56

E.H. Lossing, M.D., M.P.H.

NOTED

MAR 21 1956

000722

200M—9-48—P-1494

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DEPARTMENT OF NATIONAL HEALTH AND WELFARE

TRANSMITTAL SLIP

Date 2 Mar

To R. E. H. Lowery

Chief, Epidemiology Div

- [ ] Note and file
- [ ] Note and see me about this
- [ ] Note and return
- [ ] Investigate and return
- [x] For your information
- [ ] Prepare reply for my signature
- [ ] Take appropriate action
- [ ] Per your request
- [ ] For your approval
- [ ] For your signature

Comments ... appreciate earlier date

From ...

000724

N.H. & W. 45

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OFFICE OF THE
DEPUTY MINISTER

CANADA

311-R1-1

DEPARTMENT OF AGRICULTURE

Ottawa, March 15, 1956.

Dr. G.D.W. Cameron,
Deputy Minister of National Health,
Department of National Health and Welfare,
O t t a w a.

Dear Dr. Cameron:

I have your letter of March 13th regarding rabies. I was under the impression that Dr. Wells had kept your people fully informed as to what we are doing. However, in case there is any further point on which information should be exchanged I am asking Dr. Wells to maintain full contact with your people.

The present spread of rabies in Ontario apparently does not interest the Federal Department of Northern Affairs and National Resources. On the other hand, the Ontario authorities have been interested and have co-operated fully with our officers in organizing the control program. For that reason I doubt if committee meetings would do much good at this stage, but I do agree that there should be consultation and a full exchange of information between your Department and the Department of Agriculture.

Yours very truly,

J. G. Taggart,
Deputy Minister.

NOTED
MAR 21 1956

JGT/MA
cc: Mr. Barry

DEPUTY MINISTER OF
NATIONAL HEALTH
MAR 19 1956
REC'D

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311-R1-1

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

Chief, Epidemiology Division.

March 19, 1956.

With reference to our telephone conversation re rabies this afternoon, I am sending copies of tables received to-day from Doctor Wells showing the incidence in animals which may be of interest to you.

As far as I am aware, no human cases have occurred although I understand a number of persons are receiving prophylactic immunization.

E.H. Lossing, M.D., M.P.H.

Atts. (3)

EHL/TB

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CANADA

DEPARTMENT OF AGRICULTURE

PRODUCTION SERVICE

HEALTH OF ANIMALS DIVISION

311-R1-1

Ottawa, March 14, 1956.

Dr. E. H. Lossing,
Chief, Epidemiology Division,
Department of National Health
and Welfare,
808 Jackson Building,
O t t a w a.

Dear Dr. Lossing:-

I am enclosing some current statistics on rabies. These include a table indicating positive cases diagnosed over the past four years in wildlife, domestic animals (including cats), and dogs. Another table, you will notice, gives positive cases diagnosed by species from April 1st, 1955 in the various provinces. These statistics are being continually revised and, at any time, we should be pleased to make them available to your office.

Briefly, our control policy is based on the control of the movement of dogs in infected areas, with particular emphasis on the elimination of the stray dog. We do not make vaccination compulsory, but in areas where there is a "spillover" of infection from the wild-life, dog vaccination clinics are established. With adequate publicity, we usually secure in the neighbourhood of 80% of the total dogs at these various clinics. In the current epidemic, we have provided vaccination for over 51,000 dogs and cats.

A rabies forum is being held at Guelph on March 26th (Room 114, 10 A.M.) in the Ontario Veterinary College, and we would be most pleased to have yourself

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Nat. Health & Welfare

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MAR 19 1956

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attend or, if this is not possible, one of your senior officers. At this forum will be contributions from the Provincial Wildlife authorities concerning rabies in wildlife, its control, depopulation, etc.; a contribution from the medical profession dealing with rabies in the human; and, in addition, a very comprehensive presentation on rabies by our own staff and a representative from Dr. C. A. Mitchell's Laboratory in Hull.

Yours truly,

K. F. Wells,
Veterinary Director General.

WAM/ef

Encls.

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000730

CANADA

POSITIVE RABIES DIAGNOSED

	1952-53	1953-54	1954-55	1955-56	Totals
WILDLIFE	68 57%	33 45%	71 53%	77 55%	249 53%
DOMESTIC	9 7%	27 36%	30 23%	31 22%	97 21%
DOGS	43 36%	14 19%	32 24%	32 23%	121 26%
	120 100%	74 100%	133 100%	140 100%	467 100%

Domestic - includes Cats.

