

Declassified E.O. 12356 Section 3.3/NND No. 785015

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IMMUNIZATION, INOCULATION &
VACCINATION
OCT. 1943 - DEC. 1944

HEADQUARTERS ALLIED COMMISSION
APO 234
G-1 Section Civilian Personnel

File
418

Ref/G-1/Civ Pers/248
SUBJECT: Civilian Employees.

23 December 1944

TO : Adjutant Department S/C.

1. All civilian employees of Headquarters Allied Commission are required to receive Anti-Small-Pox shots. Inoculations before employment is not obligatory.

2. The American Dispensary, located on the 1st Fl. in the Ministero delle Corporazioni Building, will commence giving required inoculations on Thursday Dec. 28 1944, between the hours of 1400 to 1700.

3. All Sections concerned, upon receipt of these instructions, will arrange for employees to comply with the above.

4. Sections will distribute attached forms to employees concerned, who in turn will present same to Medical Officer upon reporting.

5. In the case of personnel employed after receipt of these instructions, forms will be forwarded to employing Section by this office, attached to "Approval Employment" forms and in which case same will apply, as in above paragraph.

A. I. URIER
Lt. Col. AGD
G-1 American.

Incl.- Request for Inoculations. (4)

3

3312

FROM : 57 Area
TO : List "D"

Dist
G-1 (C)
G-4 (W)
H. E. Conrad
OC (Info Div)
Cady (Main)

In lieu of AF O 2136, 7724,
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Advance order (.) in view of occurrence fresh cases small-pox units
will ensure vaccination states brought up to 100% protected by 1
May (.) explanation will be called for from units not complying (.)
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HEADQUARTERS
NORTH AFRICAN THEATER OF OPERATIONS
UNITED STATES ARMY
APO 534

AMB (5A7a)

CIRCULAR)
NUMBER 12)

28 January 1944

IMMUNIZATION AND DISEASE

Immunization of United States Military Personnel	I
Typhus Fever Preventive Measures	II
Rabies (Hydrophobia)	III
Control of Venereal Disease	IV
Malaria Control and Prevention	V
Troop Disease Preventive Measures	VI

Section I, Circular Number 21; Section I, Circular Number 49, Section II, Circular Number 59; Section I, Circular Number 133; Section V, Circular Number 175; Section III, Circular Number 186; Section IV, Circular Number 224; and Section II, Circular Number 232, this headquarters, 1943, are rescinded and the following provisions substituted therefor:

I -- IMMUNIZATION OF UNITED STATES MILITARY PERSONNEL

1. Each unit commander will ascertain monthly that the military personnel under his command are immunized, and medical records thereof maintained as follows:

a. All personnel.

<u>Disease & Agent</u>	<u>Initial Dose</u>	<u>Stimulating Dose</u>
Smallpox (vaccine)	Vaccination on entry into service	Vaccination once yearly
Typhoid-para- typhoid fever (triple vaccine)	3 subcutaneous injections of 0.5 cc, 1cc and 1cc, respectively, at weekly intervals	0.5 cc annually
Typhus fever (vaccine)	3 subcutaneous injections of 1cc each at weekly intervals	1cc every 6 months
Tetanus (plain toxoid)	3 subcutaneous injections of 1cc each at 3 week intervals	1cc at end of first year. Then 1cc at time of injury, operation or manipulation where tetanus may become a complication. 3315

1 copy in above file

b. Personnel entering the specified areas or under special circumstances determined by the Chief Surgeon:

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Disease & Agent	Indication	Initial Dose	Stimulating Dose
Yellow fever (vaccine)	At least 14 days before entering Africa, between Lat 18°N and 12°S; South America, between Lat 18°N and 30°S; Republic of Panama and the Canal Zone.	0.5cc	0.5cc if entering specified area and previous vaccination over 2 years.
Cholera (vaccine)	Travel or station in Asia (including Middle East) and East Indies	2 subcutaneous injections of 0.5cc and 1cc respectively at weekly intervals	1cc at 4 to 6 months
Plague	Upon serious threat of exposure to epidemic	2 subcutaneous injections of 0.5cc and 1cc respectively at weekly intervals	1cc when deemed necessary
Diphtheria (plain toxoid)	Definite hazard plus positive Schick Test	3 injections of 0.5cc, 1cc and 1cc, respectively at 3 week intervals	

2. The prescribed time interval between doses will be adhered to as closely as possible. However, if a series is interrupted, the remaining doses will be administered as soon as possible (in accordance with the time schedule set forth in paragraphs 1a and b, above) and a complete new series will not be started.

