

XXXXXXXXXXXXXXXXXXXX Chief

*Handwritten signature*

Dr. Albert Sabin  
Childrens Hospital  
Research Foundation  
Elland Avenue and Bethesda  
Cincinnati, Ohio

Dear Dr. Sabin:

The Polio Surveillance Unit is now compiling a final tabulation of data on Cutter associated polio cases. All states have already been asked to check and return epidemiologic information on these cases as a separate project.

We are asking for a final check on laboratory results (many of which we have already received) so that we can bring our files up-to-date, and complete a definitive tabulation of information on the Cutter cases. Enclosed with this letter are records on all Cutter cases occurring in States from which you may have received specimens on Cutter associated cases. Each case is entered on a separate form, with space for results on the case and contacts. This request is limited to results of virus isolations only: no request for serological results is being made. Space is allowed for the following entries on each case:

- PSU Case Number (Includes state of residence)
- Laboratory Number
- County Residence
- Names of Patient and Contacts
- Age
- Sex
- Vaccination Status
- Type of specimen examined (stool, rectal swabs, throat washing, autopsy or other)
- Results of examination (both negative and positive specimens)

If no specimens were received on a patient or a contact, please note this fact. If you received specimens on cases or contacts not included among these forms, please add these additional cases on the blank forms, a supply of which is attached for this purpose.

We are asking your cooperation in completing these forms and returning them at your earliest convenience to the Polio Surveillance Unit, CDC, 50 Seventh Street, N.E. Atlanta 23, Georgia. This information will then be used to bring our files up-to-date and to complete a final and definitive listing of Cutter associated polio cases.

Please feel free to call us collect if any questions arise in regard to these forms. Again, I would like to thank you for your earlier reports and cooperation.

Sincerely yours,

Neal Nathanson, M.D.  
Chief, Polio Surveillance Unit

Enclosure  
NN:mal

ROUTE SLIP

(Fold here)

February 9, 1956

Date \_\_\_\_\_  
Constit. Organ. \_\_\_\_\_ Bldg. \_\_\_\_\_ Room \_\_\_\_\_

- To:
1. \_\_\_\_\_
  2. \_\_\_\_\_
  3. \_\_\_\_\_
  4. \_\_\_\_\_
  5. \_\_\_\_\_
  6. \_\_\_\_\_

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Approval         | <input type="checkbox"/> Note and return | <input type="checkbox"/> See me               |
| <input type="checkbox"/> Comment          | <input type="checkbox"/> Note and file   | <input type="checkbox"/> As requested         |
| <input type="checkbox"/> Necessary action | <input type="checkbox"/> Prepare reply   | <input type="checkbox"/> For your information |
| <input type="checkbox"/> Investigate      | <input type="checkbox"/> Signature       | <input type="checkbox"/> Per conversation     |

REMARKS:

*This  
Rebins ✓ Lab  
Ohio St. Lab (EY)*

compiling a final tabulation of data on cases already been asked to check and report as a separate project.

Laboratory results (many of which we have files up-to-date, and complete a definition of cases. Enclosed with this letter are copies from which you may have received information. This request is limited to results of which space is being made. Space is limited:

(dependence)

(Fold here for return)

From \_\_\_\_\_ Phone \_\_\_\_\_  
To \_\_\_\_\_ Room \_\_\_\_\_  
Bldg. \_\_\_\_\_

16-30884-4 GPO

(swabs, throat washing, autopsy or other) and positive specimens)

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Sincerely yours,

Neal Nathanson, M.D.  
Chief, Polio Surveillance Unit

Enclosure  
NN:mal

XXXXXXXXXXXXXXXXXXXX Chief

February 9, 1956

Dr. Frederick C. Robbins, Director  
Dept. of Pediatrics & Contagious Diseases  
City Hospital  
3395 Scranton Road  
Cleveland 9, Ohio

Dear Dr. Robbins:

The Polio Surveillance Unit is now compiling a final tabulation of data on Cutter associated polio cases. All states have already been asked to check and return epidemiologic information on these cases as a separate project.

