

Commonwealth of Pennsylvania.



DEPARTMENT OF HEALTH.

RULES TO BE OBSERVED IN THE CARE AND
MANAGEMENT OF

VACCINATION.

Smallpox is no respecter of persons save those who have acquired immunity to it by vaccination, or by having had a previous attack of the disease.

The only means of preventing this loathsome disease is vaccination and re-vaccination. The disease never gains a foothold in a country or community where the people have observed this precaution.

A standard preparation of glycerinated lymph on glass or ivory points in sealed containers or in hermetically sealed glass tubes should be secured and it should be used within the period for which it is guaranteed on the package.

With such virus, and a proper surgically clean scarification on a clean arm, which is kept clean, without interference with the resulting sore or scab, a successful result is almost sure to be obtained.

The one doing this operation should have his hands and the place of the vaccination made as clean as for a surgical operation.

The part should be prepared (preferably the upper third of the left arm if the person is right handed), by thorough washing with soap and water, rubbing sufficiently to produce a slight surface redness, after which the part should be rinsed with boiled water and then with alcohol.

Grasp the part where the vaccination is to be performed with the hand, rendering the skin tense over the site of the operation and with a point or needle that has been sterilized in a flame gently scrape and scarify the area until the true skin is bared for a space an eighth of an inch in diameter, and a little serum oozes. Always try to avoid bringing blood.

If the capillary tube is used the lymph should be forced out of the tube upon the scarified area by means of a rubber bulb. It should

never be blown out of the tube by the mouth. If a point is used scarify with the point and then rub it over the scarified surface.

After allowing the area to dry, a clean soft handkerchief or a soft cotton cloth (recently sterilized by boiling) should be fastened to the shoulder of the under garment in such a manner that it will hang down over the wound thus preventing irritation from rubbing or sticking of the clothes. The Department supplies County Medical Inspectors with a sterilized gauze dressing for the purpose.

The following well known succession of events ordinarily appears after a successful inoculation and in case of other symptoms developing a physician should see the patient at once.

In from three to five days, according to the activity of the virus, vesicles appear at the edges of the scarification and an area of redness appears around it which is attended by considerable itching. At this time the glands under the arm may become slightly swollen and tender. There may be slight fever and some loss of appetite. On or about the tenth day the sore begins to dry up, a scab forming a few days later. Patients should be especially cautioned not to scratch the wound or to permit dirt of any kind to get into it, and they should be instructed not to injure the scab but allow it to dry up and fall off of its own accord, after which it should be burned.

Upon the appearance of the typical vesicle and resulting sore a certificate of successful vaccination should be issued, but never before.

The protection from such a vaccination may endure during life, but experience has shown that absolute immunity has been lost in some cases after a period of five years and in many after a period of ten years; therefore it is advisable to have the operation repeated at intervals of five years and always when smallpox appears.

Unless the characteristic scar follows an inoculation it is probable that the attempt was unsuccessful or that an infection occurred.

Unless infants belong to a family of bleeders or show marked evidences of malnutrition, they should be vaccinated before the end of the first year.

The popular impression that vaccination should only be performed in the spring and fall is mistaken, and it is the duty of physicians to dispel this error as well as doubts as to the efficacy of vaccination and revaccination in preventing smallpox.

SAMUEL G. DIXON,
Commissioner of Health.