3. a. Attention is invited to the provisions of paragraph 12c, AR 40-310, 15 September 1942, as amended, to the effect that the only records of tetanus immunization required on the identification tag are those of the initial immunization and the routine stimulating dose administered one year later. Subsequent stimulating doses are not required to be so recorded.

b. All tetanus immunizations (including all stimulating doses) will be recorded on WD MD Form No. 81, and, in the case of an enlisted man, in his Service Record. In addition, whenever injections of either tetanus toxoid or tetanus anti-toxin are given in a combat zone, immediate notation of the date of administration will be made on either WD MD Form No. 52b or 52c.

4. In the case of personnel returning to the United States, evidence of smallpox vaccination is required for entry.

II -- TYPHUS FEVER PREVENTIVE MEASURES

5. It is estimated that at least a million people died of typhus fever during and immediately following World War One. The countries having the most deaths were the Balkan States, Poland and Russia. The human body louse is

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responsible for the spread of typhus fever and an increase in the number of people infested with lice makes it possible for epidemics of typhus fever to occur.

6. Typhus fever is common in all native populations in MATSOUSA and is a major cause of sickness and death. During winter months epidemic outbreaks of this disease are to be expected. In what is now Yugoslavia there were 180,000 deaths due to typhus fever in the winter of 1918. Many Italians are returning and will continue to return to Italy from this area during the coming months.

7. The prevention and control of typhus fever depends primarily upon the elimination of lice. Forty to ninety per cent of native populations in this area harbor lice and with the decrease of bathing in cold weather, these insects increase in number and are readily spread to non-infested individuals.

8. All organization and unit commanders will take steps to see that the following preventive measures are executed:

a. All personnel, including prisoners of war, will be immunized against typhus fever, in accordance with Section I, above.

b. All personnel, including prisoners of war, and their clothing and bedding will be examined for the presence of louse infestation at the semi-monthly physical inspection required by paragraph 22 below.

c. Personnel or prisoners of war detecting lice on their person or belongings will promptly report their findings to the surgeon of their organization, unit or camp.

d. When personnel or prisoners of war are found infested with lice such personnel, including their clothing, bedding, and habitation will be deloused in accordance with paragraph 26, AR 40-208. Detailed suggestion on improved methods of delousing are contained in Circular Letter Number 43, Office of the Surgeon, this headquarters, 1943.

e. Every effort will be made to prevent the introduction of typhus fever into military organizations from civilian sources by limiting contact of military personnel with infested civilians and by proper coordination with and support of typhus control measures being carried out by civilian and allied force health agencies in civil communities.

f. The contents of this section will be brought to the attention of members of all commands.

III -- RABIES (HYDROPHOBIA)

9. Because of the prevalence of rabies in North Africa, the keeping of dogs, cats, and other animal pets which are allowed to stray about organization areas is forbidden.

10. The provisions of paragraph 35d, AR 40-210, dated 15 September 1939, covering the quarantine of animals which have bitten military personnel and any animal suspected of being rabid will be followed. Medical officers will confine

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and observe animals in the absence of a veterinary officer. Animals will be quarantined for a period of two weeks or until symptoms of rabies develop. During this period of quarantine, patients will be kept under observation in their organizations except as noted in paragraph 14, below.

11. If the suspected animal does not develop symptoms or signs of rabies within this period, immunization of the person or persons bitten need not be carried out.

12. If suspicious symptoms develop, the animal should be permitted to live until definite symptoms of rabies occur or until death occurs. The animal will then be decapitated and the head sent for examination to the Pasteur Institute, Algiers, or Casablanca, as the case may be, by the most rapid means of transportation available. If possible, the specimen should be packed in ice and sawdust.

13. If the diagnosis of rabies is made in the suspected animal the person or persons bitten will be immunized against rabies. In Morocco patients will be referred to the 5th General Dispensary, Casablanca; and in Algeria, to the Dispensary, Headquarters Command, Petit Lycee, 5 rue Roche, Algiers. These dispensaries will arrange for treatment at the local Pasteur Institute.

14. In the case of bites around the face and neck, it is not safe to delay treatment while observing the animal. Such cases will be referred at once for treatment.

15. Patients will not be admitted to a hospital unless the wound itself requires hospitalization. In Algeria patients outside of Algiers and coming from unit dispensaries will be put on detached service with the Casual Detachment, Headquarters Command, Allied Force Headquarters. In Morocco patients outside of Casablanca will be put on detached service with Headquarters Company, Atlantic Base Section in Casablanca. Upon completion of the treatment, patients will be returned to their organization.

16. If it is impossible to confine and observe the animal, patients will be referred to the medical installations mentioned in paragraph 13, above, for anti-rabies treatment at the local Pasteur Institute.

