MEDICAL INTELLIGENCE ABSTRACTS

OF

UNEVALUATED INFORMATION

CIA/SI 25.26-51 17 October 1951

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1. Increased Red Crescent and Red Cross Activity in Soviet Union.

The combined society membership of the Soviet Red Cross and Soviet Red Crescent is given as 15 million. Activities of this Union, it is stated, are aimed at protecting the health of the broad masses of the people. The executive Committee of these societies has begun to publish a magazine called, "The (b)(3)

Soviet Red Cross." The leading article of the first issue emphasizes the importance of The Soviet Red Cross in the struggle for world-wide peace.

ANALYST'S COMMENT: Part of five-year plan (1946-1950), Union of Red Cross and Red Crescent Societies, included development of measures for extensive public aid to population suffering from effects of war, and strengthening of first aid program of Soviet Union. First aid training classes received considerable attention in Soviet press during January and February 1951, after almost complete silence about this activity for several years. Reports from various "Republic" societies indicated work may have been reoriented toward civil defense since outbreak of war in Korea. Membership has gone from about 8 million in 1941, 14 million in 1946, to 15.5 million (or 7.5% of population) in 1948. In April 1951 membership drive appeared to be underway but apparently did not exceed previously stated amounts, as the latest claims are 15 million membership. These observations would seem to indicate possibility of strengthening and buildup of this organization for civilian defense purposes as well as for known program of increase of health services in the Soviet Union.

2. Vulnerability of Germany and Yugoslavia to Foot and Mouth Disease.

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(b)(1)(b)(3) the incidence of Foot and Mouth Disease has reached serious proportions. (b)(1) (b)(3) One difficulty in combating the disease, (b)(1) has been the fact that (b)(3)the type of virus common to this area has changed and that the available stocks of vaccine serum were largely ineffective. A new serum has been prepared and vaccina-(b)(1)tions are expected to begin within a few days. (b)(3)

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(b)(1) (b)(3) 2. <u>Vulnerability of Germany and Yugoslavia to Foot and Mouth</u> <u>Disease (Cont'd)</u>.

> The first cases of foot and mouth disease appeared on the Greek border south of Bitolj in May 1951. The virus was classified as Vallee A which is the same as was present during April in the Florina area of Greece. About a month later cases appeared in the southern Bulgarian border and were classified

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as Vallee type 0. The disease is spreading rapidly and has become an epizootic of such proportions that all possible efforts of control are justified. Vaccine imported from Denmark and Switzerland have not given satisfactory immunity although it was specifically for the Vallee A-O types of virus as classified in England, Denmark and Switzerland. virus of another type is also present here. The laboratory now under construction in Bitolj should be in operation in two weeks. The vaccine produced here, from the local virus, should produce a stronger and more specific immunity than imported vaccines. This laboratory is a temporary installation and although all possible sanitary precautions have been taken under existing conditions, there are many possibilities for escape of virus from this laboratory.

ANALYST'S COMMENT	It is
interesting to note that the outbreaks of foot and mouth	disease
in Germany and Yugoslavia have assumed epizootic proport	ions
chiefly because of the appearance of a type of virus imm	
gically different from the available vaccines. The lack	of
facilities in Germany and Yugoslavia to immediately prep	are
vaccines from the prevalent type of virus causing an out	break of
foot and mouth disease, and their dependence upon the us	e of
standard type vaccines from Denmark and Switzerland, dem	
the vulnerability of these countries to epizootics cause	d by
atypical types or strains of viruses.	, -

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