STANDARD FORM NO. 64

Office Memorandum • UNITED STATES GOVERNMENT

TO : Jack Hall, CDC

DATE: 10 April 1957

FROM : Philip S. Brachman, M. D.

SUBJECT: Wyeth Report

I sincerely feel that you and Neill have done an admirable job with the inadequate data obtained in Pennsylvania pertaining to the poliomyelitis surveillance. I agree with your conclusions and feel they are the only logical ones that can result from the data available. I wonder what would have happened if Lot #236 had been used in districts other than three and five (Pennsylvania).

One point occurs to me concerning the distribution of the vaccine; even though one or two lots were officially reported as being the only lots used in a district, there was some unofficial borrowing and lending of other lots across district lines. This by itself undoubtedly would not account for any appreciable change in the overall statistics; but since a change of a few cases from one district to another or a change in a few cases associated with one lot might make a statistical difference, this could be a serious error. However, it is impossible to evaluate this factor of interchange of lots and therefore can only be mentioned.

Also, what would have happened to the final statistical result if the twelve Pennsylvania cases listed as suspect poliomyelitis were included with the diagnosed cases of poliomyelitis. Because of the emotionalism attached to the results of this study, I am sure if the suspect cases made any difference in the results they would have to be handled as they are at the present. However, for academic interest I would if they would make a difference in the final results.

Am I to keep the copies of the report which you sent me or would you like to have them returned? While reading the report I noted two errors of omission which you might not have caught. Both occurred in the discussion section of the Wyeth report — (a) page 2, lines 11 and 12, a word appears to have been left out, (b) page 4, line 4, a word "to" has been left out.

PHILIP S. BRACHMAN, M. D.
S. A. Surg (R) U. S. P. H. S.

mh

PUBLIC HEALTH SERVICE, BSS, CDC, - Atlanta

Dr. Philip S. Brachman
Univ. of Pennsylvania
Philadelphia 4, Pennsylvania
Assistant Chief, PSU

March 21, 1957

Wyeth Report

Before looking any further, prepare yourself for a shock. Enclosed please find one rough draft of Wyeth Report. I apologize for the very rough nature of this draft, but am sending it on in its present state to save some time.

Please don't let it get out of your hands. This is the result of Neal's and my efforts, and Dr. Langmuir hasn't yet seen it. I don't doubt that he will want to make some changes before it goes to the Pennsylvania State Health Department. We hope that we can incorporate some suggestions of yours at the same time before it is mimeographed to send toSchrack.

I wouldn't have the nerve to ask you to hurry. Anyhow, Dr. Langmuir probably won't get to it for a couple of weeks. We shall look forward to your critical comments.

Wm. Jackson Hall, Ph.D.
Scientist (R)

Enclosure

WJHall:mal

STANDARD FORM NO. 64

Office Memorandum • UNITED STATES GOVERNMENT

TO : Dr. William Jackson Hall
Polio Surveillance Unit, CDC
50 Seventh St., N. E., Atlanta 23, Ga.

DATE: November 9, 1956

FROM : Dr. Philip S. Brachman

SUBJECT: Poliomyelitis Surveillance

Enclosed you will find the completed forms on the two patients which you recently sent to me. I circumvented the medical director at the University Hospital so that I could examine the records. As you can see neither of the patients had polio and therefore are in the class of non-polio diseases.

Philip S. Brachman, M.D.
S. A. Surg(R) U. S. P. H. S.

psb/lm
enclosures (3)

PUBLIC HEALTH SERVICE, BSS, CDC

Dr. Philip Brachman
Philadelphia, Pa.

November 2, 1956

Assistant Chief, PSU

Wyeth Problem

Progress is slow. Dr. Schrack is still sitting on nine cases despite telegrams and phone calls.

In reviewing the cases which Ed classified as "not in study period" we came across two questionable reports: Kathryn Middleton and Dr. Eleanor Bendler, both apparently hospitalized at HUP. It isn't clear that these did not really have onsets during the first six months of 1955. Could you please check on them? If they are in the study period, we will of course need completed records on them.

