SUBJECT: Proposed Epidemiologic Investigation of Japanese B. Encephalitis in 1951

TO: Surgeon
Japan Logistical Command
APO 343

1. The plan for the seasonal investigation of the epidemiology of Japanese B Encephalitis for 1951 is submitted for approval.

2. An attempt will be made at clinical and/or autopsy confirmation of the etiology in all cases of encephalitis occurring in Japan and Korea during the months of July through October.

3. An attempt at evaluation of the efficacy of vaccine will probably not be feasible since the immunization program should be reasonably complete.

4. Results obtained during the epidemiologic study during 1950 strongly suggest that 50% of troops exposed in Korea under combat conditions become partially immunized by naturally acquired inapparent infection. Confirmation of this finding appears to be of definite value and with the exception of clinical confirmation mentioned in paragraph 2, most investigative effort will be aimed at determining:
   a. Effect of vaccination in susceptible Americans.
   b. Effect of vaccination and inapparent infection in susceptible Americans.

5. The study of points mentioned in paragraph 4 will include the following:
   a. Serologic survey of 150 men in Hokkaido, including pre-vaccination, post-vaccination and post-season serum specimens.
   b. Survey of a similar group of individuals in the Tokyo-Yokohama area.
   c. Pre-season survey of 400 non-exposed but vaccinated troops prior to shipment to Korea.
17 May 1951

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d. Survey of 400 troops post-season and vaccinated after exposure in Korea. For this purpose, 400 vaccinated and exposed persons returned from Korea as patients for reasons other than suspected encephalitis could be contacted in hospitals in the Tokyo-Yokohama area.

e. The possibility of collecting pre-season and post-season sera from individuals stationed in various geographic areas in Korea is also being considered. Such a proposal would include sanction and clearance from the Surgeon, EUSAK, and the Surgeon, FEC.

6. Personnel and facilities are available for this purpose. Necessary arrangements can be effected by direct contact with the senior medical officer or epidemiologist of the units concerned.

7. This plan is the consensus of approval of Colonel Long, Colonel Mason, and Lt. Colonel Hullinghorst. Its implementation could be adjusted to present facilities and workload.

R. L. HULLINGHORST
Lt. Colonel, M.C.
Commanding

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