

fective methods for controlling them are enumerated in Table 1. Human transmission of smallpox has now been certified to be globally eliminated and several other conditions (i.e., louse-borne typhus, plague, and relapsing fever) have a severely limited geographic distribution, in remote and largely unpopulated areas.

World War II represented a transitional period for industrialized combatant countries. The five years of continual war and occupation had affected civilian populations in Europe surprisingly less than did warfare in previous conflicts. The most notable increases in disease levels were those of new cases of pulmonary tuberculosis, which rose steadily throughout Western Europe, and of reported cases of typhoid fever, the total of which doubled (8-10). Most seriously affected were displaced persons, encamped refugees and inmates of concentration camps (11-13). In marginally nourished and starving patients, typhus, dysentery, scarlet fever, and diphtheria caused sporadic outbreaks and many deaths.

Serious outbreak of communicable disease after disaster has not been documented in Western Europe, the Continental United States or Canada since 1945. This improvement is associated with generally improved sanitary conditions and with the disappearance of certain vector-borne diseases from many countries, as in the case of malaria, or the restriction of diseases to isolated areas after the development and usage of effective insecticides and pesticides. The immunization of susceptible populations with vaccines effective against diseases such as diphtheria, pertussis, tetanus, poliomyelitis and measles and the adequate treatment and interruption of transmission by antibiotics of diseases like typhoid, streptococcal diseases, and tuberculosis is also associated with the lack of serious outbreaks. In caring for populations affected by disasters in industrialized countries, physicians have observed apparent increases in nonspecific diarrhea, and influenza and minor respiratory infections. The magnitude of the problem created by these, however, is such that population density alone may adequately explain it.

The evaluation of recent experiences with communicable diseases in Latin America, the Caribbean and other parts of the developing world is complicated by several factors related to changing patterns of disease, development, and the public health infrastructure. Most important of these are the persistence of many serious communicable diseases; the decline of some serious communicable disease; a lack of base-

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Table 1. Communicable Diseases of Public Health Importance Classically Associated with War and Famine, with Traditional Methods of Prevention and Control (21)

Disease	Public Health Measures
A. Water and/or Food-Borne Diseases	
1. Typhoid and Paratyphoid Fevers	a. Adequate disposal of feces and urine.
2. Food Poisoning	b. Safe water for drinking and washing.
3. Sewage Poisoning	c. Sanitary food preparation.
4. Cholera	d. Fly and pest control.
5. Leptospirosis	e. Disease surveillance.
	f. Isolation and Treatment of early cases (typhoid and paratyphoid fevers, cholera).
	g. Immunization (typhoid fever and cholera).
B. Person to Person Spread	
<i>Contact Diseases</i>	
1. Shigellosis	a. Reduced crowding.
2. Nonspecific diarrheas	b. Adequate washing facilities.
3. Streptococcal skin infections	c. Public health education.
4. Scabies	d. Disease surveillance in clinics.
5. Infectious hepatitis	e. Treatment of clinical cases.
	f. Immunization (infectious hepatitis).
<i>Respiratory Spread</i>	
1. Smallpox	a. Adequate levels of immunization before the disaster.
2. Measles	b. Reduced crowding.
3. Whooping Cough	c. Disease surveillance in clinics and community.
4. Diphtheria	d. Isolation of index cases (especially smallpox).
5. Influenza	e. Immunization of entire population (smallpox) or children (measles).
6. Tuberculosis	f. Continue primary immunization of infants (diphtheria, whooping cough, tetanus).
C. Vector-Borne Diseases	
1. Louse-borne typhus	a. Disinfection (except malaria and encephalitis).
2. Plague (rat flea)	b. Vector control.
3. Relapsing fever	c. Disease surveillance.
4. Malaria (mosquito)	d. Isolation and treatment (no isolation for malaria).
5. Viral encephalitis	
D. Wound Complications	
1. Tetanus	a. Tetanus toxoid immunization.
	b. Postexposure tetanus antitoxin.