Thanks for your help.

Wm. Jackson Hall, Ph.D.
Scientist (R)

Enclosures

WJHall:mal

STANDARD FORM NO. 64

Office Memorandum · UNITED STATES GOVERNMENT

TO : Dr. William Jackson Hall
Polio Surveillance Unit, CDC
50 Seventh St., N. E., Atlanta, Ga.

DATE: November 6, 1956

FROM : Dr. Philip S. Brachman

SUBJECT: Polio Laboratory Data

Concerning your letter of October 29 as regards the checking of the laboratory report from Children's Hospital on Margaret Jolley (#55-1345) and Thomas Thompkins (#55-1292), I wish to report that the results are as stated on the forms already in your hands; i. e. poliovirus type 1 was isolated from Margaret Jolley and poliovirus type 1 was isolated from Thomas Thompkins.

Concerning the number of cases which are reported as so called non-paralytic polio but with indications of various weaknesses, your supposition as to what my answer will be is correct. By far the greatest majority of the records I reviewed did not contain physiotherapists' examination reports. The muscle evaluation of these patients was that of the intern or resident or rarely a staff man. The muscle evaluation was most often summarized in one or two sentences by merely stating which muscles were weak or in a few cases paralyzed. If numerical values were given to muscle evaluation as ~~for examination~~ a physiotherapist would do, I included this on my report. My initial answer to your query would have been, in order to be consistent, call all weakness-paralysis since a non-specialized muscle tester (intern or resident) would undoubtedly miss minimal weakness but would observe moderate or maximum weakness which would undoubtedly represent paralysis. However, this then would indicate that there were 69 paralytic cases and only five non-paralytic cases out of the series of 74 cases you mentioned. This is certainly an unusual distribution which then adds to the difficulty in deciding what to do with these cases. As you suggested any cases mentioning residual weakness most certainly are paralytic cases.

You are certainly better able to consider what percentage of cases are usually paralytic and what percentage are usually non-paralytic from your vast experience. Therefore, if it makes more sense that the 30 cases that are so called non-paralytic with weakness should be non-paralytic cases then I would agree to this generalization. I wish I could give a clear-cut opinion but I am sure you can appreciate this difficulty.

Concerning your most recent memo of November 2 regarding the two cases of polio hospitalized at the Hospital of the University of Pennsylvania, as I have already mentioned to you, this is the only hospital at which we encountered resistance from the medical director in reviewing the charts. The Med-

Please sort all cards listed as "NP with weakness" and alphabetize them.

ical Director, Dr. Harold M. Dana indicated last spring as well as yesterday that I would have to obtain the consent of each patient before reviewing the hospital records. Since our directive as agreed upon in Harrisburg was not to contact the family or private physician, it is impossible for me to obtain this consent. Therefore, I am investigating other methods of obtaining the desired information.

I will see Dr F. Ward - chief of medicine re these case histories.

Philip S. Brachman, M.D.
S. A. Surg(R) U. S. P. H. S.

psb/lm

PUBLIC HEALTH SERVICE, BSS, CDC

October 29, 1956

Dr. Philip S. Brachman
Philadelphia 4, Pa.

Assistant Chief, PSU

Polio Laboratory Data

You will remember that I was going to send you an inquiry about ten days ago. Well, I was sent out of town immediately and here I am just getting back to it.

Now there are two questions. The first is on specimen number 1345. The name is Margaret Jolley, a contact of Stephen Jolley (number 55-1483) from whom Type 2 poliovirus was isolated. Type 2 was also isolated from three other contacts, but our lab report indicates that Type 1 was isolated from Margaret. Would you please check to see if this is Type 1 or Type 2?

The second question is about specimen number 1292, of Thomas Thompkins. Our report indicates that Type 1 poliovirus was isolated from Thomas but his serology would indicate that it was more likely Type 3. Thomas is a contact of Deidre Thompkins (number 55-1276) from whom no virus was isolated but whose serology would also indicate that she probably had a Type 3 infection. Please check to see if Type 1 or Type 3 was isolated from Thomas.

