

In 1969, new prophylactic measures consisted of sanitary instructive work among population groups subject to CHF infection.

Supervisors of collective and state farms were requested to provide animal husbandry workers and persons occupied in the field work with protective clothing (special trousers and jackets) and DETA repellent. Belaya Kaliva region has 67 farms and 1,019 working persons. A total of 899 persons was provided with protective clothing. However, it should be mentioned that the protective clothing was

not used in summer by all workers because it did not suit the hot climate.

Areas with pioneer camps and children's resorts were cleared of vegetation and treated with 2% chlorophos solution before opening. During the epidemic season, widescale sanitary-instructive work was carried out among the population, such as lectures, conferences, demonstrations of films ("Attention—CHF"), leaflets, and posters. These measures allowed people to notice tick bites in time and to reveal infected persons.

Contribution to the Problem of CHF Infections in Hospitals and Laboratories

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This report gives data from epidemiological investigations of 3 CHF cases recorded among medical workers of Rostov Oblast.

In 1963, surgeon T (28 years old) of Krasnodon Medical-Sanitation Department, Belaya Kalitva region, became infected with CHF. On 30 May 1963, this surgeon made a blood transfusion to female patient B who had a severe CHF form with profuse hemorrhages (patients B died on 30 May 1963). In an accident during the transfusion, blood reached the surgeon's eyes and face. Surgeon T became ill on 3 June 1963 with typical CHF; his temperature dropped to normal 4 days after onset of infection and later increased with occurrence of a hemorrhagic syndrome, leukopenia (2,000 leukocytes), and thrombocytopenia (up to 30,000 thrombocytes). The illness began 5 days after the transfusion accident; no other epidemiological data were recorded. Surgeon T recovered from the infection.

In 1966, surgeon Schch (female, 29 years old) of Tatsinsky region became infected. A severe infection began on the evening of 25 May 1966 with chills, temperature rising to 39.9°C, asthenia, headache, frequent vomiting, and pain in the eyeball region, loins, and joints. From epidemiological anamnesis, it was found that a few days before onset of infection this surgeon operated on febrile patient B (female, 52 years old) who had a gastric hemorrhage and typical CHF hemorrhagic form [patient B died on 2 May 1966 (sic) following the operation]. Surgeon Schch wounded a finger with the scalpel while operating on the patient; no contact with ticks or any other epidemiological data were noticed by the surgeon. Hence the infection began 5 days before the clinical picture appeared. This surgeon certainly became directly infected from patient B. The CHF course was severe with enlarged liver, metrorrhagia,

large hematomas on the buttocks, arms, forearms, and injection sites, as well as gross hematuria, rigidity of occipital muscles, positive Pasternatsky symptom, and oliguria followed by subsequent polyuria. The urine contained albumin and fresh and fermented elements; anemia, leukopenia, and thrombopenia were found in blood. The surgeon was discharged from the hospital on 21 June 1969 (sic) in good health.

In 1970, we observed a case of laboratory infection. On 20 February 1970, laboratory assistant Ch (female, 39 years old) of the Virological Laboratory (Rostov Institute of Epidemiology, Microbiology, and Hygiene), became infected. Ch worked with living CHF virus during 1968–1969. The laboratory staff was acquainted with the routine work of infection group II inasmuch as they had worked with *Leptospira* belonging to this infection group.

Ch had 10 years of experience in the laboratory and was considered to be a very attentive, disciplined, and accurate person to whom the preparation of infected tissue suspensions and virus inoculation to laboratory animals was entrusted. During February 1970, no deviation in the work routine of Ch was recorded. However, on 16 February 1970 a vial containing a virus suspension broke in the centrifuge. Centrifuging was performed by other laboratory assistants in the same room. Ch performed other operations and could have been infected by produced aerosols. Ten days before onset of infection, Ch frequently worked with live CHF virus; 3 strains were simultaneously investigated, including Sudarkina strain which was passaged 41 times and had very high infectious titers.

The investigation of live CHF virus was carried out on 13, 15, and 16 February, when the infection most probably occurred (considering known incubation period).