Period 1955 - 56. April 1, 1955 to Feb. 29; 1956.

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CANADA

POSITIVE RABIES DIAGNOSED

April 1, 1955 - February 29, 1956

Province	No. Positive	Dog	Domestic				Wildlife				
			Bovine	Sheep	Swine	Cat	Fox	Lynx	Coyote	Wolf	Racoon
Nfld.	1	1									
N.W.T.	4	3					1				
Quebec	1						1				
Ontario	102	19	15	1		5	58	1		1	2
Man.	11	8					3				
Sask.	1					1					
Alta.	18		5		2	2		1	8		
B. C.	1	1									
	139	32	20	1	2	8	63	2	8	1	2

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Rabies diagnosed - Ontario Jan. 1, 1956 to March 8, 1956

District	Species							
	Dogs	Cats	Fox	Bovine	Wolf	Racoon	Sheep	Total
Victoria	1		4					5
Simcoe	1							1
Patricia Dist.			1					1
Hastings	1	1	1					3
Renfrew	2	1						3
Sudbury		1	4	1	1			7
Nipissing	4		5					9
Algoma		2						2
York			2					2
Durham	1					2		3
Nothumberland			1					1
Timiskaming	1		3				1	5
Prince Edward				1				1
Peterboro			1					1
Parry Sound			3					3
Bruce			1					1
Wentworth	1							1
Haliburton		1						1
Total	12	6	26	2	1	2	1	50

Document disclosed under the Access
Document divulgué en vertu de la Loi sur l'acc

Dr. B.D.B. Layton,
Principal Medical Officer, Research Development,
639 Jackson Building.

311-R1-1

Chief, Epidemiology Division.

March 19, 1956.

With reference to your memorandum of March 19th, forwarding a notice from Doctor Wells of the proposed meeting on March 26th, at the Ontario Veterinary College, Guelph, to discuss rabies, I feel it would be worthwhile to have at least one departmental representative at this meeting and, if you concur, I would be interested in attending.

E.H. Lossing, M.D., M.P.H.

EHL/TB

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DEPARTMENT OF NATIONAL HEALTH AND WELFARE

INTRADEPARTMENTAL CORRESPONDENCE

TO: Mr. J. Gibbard,
Director, Laboratory of Hygiene.
Dr. E.H. Lossing,
Chief, Epidemiology Division.

FROM:

OUR FILE NO. 311-R1-1

REF. YOUR FILE NO.
DATED

DATE: March 19, 1956.

SUBJECT:

Attached hereto a communication from Dr. K.F. Wells, Veterinary Director General, Health of Animals Division, Department of Agriculture, relating to a Forum on Rabies to be held at the Ontario Veterinary College, Guelph, Monday, March 26th.

In view of your interest in this subject, would you advise me, please, regarding attendance of yourself or any officers of your Division in order that I may relay this information to Dr. Wells.

B.D.B. Layton, M.D., M.P.H.,
Principal Medical Officer,
Research Development.

BDBL/FC

NOTED
MAR 19 1956

150M—9-48—P-1495

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DEPARTMENT OF AGRICULTURE

Production Service

Health of Animals Division

Ottawa, March 15, 1956.

Dr. B.D.B. Layton,
Principal Medical Officer,
Research Development,
Dept. National Health and Welfare,
639 Jackson Bldg.,
Ottawa.

Dear Dr. Layton:

The Health of Animals Division are convening a Rabies Forum at the Ontario Veterinary College, Guelph, on Monday, March 26th, at 10:00 a.m., at which time all aspects of Rabies disease will be fully discussed.

The following topics will be presented, and discussion time will be allowed following each presentation:

1. A review of the disease in animals, including the symptoms, dissemination and diagnosis.

2. History of Rabies in Canada in general, and in Ontario in particular.

3. Public Health problems.

4. Wildlife management problems.

5. Control measures.

Please accept this announcement as an open invitation for yourself and any officers of your organization who you care to have attend.

Yours very truly,

(Sgd.) K.F. Wells,
Veterinary Director General.

000735

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Dr. B.D.B. Layton,
Principal Medical Officer, Research Development,
639 Jackson Building.