Thanks for your help Phil. This project is still dragging along due to lack of support from Schrack, as well as to our own lack of interest.

As an after thought Phil, I might just as well ask for your thoughts on a problem that is giving us some difficulty in analyzing these Wyeth cases. Almost all of the so-called non-paralytic cases have indications of muscle weakness but no paralysis. For example, out of a series of 74 cases, 39 are paralytic 5 are nonparalytic without weakness and 30 are so-called nonparalytic but with indications of various weaknesses. What were the distinctions between weakness and paralysis in completing these forms? I suppose your answer will be to indicate whatever was on the hospital chart. But how do you feel we should handle these? Some times they even mention residual weakness, which must mean paralysis to me. I would appreciate your opinions.

Best regards.

Wm. Jackson Hall, Ph.D.
Scientist (R)

WJHall:mal

STANDARD FORM NO. 64

Office Memorandum · UNITED STATES GOVERNMENT

TO : Dr. William Jackson Hall
Polio Surveillance Unit, CDC
50 Seventh St., N. E., Atlanta, Ga.

DATE: October 3, 1956

FROM : Dr. Philip S. Brachman

SUBJECT: Polio forms

I mailed the forms from Dr. Hummeler to you on Monday afternoon via first-class mail and assume that you have received them by now. I appreciate the copy of the report of your visit with Dr. Schrack. If there is anything more that I can do please let me know. I will await the final report with much interest.

Philip S. Brachman, M. D.
S. A. Surg(R) U.S.P.H.S.

psb/lm

Jcl

DHEW, CDC

SEPTEMBER 28, 1956
TYPED 4:10 PM

Dr. PHILLIP S. BRACHMAN
UNIVERSITY OF PENNSYLVANIA
WISTAR INSTITUTE
WOODLAND AVENUE & 36th. St.
PHILADELPHIA 4, PENNSYLVANIA

PLEASE HAVE DR. HUMMELER RETURN POLIO CASE RECORDS IMMEDIATELY.

MUST PREPARE WYETH REPORT.

Wm. Jackson Hall, Ph. D.
Assistant Chief
Polio Surveillance Unit

WJH:vls

PUBLIC HEALTH SERVICE, BSS, CDC

Dr. Philip Brachman

May 16, 1956

Polio Surveillance Unit

Trip to Harrisburg

Phil, I'm going to Harrisburg via Pittsburgh and will meet you in Dr. Schrack's office Monday morning at 9:00. Many thanks anyhow for the invitation to stay with you. I will have all the necessary records with me. Hope we can make it short and sweet.

Wm. Jackson Hall, Ph.D.
Sr. Asst. Scientist (R)

WJHall:mal

Dr. Philip S. Brachman
Philadelphia, Pennsylvania

January 19, 1956

Chief, Epidemiology Branch

Travel to Philadelphia, Harrisburg, etc.

You have now received the copy of my letter to Berwyn Mattison concerning the trip to Pennsylvania. I shall arrive on Flight 504 reaching the Philadelphia airport at 9:52 PM via Eastern Airlines. If you could meet me and drive me out to the tourist home near your home, this would be ideal. Then we would leave in the morning in time to have breakfast and arrive in Harrisburg at 9:00 AM. I trust this is feasible.

After getting to Doylestown, we will take whatever steps seem to be indicated and mutually agreed, but I would like to leave for Baltimore and Washington either on Thursday evening or possibly Friday morning at least in time to arrive in Washington by noon Friday.

Ed Pattison is now studying the records that we have from Pennsylvania and Delaware so that he should be thoroughly versed with all of our information by the time we get together.

I am sure that you realize I consider it difficult to exaggerate the importance of the investigation we are about to undertake together.

Alexander D. Langmuir, M. D.

cc: Mr. Pattison

Form HEW-30

DEPARTMENT OF HEALTH, EDUCATION, AND W

ROUTE SLIP

(Fold here)

Date _____

To: Constit. Organ. Bldg.

