U.S. Fears Chinese-Soviet Invasion—A New Flu Bug

By B. D. Colen
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ATLANTA Ga., Dec. 22—The federal center for Disease Control is strongly considering a program to screen travelers returning to this country from Hong Kong and the Soviet Union for a new strain of flu that has caused epidemics in both those areas.

Dr. Alan Hinman, director of the CDC's immunization division, said he would like to begin a program next week at Dulles airport and five other international airports with direct flights from Russia and the Far East.

Heath officials from around the country met here this morning to discuss the virus that swept from Asian to European Russia in a month, infecting an estimated 30-to-35 million persons.

The physicians and researchers were only able to agree on one thing: if anything can be predicted about influenza it is that this country probably will be hit by the Russian strain, if not later this winter, than sometime within the next 12 months.

At the same time, while there was no set policy developed at the three-hour meeting, it was generally agreed that the nation's pharmaceutical firms would begin work on developing a vaccine to combat the new virus.

The new strain, known as A/USSR/H1/N1/77, is similar enough to a variety of flu prevalent in the late 1940s for persons now in their 20s and 30s to have some natural immunity to it. It is dissimilar enough, however, to make necessary the development of a new vaccine to combat it.

Initial tests have shown the $43 million stockpile of swine flu vaccine on hand from last year to be useless against the new strain.

There have been no cases of A/USSR reported yet in this country. There have been flu outbreaks in 13 states thus far this winter—but not in the District of Columbia, Maryland or Virginia—but cases reported have been of the A/Victoria or A/Texas varieties, both of which have been seen in this country for the past several years.

Today's session was called by CDC officials to begin laying the groundwork for a federal policy on the way in which to combat the new flu strain, which has reportedly affected about one in every seven Russians. Little is known in the U.S. about the severity of the flu.

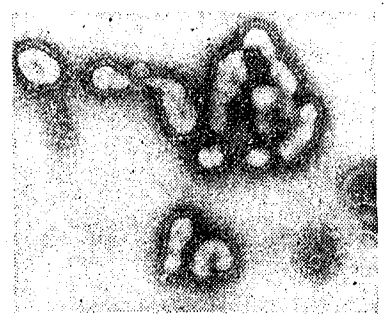
Participants at the session, including representatives of the federal health establishment, medical schools, drug companies and state health departments, were clearly feeling skittish about taking any action today, following last year's on-again-off-again swine flu immunization program.

The only real consensus to emerge from the session at CDC headquarters here was that there is a need to collect data on the new influenza virus.

The Russians have already provided CDC researchers with 1-10th of a milliter of each of three types of the Russian virus—about six drops—from which scientists have already produced enough of the virus to supply pharmaceutical companies with what they need to begin the search for a vaccine.

It was estimated today that a vaccine could be produced in 60 to 90 days.

Himan said after the meeting that he wants to begin the airport screening program in an attempt to learn when and how the Russian flu enters this country.



This is the virus feared by officials.

He said that returning travelers will be asked if they have any of the classic symptoms of influenza—fever, chills, headache, dry cough and soreness and aching in the back and limbs—and will take throat cultures from those persons who have the symptoms.

Other travelers returning from the Soviet Union and Far East will be given a card to fill out and mail to CDC or a local health department if they develop the symptoms within five to seven days of returning to the U.S.

This program would serve to alert health officials to the fact that the flu has arrived. It will not, however, help them decide what to do about protecting those who are most threatened by it.

According to Dr. Alan Kendal, chief of the CDC's virology branch, "about one-third of those born between 1944 and 1954" have already had contact with strains similar enough to the Russian flu to provide them with immunity to it. That immunity is "virtually absent in the elderly," said Kendal, and in those under age 20.

The elderly, along with infants and those suffering from respiratory or cardiovascular conditions, are those for whom a case of the flu is most serious, and can prove fatal.

Last year's swine flu inoculation program was aimed at those over 25, as well as the usual high-risk population, because when the swine flu struck in 1918 it proved most serious for those in the middle aged, healthy, population.

The swine flu inoculation program was stopped last Dec. 16 after some 40 million doses had been given out. The flu had not materialized beyond its original tiny outbreak at Ft. Dix, N.J., and more than 260 Americans had developed Guillain-Barre syndrome, a form of temporary paralysis, after receiving the flu shot. Twelve died from the paralysis.

One health official at today's conference questioned whether the public would willingly participate in another government sponsored mass inoculation program only a year after the swine flu fiasco.

"Will the rate of (illness and death from the flu) be sufficiently high to accept a rate of" one case of Guillain-Barre per 100,000 persons vaccinated?" asked Dr. Rolad Altman, of the New Jersey State Department of Health.

"You may be sitting here designing a car for which there may not be a market," said Dr. Norman J. Scherzer, who is attached to the U.S. Public Health Service in New York City. What, he asked rhetorically, will the "attitude of the public and the attitude of Congress be to a new vaccine? If we produce it, and they don't want it, what are we going to do?"

Dr. Edwin Kilbourne, a member of the Public Health Service Advisory Committee on Immunization Practices and one of the most ardent supporters and advocates of the swine flu program, said today that "if there's one thing that confounded the program in 1976 it was the absence of the disease."