311-R1-1

Chief, Epidemiology Division.

March 13, 1956.

There have recently been many newspaper reports of the spread of rabies in Ontario and other provinces and I feel that we should be in closer touch with the situation. You may feel that the attached letter prepared for Doctor Cameron's signature may be indicated.

E.H. Lossing, M.D., M.P.H.

Att. (1)

EHL/TB

Document disclosed under the *Access to Information Act* -
Document divulgué en vertu de la *Loi sur l'accès à l'information*

March 13, 1956.

Dr. K.F. Wells,
Veterinary Director General,
Health of Animals Division,
Department of Agriculture,
Confederation Building,
Ottawa, Ontario.

Dear Doctor Wells:

The apparent continuing spread of rabies in animal populations is a matter of considerable interest to this Department. Although the problem is, of course, a veterinary one at the present time, it is reasonable to anticipate that human cases may occur if the outbreak should continue and spread to more populated areas.

Enquiries have been received from Provincial Health Departments concerning this situation. I believe that Doctor Lossing of the Epidemiology Division was in touch with you some time ago with particular reference to the situation in Quebec.

Since the human population may be involved at any time, I would like to suggest for your consideration the possibility of arranging a closer liaison between this Department and yourselves. You will recall that some three years ago representatives of this Department were privileged to attend meetings of a committee which was set up to review the rabies situation in the Northern regions. Possibly you may feel that an arrangement of this nature might be indicated at the present time.

Our main concern is to keep in close touch with developments and I shall be very happy to be guided by your suggestions.

Yours very truly,

G.D.W. Cameron, M.D., D.P.H.,
Deputy Minister of National Health.

EHL/TB

EXCLUSIVE CONNECTION WITH WESTERN UNION CABLE SERVICE
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FORM 61228 (6-54)

CANADIAN NATIONAL TELEGRAPHS

J. R. WHITE
GENERAL MANAGER GÉRANT GÉNÉRAL
TORONTO

STANDARD TIME — HEURE NORMALE

1955 DEC 16 PM 4 13

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311-R1-1

RX MO A325 56=STJOHNS NFLD 16 NFT=

DR E H LOSSING, CHIEF EPIDEMIOLOGY DIVN=

DEPT OF NATIONAL HEALTH AND WELFARE OTTAWA=

HAVE RECENTLY HAD RABIES CONFIRMED IN A DOG AT LEWISPORT ON EXAMINATION OF HEAD STOP CONTACT OF DOG EXHIBITED SYMPTOMS FOAMING AT MOUTH ETC IN BOTWOOD DOG EXTERMINATED STOP HEAD BEING SENT FOR EXAMINATION STOP R C M P OFFICER SCRATCHED SLIGHTLY SUPERFICIAL BY DOGS PAW ON THE HAND STOP DO YOU ADVISE ADMINISTRATION OF VACCINE=

DOD MCDERMOTT MD CHIEF MEDICAL HEALTH OFFICER=

NOTED

DEC 19 1955

000738

SIVE CONNECTION WITH WESTERN UNION CABLE SERVICE
CORRESPONDANCE EXCLUSIVE AVEC WESTERN UNION CABLE SERVICE

FORM 6107 B

CANADIAN NATIONAL TELEGRAPHS

J. R. WHITE
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OTTAWA DECEMBER 16 1955

DR. AOD McDERMOTT
CHIEF MEDICAL HEALTH OFFICER
DEPARTMENT OF HEALTH
ST. JOHN'S NFLD.

CONFIRMATION ONLY

REURTEL TO-DAY /STOP/ WOULD BE INCLINED TO ADVISE VACCINE ON BASIS OF AVAILABLE KNOWLEDGE

E.H. LOSSING, M.D., M.P.H.,
DEPT. NATIONAL HEALTH & WELFARE

Chge. Dept. N.H.& W.
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000739

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CANADIAN NATIONAL TELEGRAPH COMPANY

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LA "CANADIAN NATIONAL TELEGRAPH COMPANY"

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Il est convenu entre la compagnie et l'expéditeur de la dépêche écrite au verso que la dite compagnie n'encourra aucune responsabilité au delà du montant perçu pour la transmission de la dite dépêche, à l'égard de tous dommages pouvant résulter du défaut de transmission ou de livraison, ou d'une erreur dans la transmission ou la livraison de toute dépêche non répétée, que ces dommages soient imputables à la négligence des employés de la dite compagnie ou autrement, ou à des retards causés par une interruption dans le fonctionnement de ses lignes, ou à toute erreur dans des dépêches chiffrées ou de sens obscur, ou à toute erreur due à une écriture illisible.