1. Dr. W. J. Hall
2. _____
3. _____
4. _____
5. _____
6. _____

☐ Approval ☐ Note and return ☐ See me
☐ Comment ☐ Note and file ☐ As requested
☐ Necessary action ☐ Prepare reply ☐ For your info
☐ Investigate ☐ Signature ☐ Per conversat

REMARKS:

From ADL
To _____

(Fold here for return)

Bldg. _____ Phone _____

Room _____

10—39884-4

PUBLIC HEALTH SERVICE, BSS, CDC

Chief, Epidemiology Branch

September 28, 1956

Assistant Chief, PSU

Trip Report - Pennsylvania SHD and Polio Vaccine Activity, DGHS

Plans for full and detailed investigation of polio cases in Pennsylvania during the first six months of 1955 were made jointly by CDC and the Pennsylvania SHD in late January. The purpose was to study any relationship between Wyeth vaccine and polio incidence in the spring of 1955. Dr. Brachman and Mr. Pattison undertook the field work, investigating 278 suspect cases in the State. On May 21 and 22, Dr. Brachman and I met with Dr. Schrack of the SHD to review the status of the study. We agreed that 44 cases needed further investigation; many required contacting private physicians which had been agreed would only be done through the state health officials. Dr. Brachman was to review six of the 44 cases and determine if further laboratory data might be available. Dr. Schrack preferred completing records for the remaining 38 cases himself, although assistance was offered him.

On July 6, having heard nothing from Dr. Schrack, I inquired by letter about the progress of the study. On September 6, a second inquiry was made. Having heard no replies, plans were made for a visit to Dr. Schrack's office on September 24 to try to complete this phase of the investigation.

I spent Monday, September 24, with Dr. Schrack reviewing the status of the 38 case records. Inquiries to complete the records had been made to district health officers by letter in late June. Many letters had been unanswered or inadequately answered. Follow-up letters had been sent in August and some again in mid-September. I transcribed all replies onto the case records and determined that about a third of them were still incomplete. Dr. Schrack made several phone calls, and at the end of the day all but nine records were complete; completed records for several of these were to be phoned in the next day.

Dr. Schrack was to be out of town Tuesday, but he agreed to completing the remaining records by phone on Wednesday, at which time they will be mailed to me. A preliminary draft of a report will be prepared at PSU, and I shall review it with Dr. Schrack when completed.

In January, I reviewed plans for vaccine evaluation in Pennsylvania with Dr. Schrack and other state health officials. Dr. Schrack requested that further review of these plans be made upon my next visit to Harrisburg. He also inquired whether CDC could provide a statistical consultant to the SHD to recommend revised procedures for keeping communicable disease morbidity records in the State. I said I would discuss this with Statistics Section, and suggested he direct an inquiry to them.

In response to a request from Dr. Haldeman to Dr. Bauer, I submitted a review of the Poliomyelitis Surveillance Program to Miss Flock who is assisting Dr. Haldeman in preparing an address to be given to the American Academy of Pediatrics in New York

on October 11 on the distribution and use of polio vaccine. I agreed to review her draft of the speech with her and Dr. Krovetz on September 25, at which time I planned also to review polio surveillance and vaccine distribution activities with Dr. Krovetz and other members of the staff.

Miss Flook had prepared two drafts of the speech, almost identical except for sections on safety and effectiveness. Version A reviewed plans for current vaccine evaluation but gave no current results. Version B gave very detailed preliminary results of this year's evaluation, taken almost directly from the material I had submitted to her. Both drafts were thoroughly reviewed and changes agreed upon. After eliminating some of the detail, version B was considered preferable, particularly in view of the request from the Academy of Pediatrics for a critical review of the current status of the vaccination program. Miss Flook will present her recommendations to Dr. Haldeman, who was out of town, before he prepares a final draft. I asked that I be given an opportunity to review this final draft. Dr. Krovetz will prepare a series of questions and answers for Dr. Haldeman's use in answering questions from the floor. I will assist Dr. Krovetz in this task.