17. All bites by any animal will be cauterized at once by the medical officer first attending the patient.

18. Patients being sent for treatment should be provided the most rapid means of transportation available.

IV -- CONTROL OF VENEREAL DISEASE

19. Experience during the past years operations show the incidence of venereal disease among some United States Army organizations in this theater to be very satisfactory. In other organizations the incidence has exceeded all reasonable expectation. It has been demonstrated that a venereal rate of 30 cases per 1000 per year, in organizations composed of white troops, and a venereal rate of 100 cases per 1000 per year in organizations composed of negro troops, can be maintained in this theater. All organizations having rates higher than this are

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considered as having excessive rates. All organizations will exert every effort to reduce venereal infections to the lowest possible level.

20. Responsibility for general preventive measures (see paragraph 22, Section VIII, AR 40-210).

21. Special preventive measures (see paragraph 23, Section VIII, AR 40-210).

a. Individual prophylactic units.

- (1) Unit commanders will purchase from medical supply officers, from unit funds, adequate supplies of individual prophylactic materials to assure that they are readily available to the individual.
- (2) In unusual circumstances where unit funds are not available for purchase of these items, medical supply officers are authorized to make issue to units without charge.
- (3) Individual prophylactic materials will not be distributed to the individual soldier by the medical supply officer. Distribution to the individual soldier will ordinarily be made through the company or squadron organization in accordance with instructions from the unit commander. Modification of the plan of distribution to the individual soldier should be made to meet local conditions.

b. Items now authorized by The Surgeon General for individual use are as follows:

- (1) Item 9N630-00 Prophylactic, Chemical, gross. Individual chemical prophylactic unit consisting of a tube containing calomel ointment, a tube containing a silver salt, a soap impregnated cloth, and directions for use.
- (2) Item 9N682-00 Prophylactic, Mechanical, gross. Individual mechanical prophylactic unit consisting of one or more rubber condoms.

c. Until further notice the cost price of these items is established as follows:

- (1) Item 9N680-00 Prophylactic, Chemical - individual mechanical units - \$20.00 per gross.
- (2) Item 9N362-00 Prophylactic, Mechanical - individual mechanical units - \$4.30 per gross.

d. Pursuant to paragraph (1), above, medical supply officers will issue these items to unit commanders on Shipping Tickets, which will be **3308**-able from unit funds. Payment will be made by check or cash by the unit commander to the medical supply officer. All payments will be accompanied by receipted copies of the Shipping Tickets. The medical supply officer will deposit the

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amount with the local finance officer to be credited to "Miscellaneous Receipts of the Treasury", in conformance with paragraph 2, AR 35-780, 22 May 1942.

e. In the unusual circumstances outlined in paragraph a (2) above, medical supply officers will obtain a statement in writing from the unit, that unit funds are not available, and attach such statement to receipted shipping tickets for retention in their files.

22. Physical inspection of all troops will be made at least twice each month.

V -- MALARIA CONTROL AND PREVENTION

23. Malaria is one of the most important health problems in this theater. During the past season this disease has seriously affected the efficiency of all troop units that failed to take adequate anti-malaria precautions. In this region some areas are more malarious than others, but this can only be determined by malaria surveys made by experienced personnel.

24. Malaria Season and Areas. For the period May 1 to November 15 all areas will be considered malarious unless otherwise designated by the area commander concerned upon advice of the surgeon. Non-malarious areas are designated as those areas in which malaria does not occur and areas where control measures have effectively removed the likelihood of malaria transmission.

25. Responsibility. It is the responsibility of all commanders to initiate and enforce the necessary measures to control malaria within their units and unit areas (AR 40-210, AR 40-805, and WD Circular Number 223, 21 September 1943).

26. Malaria Control Measures will consist of: individual, unit, and area anti-malaria procedures as advised by the surgeon in accordance with War Department policies modified as indicated by theater experience. WD Training Circular Number 106, 21 September 1943, will be used as a guide in training and in the application of anti-malaria principles. During the period May 1 to November 15, particular emphasis will be placed on malaria control measures aimed at elimination of mosquitoes and protection of the individual from mosquito bites. In addition, during the malaria season, all military personnel while in areas which have not been designated as non-malarious, will take one 0.1 gram tablet of atabrine per day for either six (6) or seven (7) consecutive days a week, as advised by the medical officer of the command, as suppressive therapy to prevent the occurrence of clinical malaria. Individuals in malarious areas found to be truly sensitive to atabrine will take in lieu thereof 0.6 gram quinine sulphate per day.

27. Atabrine. Method of issue to troops: In malarious areas, atabrine will be issued with the ration. Troops scheduled for movement will be provided with sufficient atabrine for the entire trip. Medical supply officers will make available to the Quartermaster necessary tablets, based on the ration return, at the highest unit ration breakdown point for the force concerned. American troops attached to British units will be supplied through British channels.