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808 Jackson Building
Ottawa

311-R1-1

December 15, 1955.

Dr. A.R. Foley,
Epidemiologist,
Department of Health,
Quebec, P.Q.

Dear Doctor Foley:

I have to-day received a correction to Doctor Wells's letter of December 13th, a copy of which I sent to you yesterday. Doctor Wells now informs me that the two foxes on the Island of Anticosti were both positive for rabies.

Yours sincerely,

E.H. Lossing, M.D., M.P.H.,
Chief, Epidemiology Division.

EHL/TB

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CANADA

DEPARTMENT OF AGRICULTURE

PRODUCTION SERVICE

HEALTH OF ANIMALS DIVISION

Ottawa, December 14, 1955.

National Health and Welfare
311-R1-1
DEC 15 1955
Central Registry.

Dr. E. H. Lossing,
Chief, Epidemiology Division,
Department of National Health and Welfare,
808 Jackson Building,
Ottawa, Ontario.

Dear Dr. Lossing:-

Reference my letter of December 13th concerning your file no. 311-R1-1.

Kindly make a correction in the first paragraph on page two. The two foxes referred to from the island of Anticosti were both positive for rabies.

Yours truly,

W.A. Magnihan

K. F. Wells,
Veterinary Director General.

WAM/ef

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808 Jackson Building
Ottawa

311-R1-1

December 14, 1955.

Dr. A.R. Foley,
Epidemiologist,
Department of Health,
Quebec, P.Q.

Dear Doctor Foley:

With reference to your letters of December 5th and 13th concerning the occurrence of rabies in animals, I am forwarding a copy of a letter received from Doctor Wells, Veterinary Director General, Health of Animals Division, Department of Agriculture, in reply to my request for information. I hope that this letter will give you information you require, and possibly contact with Doctor Labelle, as suggested by Doctor Wells, will enable you to obtain details of developments.

If you feel that we can be of any further assistance please do not hesitate to let me know.

With best regards.

Yours sincerely,

E.H. Lossing, M.D., M.P.H.,
Chief, Epidemiology Division.

Att. (1)

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CANADA

DEPARTMENT OF AGRICULTURE

PRODUCTION SERVICE

HEALTH OF ANIMALS DIVISION

Ottawa, December 13, 1955.

Received by Division of
EPIDEMIOLOGY
311-R1-1
DEC 14 1955
Nat. Health & Welfare

Dr. E. H. Lossing,
Chief, Epidemiology Division,
Department of National Health and
Welfare,
808 Jackson Building,
Ottawa, Ontario.

Dear Dr. Lossing:-

We have your letter of December 12th, file no. 311-R1-1, and are pleased to provide you and Dr. Foley, Epidemiologist of the province of Quebec, with information concerning the occurrence of rabies in Northern Ontario.

Briefly, we have been able to trace the incidence of the disease commencing with its identification in specimens received from Baker Lake, Northwest Territories, in 1947. There existed in that area a disease known as Arctic Fox or Wild Fox Disease, which was subsequently demonstrated to be rabies. Since that date, the infection has been identified in the wild life of the Northwest Territories from the east to the west coast, and its movement southerly through the wild life exposes our livestock, dog, and human populations to the hazard of rabies.

In 1952, the disease was known to exist at and around the lower part of James Bay. Moving southerly, it appeared in the heavy fox population in 1954 in the district of Cochrane, and this spring and fall in the districts of Timiskaming and Sudbury, Ontario.

NOTED
DEC 14 1955

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In Quebec, confirmed cases were established in January, 1953 at Eastmain and Fort George in foxes and in sled dogs. The next year, 1954, we identified it in dog and fox specimens received from Rupert House, Fort George and Port Harrison. In March and April of the present year, two foxes from the island of Anticosti proved to be negative.

A thorough investigation has been under way in the Saguenay area of Quebec, based on reports of a dog disease in that area. To date, however, we have not been able to demonstrate rabies from that part of the province. It is possible that this reported dog disease is distemper which has been diagnosed in specimens received from the Saguenay and Charlevoix areas.