Dr. Haldeman's speech was originally not to include epidemiologic vaccine evaluation; he was originally asked to speak on supply and distribution of vaccine. A later request from the Academy changed these plans. The situation is somewhat awkward in that he will be presenting epidemiologic results with which he has little direct association.

The rest of Tuesday afternoon and Wednesday morning was spent with Dr. Dauer visiting NOVS, with Mr. Greve, Chief, Analysis and Reports Section, BCHS, who receives reports on vaccine distribution, and with Dr. Krovetz, Chief, Polio Vaccine Activity.

Wm. Jackson Hall, Ph.D.
Assistant Chief,
Polio Surveillance Unit

cc: Chief, Statistics, CDC
Chief, Polio Surveillance Unit
Chief, Polio Vaccine Activity, BCHS
Dr. Philip Brachman
Regional Medical Director, Region II

WJHall:mal

Date 5/23/56

To:	Constit. Organ.	Bldg.	Room
1. ~~Dr. Langmuir~~			
2. Jack Hall -	P.S.	Forrestal	
3.			
4.			
5.			
6.			

☐ Approval	☐ Note and return	☐ See me
☐ Comment	☐ Note and file	☐ As requested
☐ Necessary action	☐ Prepare reply	☐ For your information
☐ Investigate	☐ Signature	☐ Per conversation

REMARKS:

Please see me about
minor items on trip reports
& memos. JHR

(Fold here for return)

From / To: PSU — Phone

Bldg. — Room

16—39884-4 GPO

Refer to section
authorization
in some appropriate way.

S, CDC

Dr.

23, 1956

Dr.

Tri

urg, Pennsylvania

All d
Dr. William I
Pennsylvania
Philadelphia,

rence with
se Control,
Officer in

Dr. Br
with Mr. Patt
Dr. Brachman
poliomyelitis
were classifi
and diagnosis
which were di
not sufficien
further data
as "suspicious
further by (1
nurse to the
Dr. Henle's laboratory in Philadelphia. These 20 cases will then be classified
either as polio, not-polio, or suspicious polio.

tly completed
55. Dr. Schrack,
ases of possible
1955. All cases
ot-polio,(88 cases),
cludes 13 cases
hich there are
for which no
e carried along
nvestigated
Public Health
physician, or (2) Dr. Brachman's reviewing laboratory data at

The vaccination and family histories of the 85 cases diagnosed as polio were reviewed. The 85 cases were classified as follows: those with histories complete (61 cases), those known to be associated with vaccine but with exact lot number data unknown (15 cases), and those with incomplete vaccination histories (9 cases). It was agreed that Dr. Schrack would check into the 24 cases in the latter two categories by letter, phone, and/or nurses' visits to complete the data. Other procedures would be instituted as necessary. After this phase of the investigation is completed, it will be jointly decided whether verification of the lot number data on other cases would be necessary.

The necessary records were left with Dr. Schrack and Dr. Brachman for completion of the investigation, and are to be forwarded to Polio Surveillance Unit through Dr. Brachman.

Dr. Schrack had conferred with Dr. Mattison and Dr. Millington and had received full authority to institute whatever measures would be necessary to complete the investigation.

Sincerely yours,

Wm. Jackson Hall, Statistician
Polio Surveillance Unit

Distribution

WJH:vls
Enclosure

PUBLIC HEALTH SERVICE, BSS, CDC

? Mattison or Chief, Epid Br

Dr. R. E. Serfling

May 23, 1956

Dr. William Jackson Hall

Refer to section author is in some appropriate way.

Trip Report - May 21-22, State Health Department, Harrisburg, Pennsylvania

All day May 21 and the morning of May 22 were spent in conference with Dr. William D. Schrack, Jr., Director, Bureau of Communicable Disease Control, Pennsylvania State Health Department, and Dr. Phillip Brachman, EIS Officer in Philadelphia, in Dr. Schrack's office in Harrisburg.