Hospital Bill of $5,107 in Shooting Death Comes as a Shock to Mother of Victim

HOSPITAL, From A1

charges for one of the operating rooms, and knocked off a $12 blood bank product. Liliane Williamson hired a lawyer.

In response to a letter from her attorney, Fairfax Hospital recently provided him with an apology for the sympathy letter that referred to Williamson's son as a "daughter," an explanation of the mistaken dates and a reduced bill that totaled $4,057.67.

With the exception of the extra operating room, the charges were not reduced because any of them were invalid, the hospital spokeswoman said, but "because we wanted to avoid trouble . . . We wanted to pacify them. We did it in the interest of good public relations."

"I just don't understand it," Liliane Williamson said in the English that still follows the grammatical channels of her native French. "To me, it doesn't have logic."

But logic has not played a major role in Christian Karotsch's death or in the days that have followed it.

He was shot on a street in Fairfax County. He was walking along with a friend, the police said afterwards, when a young boy got out of a car and asked him for some marijuana. There was an argument. The driver of the car got out of the car as well. He shot Karotsch and drove away. There have been no arrests.

Liliane Williamson was dozing when the telephone rang. It was the police. Her son had had an accident, the officer said. He was at Fairfax Hospital. He would be all right. Williamson remembers the officer telling her.

Driving to the hospital, she assumed her son had been in a car accident. At the hospital, she learned he had been shot.

She signed forms, she remembers, and waited. Everyone she asked said her son would be all right. But she began to be nervous, she said, when an orderly appeared carrying a brown paper bag. In the bag were her son's clothes, and it brought back memories of a friend's car accident two years ago. She remembered such a bag being handed to the mother of the boy who died in the crash.

No one seemed to know anything about her son's condition, she said, until she saw a man standing near the entrance to the emergency room. "I said to him, 'What are they doing,' " she remembers now. "I said, 'What are they doing to my son?' He said, 'What do you think we are doing? We're trying to save his life'."

At 1 o'clock in the morning, she saw her son for the last time. "He was lying on his side," she said. "He was white, white as a sheet." He said he loved her and she said she loved him, too, and then they took him to the operating room.

More than two hours later, a nurse asked her if she was the patient's mother. "She said they were ready to come out," Williamson recalled. "I said, 'my son?,' and she said, 'no, the doctors. They want you to go to the meditation room.' "

"We did everything we could," said the doctors to Williamson. "I said, 'you mean my son is dead.'" she recalled. "They said 'yes,' and I don't remember much after that."

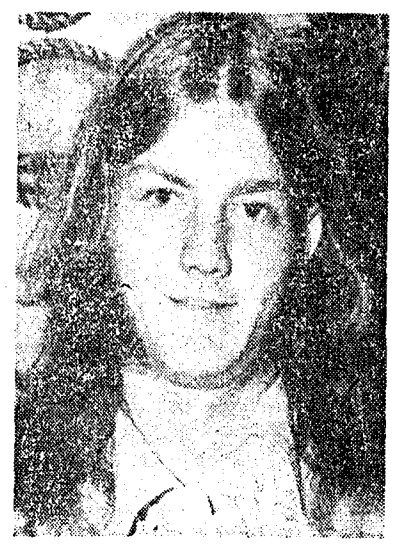
Later, when the bills came, she sought explanations. There were, for instance, 56 charges for "immunohemotology." Why, asked Williamson, "don't they explain these things on the bill? What is it that they want me to pay for?"

"We assume," said the hospital spokeswoman, "that if a person has a question, they will call us and ask us."

Williamson does not yet know how much of the bill her insurance will pay for. She has not submitted the bill to the insurance company. She is still trying to understand why it cost so much.

She went as well, she said, to one of the surgeons who had operated on her son to find out more information on how and why he had died. "I told him that I would like more information on my son's death," Williamson said. "He asks me if I had ever looked inside a chicken. I said, 'I beg your pardon?' He said, 'Well, we are not much different than they are.' "

She asked him also where "all the blood had gone. I couldn't understand what could have happened to all that blood they put in him." The doctor, she said, answered by saying that the blood had gone "all over (his) pants."



CHRISTIAN KAROTSCH
. . . died on operating table

"I pride myself on taking the time to be sensitive and doing my best to avoid further pain," said the surgeon, Peter D. LeNard. "Obviously that time, I didn't succeed."

LeNard said he used the chicken analogy "because it's an animal most people are familiar with. If you've ever cooked, you've probably seen the inside of a chicken and it becomes easier to explain the anatomical principles involved."

Asked if he had made the remarks about where Christian Karotsch's blood had gone, LeNard said, "I wouldn't have the foggiest idea."

Liliane Wiilliamson is working two jobs now, in part to pay for the funeral and cemetery expenses, in part to keep herself from thinking about her son. But the memories come back when she shows a reporter the room he lived in, filled with the usual brash souvenirs of a teen-aged boy.

"Chris was no angel," said Liliane Williamson. He liked to be the tough guy, he got into trouble sometimes. But he was not a bad boy. I guess he was just trying to pack 50 years into the 17 he got." He was tall, she said, and so strong he could lift her off the floor without a moment's strain. On New Year's Day, she said, he would have been 18.

Riggs House (Anderson Cottage), circa 1850