Dr. Veilleux, Provincial Veterinarian with the Quebec Department of Agriculture, conducted an investigation along the north shore this past fall and I believe that, although he observed dog illnesses, he felt it to be other than rabies.

We are continuing our thorough investigation of all suspected cases, and would appreciate it if you would convey to Dr. Foley the value of liaison in a rabies control programme. Prompt reporting permits our staff to institute effective control measures. Should Dr. Foley wish to receive further details, he could communicate with our District Veterinarian for the province of Quebec, Dr. G. T. Labelle, 131 St. James Street W., Montreal 1, Que.

Yours truly,

K. F. Wells,
Veterinary Director General.

WAM/ef

c.c.- Dr. G.T. Labelle
Dr. J.M. Veilleux

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MINISTÈRE DE LA SANTÉ
QUÉBEC

COPIE

pour le Dr Lossing.

QUEBEC, le 13 décembre 1955.

M. le docteur J.M. Veilleux, Directeur,
Service de la Santé des Animaux,
Ministère de l'Agriculture,
Hôtel du Gouvernement,
QUEBEC.

Cher docteur:-

Je vous remercie de votre lettre du 9 décembre 1955, au sujet de la rage animale dans le nord de la Province d'Ontario et d'une invasion possible du nord de notre propre province.

J'ai d'ailleurs déjà communiqué avec la Division de l'Epidémiologie du Département de la Santé Nationale à ce sujet, demandant d'alerter le bureau du Directeur Vétérinaire Général en vue de restreindre la propagation de la maladie animale sur notre territoire.

Avec l'expression de mes meilleurs sentiments, je vous prie de me croire,

Votre tout dévoué,

A.-R. Foley, M.D.,
Epidemiologiste.

ARF/MC

Received by Division of
EPIDEMIOLOGY
DEC 14 1955
Nat. Health & Welfare

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B.F.
16-12-55
T.O.B.

808 Jackson Building
Ottawa

311-R1-1

December 12, 1955.

Dr. K.F. Wells,
Veterinary Director General,
Health of Animals Division,
Department of Agriculture,
Confederation Building,
Ottawa, Ontario.

Dear Doctor Wells:

Doctor Foley, Epidemiologist of the Province of Quebec, has written requesting information concerning the recent reports of the occurrence of rabies in animals in the northern part of Ontario. He also enquires whether rabies has recently been reported from Quebec and asks for suggestions concerning preventive measures if you feel any to be indicated in Quebec at the present time.

I shall be glad to pass on to Doctor Foley any information or suggestions which you may be able to give.

Yours sincerely,

E.H. Lossing, M.D., M.P.H.,
Chief, Epidemiology Division.

EHL/TB

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PROVINCE OF QUEBEC

MINISTRY OF HEALTH

QUEBEC, December 5, 1955.

National Health and Welfare
311-R-1
DEC 6 1955
Central Registry.

Doctor E.H. Lossing, Chief,
Epidemiology Division,
Department of National Health and Welfare,
808 Jackson Building,
OTTAWA.

Dear Doctor Lossing:-

I have just been informed of the occurrence of rabies in dogs and wild animals in the North of Ontario, as well as in the North Eastern part of this province, that is, the Quebec-Ontario border.

Would you kindly tell me whether or not there have been human cases, as well as an approximation on the prevalence in the animals.

We are afraid of a possible invasion of our territory and would like to be informed on measures which could and should be taken by different organizations.

Yours sincerely,

A.-R. Foley, M.D.,
Epidemiologist.