Dr. Brachman reviewed the field investigation which he recently completed with Mr. Patterson concerning the Wyeth problem in the spring of 1955. Dr. Schrack, Dr. Brachman and myself reviewed the diagnosis on two hundred six cases of possible poliomyelitis occurring in Pennsylvania in the first six months of 1955. All cases were classified into one of three categories: polio, (85 cases), not-polio,(88 cases), and diagnosis not yet established (33 cases). This latter group includes 13 cases which were diagnosed by the attending physician as polio, but for which there are not sufficient data to either confirm or change this diagnosis, and for which no further data are available. It was decided that these cases would be carried along as "suspicious" polio. The other 20 cases in this group are to be investigated further by (1) a letter, phone call, or visit from Dr. Schrack or a Public Health nurse to the attending physician, or (2) Dr. Brachman's reviewing laboratory data at Dr. Henle's laboratory in Philadelphia. These 20 cases will then be classified either as polio, not-polio, or suspicious polio.

The vaccination and family histories of the 85 cases diagnosed as polio were reviewed. The 85 cases were classified as follows: those with histories complete (61 cases), those known to be associated with vaccine but with exact lot number data unknown (15 cases), and those with incomplete vaccination histories (9 cases). It was agreed that Dr. Schrack would check into the 24 cases in the latter two categories by letter, phone, and/or nurses' visits to complete the data. Other procedures would be instituted as necessary. After this phase of the investigation is completed, it will be jointly decided whether verification of the lot number data on other cases would be necessary.

The necessary records were left with Dr. Schrack and Dr. Brachman for completion of the investigation, and are to be forwarded to Polio Surveillance Unit through Dr. Brachman.

Dr. Schrack had conferred with Dr. Mattison and Dr. Millington and had received full authority to institute whatever measures would be necessary to complete the investigation.

Sincerely yours,

Dr. Mattison

Wm. Jackson Hall, Statistician
Polio Surveillance Unit

WJH:vls
Enclosure

Current Classification of Cases
in The Wyeth Investigation in Pennsylvania
(May 23, 1956)

TOTAL CASES CONSIDERED			278
Cases not in study period			72
Cases in study period (Jan-June 1955)			206
Diagnosis not established		33	
"Suspicious" polio	13		
Require further investigation	20*		
Diagnosis not polio		88	
Diagnosis polio		85	
Known not associated with vaccine		38	
Prior to Vaccination program	16		
Post vaccination program	22		
Known association with vaccine		38	
Lot No. known	23		
Lot No. unknown	15*		
Association unknown		9*	

* These cases (total of 44) are to be further investigated.

PUBLIC HEALTH SERVICE, BSS, CDC

Chief, Epidemiology Branch

May 4, 1956

Chief, Polio Surveillance Unit

Interium Report on Wyeth Investigation

At the present time I feel that it is appropriate to submit a summary of the investigation of poliomyelitis cases which have occurred in association with Wyeth vaccine. As you know, this investigation was to include all reported and suspected cases of poliomyelitis with onsets within the period January 1 through June 30, 1955. The investigation was to consider all cases regardless of association with previous poliomyelitis vaccination, and was also to consider all suspect cases even those which had not been reported as poliomyelitis to the state health department. The current status of the investigation of these cases is outlined in the attached table.

From this table you will see that a total of 201 cases reported and suspected were considered for the investigation. Of this total, 185 cases have been sufficiently documented to permit diagnosis while 16 cases have not been sufficiently documented to permit diagnosis. These 16 cases, are suspect cases on which specimens were submitted to Dr. Henlee's laboratory for polio diagnosis. Since these cases were under the care of private physicians, and many of them were probably not hospitalized, while for those who may have been hospitalized the hospital was unknown, no further investigation was possible under the terms of the investigation made by Dr. Brachman and Mr. Pattison in Pennsylvania. Since these cases were never reported as confirmed polio to the state health department, it is probable that most of them have received a final diagnosis of "not polio".

Of the 185 cases on which data for diagnosis was sufficient, a careful evaluation has been made by Dr. Brachman and myself. In making this evaluation the complete clinical history as well as all available laboratory data on case as well as on contacts was considered. As a result of final evaluation, 105 cases were classified as "not polio". A total of 80 cases have been classified as polio.

