A Working Program Against Influenza Prepared by an Editorial Committee of the American Public Health Association

| Excerpted from "A Working Program Against Influenza." Prepared by an Editorial Committee of the American Public Health Association and Based upon Papers, Committee Reports, and Discussions Presented at the Meeting of the Association Held in Chicago, Illinois, December 9–12, 1918. *American Journal of Public Health*. 9(1); 1919, 1–13.

FOREWORD

Something is known concerning the nature of influenza. Much remains to be determined. Administrative health agencies, however, must act in the light of present knowledge. They cannot wait until the last word has been said in respect to the identity and nature of the microorganism or virus that causes the disease, or in respect to the channels through which it may be spread, or for the discovery of specific vaccines or sera for prevention or cure.

To afford such aid as may be possible to administrative health officials and to others concerned in the protection of the public health, a committee of the American Public Health Association was charged with the duty of preparing a provisional working formula, based upon the facts and opinions elicited at the meeting of the Association in Chicago, December 9–12, 1918.

This pamphlet is the result of deliberations of that committee. It is issued by the Association in the discharge of the duty to the public that the Association has assumed in the hope that it may prove helpful.[1]

INTRODUCTORY STATEMENT

The present epidemic is the result of a disease of extreme communicability. So far as information available to the committee shows, the disease is limited to human beings.

The microorganism or virus primarily responsible for this disease has not yet been identified. There is, however, no reason whatsoever for doubting that such an agency is responsible for it. Mental conditions may cause one to believe he has influenza when he has not, and may make the patient who has the disease suffer more severely than he otherwise would. No mental state alone, however, will cause the disease in one who is not infected by the organism or virus that underlies the malady. . . .

There is no known laboratory method by which an attack of influenza can be differentiated from an ordinary cold or bronchitis or other inflammation of the mucous membranes of the nose, pharynx, or throat.

There is no known laboratory method by which it can be determined when a person who has suffered from influenza ceases to be capable of transmitting the disease to others. . . .

In relation to the use of vaccines for the prevention of influenza, the evidence which has come to the attention of the committee as to the success or lack of success of the practice is contradictory and irreconcilable. In view of the fact that the causative organism is unknown, there is no scientific basis for the use of any particular vaccine against the primary disease. If used, any vaccine must be employed on the chance that it bears a relation to the unknown organism causing the disease. . . .

The preventive measures recommended by the committee are as follows:

A. Efficient organization to meet the emergency, providing for a centralized coordination

(1) The Committee noted that the cost of printing and distributing a separate pamphlet, with the same text as this article, was borne by funds contributed through the generosity of certain citizens of Chicago. Copies could be obtained by writing to the APHA, then in Boston, Mass.

and control of all resources.

B. Machinery for ascertaining all facts regarding the epidemic:

1. Compulsory reporting.
2. A lay or professional canvass for cases, etc.

C. Widespread publicity and education with respect to respiratory hygiene, covering such facts as the dangers from coughing, sneezing, spitting, and the careless disposal of nasal discharges; the advisability of keeping the fingers and foreign bodies out of the mouth and nose; the necessity of hand washing before eating; the dangers from exchanging handkerchiefs; and the advantages of fresh air and general hygiene. Warnings should be given regarding the danger of the common cold, and possibly colds should be made reportable so as to permit the sending of follow-up literature to persons suffering from them. The public should be made acquainted with the danger of possible carriers among both the sick and the well and the resultant necessity for the exercise of unusual care on the part of everybody with respect to the dangers of mouth and nasal discharges.

D. Administrative procedures:

1. There should be laws against the use of common cups, and improperly washed glasses at soda fountains and other public drinking places, which laws should be enforced.

2. There should be proper ventilation laws, which laws should be enforced.

Since the disease is probably largely a group or crowd problem, the following is especially important.

3. Closing.—Since the spread of influenza is recognized as due to the transmission of mouth and nasal discharges from persons infected with influenza, some of whom may be aware of their condition but others unaware of it, to the mouths and noses of other persons, gatherings of all kinds must be looked upon as potential agencies for the transmission of the disease. The limitation of gatherings with respect to size and frequency, and the regulation of the conditions under which they may be held must be regarded, therefore, as an essential administrative procedure.

Nonessential gatherings should be prohibited. Necessary gatherings should be held under such conditions as will insure the greatest possible amount of floor space to each individual present, and a maximum of fresh air, and precautions should be taken to prevent unguarded sneezing, coughing, cheering, etc.

Where the necessary activities of the population, such as the performance of daily work and earning of a living, compel considerable crowding and contact, but little is gained by closing certain types of meeting places. If, on the other hand, the community can function without much of contact between individual members thereof, relatively much is gained by closing or preventing assemblages.

Schools: As to the closing of schools there are many questions to be considered.

(1) Theoretically, schools increase the number and degree of contacts between children. If the schools are closed, many of the contacts which the children will make are likely to be out of doors. Whether closing will decrease or increase contacts must be determined locally. Obviously, rural and urban conditions differ radically in this regard.

(2) Are the children in coming to and going from school exposed to inclement weather or long rides in overcrowded cars?

(3) Is there an adequate nursing and inspection system in the schools?

(4) Is it likely that teachers, physicians and nurses can really identify and segregate the infected school child before it has an opportunity to make a number of contacts in halls, yards, rooms, etc.?