We are asking for a final check on laboratory results (many of which we have already received) so that we can bring our files up-to-date, and complete a definitive tabulation of information on the Cutter cases. Enclosed with this letter are records on all Cutter cases occurring in states from which you may have received specimens on Cutter associated cases. Each case is entered on a separate form, with space for results on the case and contacts. This request is limited to results of virus isolations only: no request for serological results is being made. Space is allowed for the following entries on each case:

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Sincerely yours,

Neal Nathanson, M.D.  
Chief, Polio Surveillance Unit

Enclosure  
NN:mal

XXXXXXXXXXXXXXXXXXXX Chief

February 8, 1956

Mr. L.F. Ey  
State Laboratory Director  
State Department of Health  
306 Ohio Department Building  
Columbus, Ohio

Dear Mr. Ey:

The Polio Surveillance Unit is now compiling a final tabulation of data on Cutter associated polio cases. All states have already been asked to check and return epidemiologic information on these cases as a separate project.

We are asking for a final check on laboratory results (many of which we have already received) so that we can bring our files up-to-date, and complete a definitive tabulation of information on the Cutter cases. Enclosed with this letter are records on all Cutter cases occurring in states from which you may have received specimens on Cutter associated cases. Each case is entered on a separate form, with space for results on the case and contacts. This request is limited to results of virus isolations only: no request for serological results is being made. Space is allowed for the following entries on each case:

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Laboratory Number  
County Residence  
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Age  
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Sincerely yours,

Neal Nathanson, M.D.  
Chief, Polio Surveillance Unit

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OFFICE WORK SHEET

FOR OFFICIAL USE ONLY

U. S. Department of Health, Education, and Welfare  
Public Health Service  
Communicable Disease Center

Poliomyelitis Surveillance Unit  
50 Seventh Street, N. E.  
Atlanta, Georgia

VIRUS ISOLATIONS FROM CUTTER ASSOCIATED POLIOMYELITIS CASES

Laboratory \_\_\_\_\_ Form completed by \_\_\_\_\_

Katz - Sheet 1

	Case	Contacts			
PSU Case No.	Ohio-1				
Laboratory No.					
Name	Terry Lee Katz	Aaron Katz	Peggy Katz	Jay Alan Katz	Bobby W. Katz
County Residence	Hamilton	Hamilton	Hamilton	Hamilton	Hamilton
Age	1	36	30	10	7
Sex	M	M	F	M	M
Vaccinated	X			X	X
Not Vaccinated		X	X		
Type of Specimen Examined					
Stool					
Other (Specify)					
Type of Virus Isolated					
Polio Type 1					
Polio Type 2					
Polio Type 3					
Orphan					
Other (Specify)					
No. Neg. Specimens*					

\*In any instance where all specimens examined were found negative, record the number of negative specimens.

U. S. Department of Health, Education, and Welfare  
Public Health Service

Communicable Disease Center

Poliomyelitis Surveillance Unit  
50 Seventh Street, N. E.  
Atlanta, Georgia

VIRUS ISOLATIONS FROM CUTTER ASSOCIATED POLIOMYELITIS CASES

Laboratory \_\_\_\_\_ Form completed by \_\_\_\_\_

Katz - Sheet 2

	Case	Contacts			
PSU Case No.	Ohio-1				
Laboratory No.					
Name	Terry Lee Katz	Nancy Joy Katz			
County Residence	Hamilton	Hamilton			
Age	1	5			
Sex	M	F			
Vaccinated	X	X			
Not Vaccinated					
Type of Specimen Examined					
Stool					
Other (Specify)					
Type of Virus Isolated					
Polio Type 1					
Polio Type 2					
Polio Type 3					
Orphan					
Other (Specify)					
No. Neg. Specimens*					

\*In any instance where all specimens examined were found negative, record the number of negative specimens.