The current status of information on the 80 cases classified as polio is as follows. On 32 cases a complete history of possible vaccine association was taken and was negative, so that these 32 cases are definitely classified as not vaccine associated. On 18 cases a definite history of vaccine association (either vaccination of the case, or contact with a vaccinated individual in the family or in the community) was obtained. On these 18 cases the lot number of the vaccine in question was also definitely known. On an additional 15 cases a definite history of vaccine association was obtained, but the lot number used was not definitely known. In some of these cases the lot number could be limited to one of several lot numbers, and in other cases there was no information at all on lot number. On an additional 15 cases history was incomplete, so that it was not possible to say whether these cases were vaccine associated or were not. Of these 15 cases with history incomplete, 13 cases were known not to have been vaccinated, but there was no history as to possible association with family members or community members who had been vaccinated. On 2 of these 15 cases with history incomplete, there was no information on vaccination of the case, or on possible association with a previously vaccinated individual.

In summary, at the present time a total of 201 cases have been investigated. Among this group, there are three outstanding sub-groups on which it would be desirable to obtain further data. These three sub-groups are:

1. The group of 16 cases on which data was not sufficient for a diagnosis. In order to obtain data on these cases a contact either letter, phone or personal with the private physician caring for the patient would have to be made in order to obtain further data. It is probable that most of these cases will be classified as "not polio".

2. A group of 15 cases known to be vaccine associated, but for which the definite lot number used was not obtained. On many of these cases it will probably be impossible to obtain a definite single lot number. However, these cases should be further investigated in an attempt to pin down the exact lot number as well as possible.

3. A group of cases classified as polio, on whom history of possible vaccine association is incomplete. On these cases a follow-up visit to the family or private physician would probably be necessary in order to attempt to complete a positive or a negative history of possible vaccine association. For these 15 cases it might also be necessary to refer to records in individual school clinics and district health departments to pin down possible vaccine association as well as possible.

At this time it is my belief that if a further investigation could be made of this group of cases described above on which data is incomplete, a final report could then be compiled. I believe that it would be desirable to proceed if possible with the completion of data on these cases, as soon as is feasible.

Although the incomplete status of the data at present do not permit any final interpretations or conclusions, a preliminary analysis of data now available show the following: during the period from beginning of the vaccination program in Pennsylvania, April 26th, through June 11, 1956, a number of poliomyelitis cases occurred throughout Pennsylvania. In those counties in Pennsylvania in which Wyeth vaccine Lot No. 236 was used, there was a higher attack rate per 100,000 individuals than in any other area in the state. This attack rate, which is based on total cases, shows that the prevalence of poliomyelitis was two or more times greater in the area using Lot 236 than in other areas in the state. If this background incidence is now compared to the attack rate of vaccine associated cases per 100,000 inoculations of vaccine the following is found. For Wyeth Lot 236 there is an attack rate considerably higher than the attack rate for any other lot of Wyeth vaccine used in Pennsylvania. Using attack rates based on total vaccine associated cases, for Lot 236 there is an attack rate between 10 and 5 times as high as for any other lot of Wyeth vaccine used in Pennsylvania.

Thus it appears that the rate of association of polio cases with Wyeth Lot 236 was definitely higher than for any other lot and that this difference was greater than the difference between total cases for the 236 area and cases for other areas. Because of the preliminary state of these data I would hesitate to make any final interpretation of these findings at present.

Neal Nathanson, M.D.
S.A. Surgeon (R)

Enclosure
NN:mal

Pennsylvania

Cases Reported or Suspected as Poliomyelitis
January 1 through June 30, 1955

Total Cases Considered	201
Data Insufficient for Diagnosis	16
Data Sufficient for Diagnosis	185
Classified as "Not Polio"	105
Classified as Polio	80
Known Not Vaccine Associated	32
Known Vaccine Associated, Lot No. Known	18
Known Vaccine Associated, Lot No. Unknown	15
Questionable Vaccine Associated (History Incomplete)	15