We suggest that children suspected of having influenza and

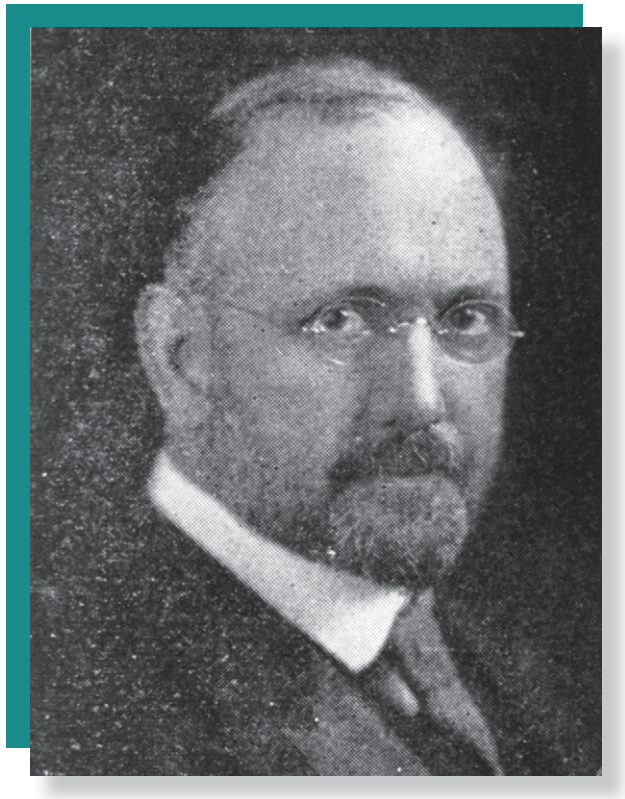

IMAGE 1—William Augustus Evans

Source: Courtesy of the Prints and Photographs collection, History of Medicine Division, National Library of Medicine.

held in school buildings for inspection should be provided with and required to wear face masks. . . .

Churches.

If churches are to remain open, services should be reduced to the lowest number consistent with the adequate discharge of necessary religious offices, and such services as are held should be conducted in such a way as to reduce to a minimum, intimacy and frequency of personal contact.

Theaters.

As regards theaters, movies, and meetings for amusement in general, it seems unwise to rely solely or in great part upon the ejection of careless coughers. In the first place it is difficult to determine who is a careless cougher, and after each cough, danger has already resulted. It seems, too, that the closing of theaters may have as much educational value as their use for direct educational purposes, etc. Discrimination as to closing among theaters, movies etc., on the basis of efficiency of ventilation and general sanitation, may be feasible.

Saloons, etc.

The closing of saloons and other drinking places should be decided upon the basis of the probability of spread of the disease through drinking utensils and the conditions of crowding.

Dancehalls, etc.

The closing of dance halls, bowling rooms, billiard parlors and slot-machine parlors, etc., should be made effective in all cases where their operation causes considerable personal contact and crowding.

Streetcars, etc.

Ventilation and cleanliness should be insisted upon in all transportation facilities. Overcrowding should be discouraged. A staggering of opening and closing hours in stores and factories to prevent overcrowding of transportation facilities may be cautiously experimented with. In small communities where it is feasible for persons to walk to their work it is better to discontinue the service of local transportation facilities.

Funerals.

Public funerals and accessory funeral functions should be prohibited, being unnecessary assemblies in limited quarters, increasing contacts and possible sources of infection.

Masks.

– The wearing of proper masks in a proper manner should be made compulsory in hospitals and for all who are directly exposed to infection. It should be made compulsory for barbers, dentists, etc. The evidence before the committee as to beneficial results consequent upon the enforced wearing of masks by the entire population at all times was contradictory, and it has not encouraged the committee to suggest the general adoption of the practice. Persons who desire to wear masks, however, in their own interests, should be instructed as to how to make and wear proper masks, and encouraged to do so.

Isolation.

– The isolation of patients suffering from influenza should be practiced. In cases of unreasonable carelessness, it should be legally enforced most rigidly.

Placarding.

– In cases of unreasonable carelessness and disregard of the public interests placarding should be enforced.

Hospitalization.

– The theory of complete hospitalization is that, if all the sick were hospitalized the disease would be controlled. In certain somewhat small communities where hospitalization of all cases was promptly inaugurated the disease did come quickly under control. It must be recognized, however, that unless every infective person can be detected and identified as such and removed to the hospital before he has infected others, hospitalization cannot be depended upon to eliminate the disease. In general, home treatment is to be advocated where medical, nursing and other necessary facilities are adequate, and where home treatment is not directly contraindicated by the danger of infecting others. . . .

Coughing and Sneezing.

– Laws regulating coughing and sneezing seem to be desirable for educational and practical results.

Terminal Disinfection.

– Terminal disinfection for influenza has no advantage over cleaning, sunning and airing.

Alcohol.

– The use of alcohol serves no preventive purpose. . . .

HISTORY AND STATISTICS OF THE EPIDEMIC

Your subcommittee wishes to say that in view of the fact that the historical and other data of the epidemic are still in process of collection, no positive statement can be made at the present time on the precise incidence of the disease in the American population. On the basis of the best data available your subcommittee estimates that there were not less than 400 000 deaths from the disease in the United States during the months of September, October and November 1918. The major portion of this mortality occurred at ages 20–40, when human life is of the highest economic importance. . . .

On the last day of the meeting, the executive committee of the Association appointed an editing committee composed of Dr. W. A. Evans, chairman; Dr. D. B. Armstrong, Dr. W. H. Park and Dr. William H. Davis, each representing a subcommittee, and Dr. W. C. Woodward and Mr. E. W. Kopf, as editorial advisors, to edit the report of the reference committee and to carry it through the press and to distribute it to those in attendance on the meeting.

Very respectfully submitted,
W. A. EVANS, Chairman.
D. B. ARMSTRONG.
WILLIAM H. DAVIS.
E. W. KOPF.
WILLIAM C. WOODWARD.
December 13, 1918.