ARF/MC

Received by Division of
EPIDEMIOLOGY
DEC 6 1955
Nat. Health & Welfare

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DEPARTMENT OF NATIONAL HEALTH AND WELFARE

FILE NO. 311-R1-1 VOLUME 2

FILE NO. 311-R1-1 VOL. 2

SUBJECT

EPIDEMIOLOGY DIVISION

RABIES

GENERAL

Cover

REFERENCE				DISPOSAL			
Referred To	Remarks	By	Date	PA or BF	By	Date	For Registry Use Only
Epid	With Papers	R	DEC 15 1955	Pa	DoB	15-12-55	
Epid	[illegible] Remand	[illegible]	[illegible]	Pa	DoB	20-12-[illegible]	
Epid	[illegible]	[illegible]	12/3/[illegible]	Pa	DoB	3-4-56	
Epid		[illegible]	[illegible]	Pa	DoB	12-4-56	
Epid	[illegible]	[illegible]	APR 16 1956	[illegible]	[illegible]	16/4/56	
Epid	On Requisition	[illegible]	9/5/6	Pa	DoB	9-5-56	
Epid	With Papers	[illegible]	27/6/6	Pa	DoB	28-6-56	
Epid	With Papers	[illegible]	5/7/6	Pa	DoB	6-7-56	
Epid	On Requisition	[illegible]	29/4/7	Pa	DoB	29-4-57	
	On Requisition	[illegible]	13/5/7	Pa	DoB	13-5-57	
Dr Morowitz	Brought Forward	[illegible]	JUN 5 1957	[illegible]	[illegible]	5-6-57	
Epid	On Requisition	[illegible]	3/8/7	PA	MC	6/8/57	
Epid	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	8/8/57	
Epid	With Papers	[illegible]	13/8/7	PA	MC	12/8/57	
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Epid	On Requisition	[illegible]	30/8/7	[illegible]	[illegible]	30/8/57	
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Epid	[illegible]	[illegible]	11/9/7	[illegible]	[illegible]	11/9/57	
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Epid	On Requisition	[illegible]	16/9/7	[illegible]	[illegible]	23/9/57	
Epid	With Papers	[illegible]	20/12/7	PA	MC	23/12/57	
Epid	With Papers	[illegible]	17/5/58	PA	MRSB	22/7/58	JUL 22 1958
Epid	Request With Papers	[illegible]	19/8/8	PA	WS	22/8/58	AUG 000749
Epid	With Papers	[illegible]	FEB 26 1959	PA	CH	8/10/59	OCT 8

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DEPARTMENT OF NATIONAL HEALTH AND WELFARE

FILE NO. 311-R1-1 VOLUME 2

SUBJECT

EPIDEMIOLOGY DIVISION

RABIES

GENERAL

FILE NO. 311-R1-1 Vol. 2

REFERENCE				DISPOSAL			JH
Referred To	Remarks	By	Date	PA or BF	By	Date	For Registry Use Only
Epid	On Requisition	RS	OCT 21 1958	PA	WS	21/10/8	OCT 21 [redacted]
Epid	with Papers	BG	NOV 17 1958	PA	[illegible]	18/11/8	
Epid	On Requisition	BG	DEC 2 1958	PA	WS	2/12/8	
Epid	WITH PAPERS	BG	DEC 8 1958	PA	WS	8/12/8	
Epid	WITH PAPERS	BG	DEC 19 1958	PA	[illegible]	19/12/8	
Epid	WITH PAPERS	BG	JAN 13 1959	PA	GH	6/2/59	
Epid	WITH PAPERS	BG	FEB 18 1959	PA	GH	19/2/59	
Epid	On Requisition	MB	MAR 6 1959	PA	WS	9/3/9	
Epid	Reg	BG	16-3-59	PA	WS	20/3/9	
Epid	On Requisition	BG	8-4-59	PA	GH	9/4/59	
Epid	Requested	BG	27-5-59	PA	GH	27/5/59	
Epid	Reg	BG	13-7-59	PA	GH	13/7/9	
Epid	Reg	BG	27-7-59	PA	GH	29/7/59	
EPID. Dr. Rust	WITH PAPERS	HK	SEP 11 1959	PA	GH	11/9/59	
Epid	Requisition	BG	4-11-9	PA	WS	12/11/9	
Epid	Reg	BG	15/7/60	PA	MH	15-7-60	
Epid	Reg	BG	25/1/61		WS	6/2/61	
Epid	Reg	BG	14/7/61	—	[illegible]	14/7/61	JUL 17 1961
Dr Rust	WITH PAPERS	BG	NOV 29 1961	—	Dr	6/12/61	1961
Dr Rust	WITH PAPERS	BG	DEC 20 1961	—	Dr	21/12/61	DEC 1 1961
Epid	Reg	BG	9/4/62	—	[illegible]	9/4/62	APR - 9 1962

DO NOT WRITE BELOW THIS LINE

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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

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DON'T OVERLOAD "GENERAL" FILES. IT IS DIFFICULT TO FIND PREVIOUS CORRESPONDENCE ON A GENERAL FILE