Recent observations in England and Australia indicate that immunizations made within a month before outbreaks of poliomyelitis carry with them some risk that if poliomyelitis is contracted its severity may be somewhat increased. These observations have been confirmed by studies in Minnesota and New York. These studies suggest also that poliomyelitis may tend to localize in the limb in which the immunization was given.

It has long been known that tonsillectomies in children performed shortly before the expected poliomyelitis season increase the chances of acquiring the disease. Because of this fact, the various health agencies of the country have recommended that tonsillectomies not be done during the poliomyelitis season except on an emergency basis.

It would seem reasonable that similar precautions regarding immunizations should be observed during the season of the year when poliomyelitis is normally present. The Public Health Service wants to make clear that continued immunization against diphtheria and other diseases is vital. There should be no relaxation of these programs. It should be remembered that immunization against these diseases has been largely responsible for the successful fight against diphtheria, smallpox and other diseases and relaxation of these programs in the off-polio season might result in larger numbers of cases and deaths than now occur in polio.

The Public Health Service, therefore, recommends that children be immunized against whooping cough, diphtheria and tetanus and other diseases between the months of October and May and that immunizations during the period June through September be carried out only for specific reasons.