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VI -- TROOP DISEASE PREVENTIVE MEASURES

28. Sanitation: Paragraph 2, AR 40-206 and paragraph 1b, AR 40-210, designate commanding officers as responsible for sanitation and for the enforcement of provisions of sanitary and other disease preventive regulations within their organizations and the boundaries of areas occupied by them. For higher echelons of command to carry out and supervise effectively the broad phases of this work, it is necessary that all available information bearing on health in the area occupied by the command be collected. Base section, army, Air Force, and task force commanders will collect all available information bearing on health in their areas and evaluate it to determine the probable effect of these factors on the sickness rates of troops. Special note will be made of the prevalence of malaria, sandfly fever, typhus fever and other insect and food or water-borne diseases.

29. This information will be used as the basis of Unit Preventive Medicine Programs. Base section commanders will make such information available to all tactical units coming into their area. In addition, they will maintain sanitary and malaria control programs in camp sites or bivouac areas set aside for troop use, when these areas are not occupied by tactical units. Tactical commanders occupying such areas will base their sanitary and disease control measures on regulations and practices in force in the area. In combat areas tactical commanders will take steps to see that other units coming into their area or relieving them are informed as to the sanitary conditions in the area and experience gained in handling such conditions.

30. Where the military situation permits, specially trained medical personnel will be dispatched in advance of the troops to make a health survey of the area. Results of this survey will form a basis for estimating the relative health hazards of different locations under consideration for occupation as bivouac areas or camp sites.

31. Frequent inspections will be made by representatives of base section, army, Air Force and task force commanders to see that all organizations properly are maintaining sanitation and executing disease preventive measures in keeping with War Department and theater policies.

32. The attention of all commanders is invited to Section VIII, Chapter 7, FM 100-10, which deals with sanitation in a theater of operations.

By command of Lieutenant General DEVER:

E. L. FORD,
Brigadier General, GSC,
Chief of Staff.

OFFICIAL:

H. V. Roberts
H. V. ROBERTS,
Colonel, AGO,
Adjutant General.

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TEL/NA/MSI

Px. 81137

706. W/Ind MEG/wlr
HEADQUARTERS, MILITARY GOVERNMENT SCHOOL, APO 512, 15 October 1943.

TO: Commanding Officer, 2675 Hq Co, AMO, 15th Army Group, APO 777.

Records at this headquarters indicate that officers concerned are members of your command.

For the Commanding Officer:

MORRIS K. GOLDSTEIN,
2nd Lt., Infantry,
Assistant Adjutant.

2 Incls:

Incl No 1 - Immunization register pertaining to Grady C. Durham, 0515390.
Incl No 2 - Immunization register pertaining to Hiley McClain, 024344.

706. 2nd W/Ind. JK/pd
HQ 2675 REGT, AC, (U. S. CONGT) (PROV) APO 512, U. S. ARMY, 5 Nov 1943.

TO: RCOAO, Region III.

Forwarded as a matter pertaining to your command.

By command of Brigadier General MOSHERRY:

JOHN KRUPA,
1st Lt., Inf.,
Pers Adj.

2 Incls: n/c

3306

HEADQUARTERS AMGOT

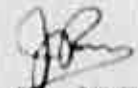
18 October 1943

MEMORANDUM TO: All Officers.

1. Immunizations for Typhus vaccine, Tetanus Toxoid and Typhoid vaccine will be given officers at the AMGOT Dispensary, 11 Via Indera del Tamina (Hotel Pensione Svizzera) between 8:30 and 10:30 A. M. and between 2 P.M. and 3:30 P. M. on Friday, Monday and Wednesday, October 22, 25, and 27th.

Typhus vaccine stimulating dose due every 4 months.
Typhoid vaccine stimulating dose due every 6 months.
Tetanus Toxoid stimulating dose due every 12 months.

2. Bring immunization record forms.


JOHN R. McDOUGALL
Major, AGD
Adjutant

3305

2

ALLIED MILITARY GOVERNMENT

SUBJECT: Inoculations.

FILE No. AMEOT/3038/PH

TO: Adjutant (A) & Camp Commandant (B).

AMGOT HQ. SICILY

16 Oct. 1943

Please advise all officers that immunizations will be given as follows:

1. Typhus vaccine, Tetanus Toxoid and Typhoid vaccine will be given officers at the AMEOT Dispensary at 11 Via Infera del Tassin between 8:30 and 10:30 A.M., and between 2 P.M. and 3:30 P.M. on Friday, Monday and Wednesday, Oct. 22, 25, and 27.

Typhus vaccine stimulating dose due every 4 months.
Typhoid vaccine stimulating dose due every 6 months.
Tetanus Toxoid stimulating dose due every 12 months.

2. Bring immunization record forms.

Henry S. Brice
HENRY S. BRICE
Captain, M.C.
AMEOT HQ.

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