

## Hospitals Lead During Illness Outbreaks (from *The Valued Voice*, February 13, 2020)

This year's outbreak of coronavirus and a difficult influenza season remind us how our families and neighbors count on their local hospital to be available should serious illness strike. Helping hospitals prepare for dangerous outbreaks and pandemics has been an all-too-regular Wisconsin Hospital Association action item; in 1952 and again in 2015 it was Zika. In 2014 it was Ebola and Bird Flu.

The early years of WHA featured battles against infamous diseases like polio, whooping cough, diphtheria and tetanus. While hospitals and health systems now combat those historic illnesses more proactively through vaccinations, the 21st century's emergence of "anti-vaxxers" means today's hospitals still must prepare for diseases both current and historic.

The first pertussis (whooping cough) vaccine was developed in the 1930s and was in widespread use by the mid-1940s, when pertussis vaccine was combined with diphtheria and tetanus toxoids to make the combination DTP vaccine. In 1954 the polio vaccine was developed and widely administered to American schoolchildren.

In the last 100 years, Wisconsin's hospitals and health systems have been at their best while preparing for and dealing with the worst.



**POLIO TAKES 26  
DEATHS IN STATE  
UP TO SEPT. 1ST**

**Paralysis Still Prevalent But Authorities Predict Decrease With Cold Weather**

MADISON. — Infantile paralysis continues prevalent in Wisconsin, but health authorities predict its decline with the early advent of cold weather. Neighboring states, especially Minnesota, Iowa and Illinois, also are affected, and Minnesota to a greater degree than Wisconsin, federal reports indicate. In the Wisconsin areas where the disease was exceptionally prevalent during the summer months—Buffalo and Trempealeau counties—it has largely disappeared.

The present area of infection involves Polk, St. Croix, Barron, Dunn and Clark counties, each of which has a few scattered cases. A marked decline is looked for with the coming of killing frosts.

### PROCEDURE TO SECURE PINICILLIN FOR PATIENTS

An order by the War Production Board (No. M-338) on July 16, 1943 provided that "no supplier should use or deliver pinicillin except as specifically authorized in writing by the War Production Board."

If pinicillin is necessary for treatment of civilians, the following procedure should be followed:

Write, wire, or telephone, as the circumstances may require, to Dr. Chester F. Keefer, Evans Memorial Hospital, 65 E. Newton Street, Boston, Massachusetts. Dr. Keefer, or his assistant, Dr. Donald G. Anderson, will determine from information given by the attending physician, whether or not the treatment is indicated. If it is, he will wire the drug supplier a release and the supplier will promptly fill the order.

It is important that the physician give a complete history of the case and it is recommended that communications be made by telephone in order to be definitely sure that there will be no delay. It is also advisable to get the name of the supplier.

Then immediately wire the supplier that the release is forthcoming. Should a delay be occasioned by Dr. Keefer, the supplier should be asked to follow it up, which will then be done if the next release does not include your order. (This procedure is verified.)