Child Infectious Morbidity in the USSR during the World War II

By Sher S.A., Albitskiy V.Yu. & Baranov A.A.

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GJMR-K Classification: NLMC Code: D23

Strictly as per the compliance and regulations of:
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List of abbreviations

TB - tuberculosis
STDs – sexually transmitted diseases or venereal diseases
USSR – Union of Soviet Socialist Republic
RSFSR – Russian Soviet Federated Socialist Republic
SARF – State Archive of the Russian Federation

I. INTRODUCTION

May 9, 2020, Russia will celebrate the 75th anniversary of the Victory in the Great Patriotic War, which was integral part of the Second World War. It was the cruelest war in the history of humanity. According to estimates, about 55 million people, 1,800,000 children under 16 years, died during the Second World War. The casualties of the Soviet Union in that war amounted to about 27 million. The most terrible crimes of the Nazis in the occupied Soviet territories were the brutal extermination of children [1].

A drastic deterioration of living conditions of the population, enemy air raids, shelling, prolonged stay in bomb shelters, starvation, death of family members, unprecedented migration processes, decrease in the number of pediatricians and nurses due to mobilization to the military service during the Great Patriotic War hurt children's health. The war as an extreme social phenomenon caused an increase in childhood infections and socially significant diseases (STDs and tuberculosis).

The conception of this research was the analysis of situation with the infectious morbidity of children in the USSR during the Second World War. This study is relevant due to two circumstances. First of all, the majority of historical and medical research devoted to the war had been carried out in the Soviet epoch and did not always depict an objective image due to the ideological concepts of that time, which often prohibited the publication of certain information. Secondly, few studies have been carried out on this topic in post-Soviet Russia yet are selective or localized.

II. RESEARCH SOURCES

To describe the condition of children’s health, their infectious morbidity during the war, the authors of the given article have studied medical reports, information notices and other documents from the published and unpublished archive materials of the State Archive of the Russian Federation, Archive of the Academy of Medical Sciences of the USSR, regional archives, as well as the research works of pediatric scientists and leaders of Children's Health Care Service, who were contemporaries of the war, and the post-Soviet publications.

a) Main results of the research

Archival materials confirm the enormous damage caused by the German occupants both to the entire national economy of the Soviet Union and to children's institutions. In the occupied territory of the USSR (cities and suburban areas of Smolensk, Voronezh, Kursk, Rostov, North Ossetia republic, the territory of Belarus, Ukraine, etc.) fascist aggressors destroyed all children's hospitals, consultations, nurseries [2]. So, Nazis arranged the first floor of Kursk Central Children's Consultation to stables, the Children's hospital – to hostel for German soldiers, the nursery # six and Infant-feeding center – to broker's board. When the German army retreated, they had exploded the buildings [3]. Hitler's invaders had destroyed not only children's institutions and their property, as well as killed

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children. M.D. Kovrigina in her book “War and Children” cited some terrifying facts from the indictment documents presented at the International Military Tribunal in Nürnberg. So, the Nazis in the resort city of Teberda (North Caucasus) exterminated 500 sick children with bone tuberculosis who were treated in a sanatorium [1]. On Gatchina (Leningrad region), the Nazis “gathered hungry children wandered around the town in a cold stone building, surrounded it with barbed wire, and dozens of little prisoners were dying of hunger every day in this concentration camp” [3].

In such a cruel situation, the incidence of childhood infections increased significantly. The most severe military disasters, extremely unfavorable epidemiological situations affected children who lived in the frontline, occupied territories, and the blockade Leningrad. So, in the Moscow and Leningrad regions, diphtheria morbidity increased due to insufficient coverage of children with anti-diphtheria vaccinations, especially in rural areas, as well as the late hospitalization of diphtheria patients. As a result of this situation mortality from diphtheria increased in some infectious hospitals [4]. Malaria spread widely with the severity of the course of a disease. For example, in occupied Voronezh, 49.4% of children aged 4 to 12 suffered from malaria during 1943. Infections proceeded against the background of nutritional hypotrophy, anemia [5].

The rapid advance of fascist troops across the territory of the Soviet Union required the organization of an urgent forced evacuation of the population, and, first of all, large children's masses, to the east of the country. By August 1, 1941, 250,000 school-age children had been evacuated from Moscow and Leningrad [6]. In September and October, 60,000 students with teachers from the Moscow boarding schools and 300,000 women with children additionally were evacuated from the capital to the regions of Gorky, Molotov, Chelyabinsk, Novosibirsk, the Tatar, Mordovian, Chuvash, Mari Autonomous Republics and the Kazakh Soviet Republic [7]. By May 1942, 1,648 children's institutions and 188,364 children were removed from Leningrad to the above-mentioned-regions [8]. Before August 15 of the same year, about 25,000 orphans were evacuated [9].

Evacuated inland children had been not in such a dangerous situation, but also they had been in a bind of life conditions. In the first war year, huge nutrition problems (deficiency malnutrition), unsatisfactory water supply, and heating dramatically deteriorated the sanitary and epidemiological situation in the evacuation regions. In many areas, evacuated children lived in extremely horrific living conditions. As a result, pediculosis and scabies spread [6]. These circumstances redounded to widespread childhood infections. For instance, the archival data of the Gorky region, which was a major center for the reception of evacuated people, showed that in October 1941, compared to 1940, the incidence of epidemic typhus and measles was increased respectively in 40% and 20%. The situation with the dysentery morbidity had deteriorated. If in the pre-war March 1941 in Gorky region 717 patients with dysentery registered, then in September 1941 – 3,658 sick cases [10].

In January 1942, the government adopted a series of legislative and regulatory documents to prevent outbreaks of epidemic diseases. The childhood infections committee was created in the People's Commissariat of Public Health (Ministry for Public Health) of the USSR, which organized anti-epidemic and disinfection teams and sent 175 medical doctors and 350 nurses to work in First aid medical stations, mother and child rooms at railroad stations [11]. In 1942 compared with 1940, the patient capacity of children's hospitals increased by 28%. Moreover, almost half of them were infectious beds. These measure allowed the hospitalization of children with diphtheria and scarlet fever. Specialized units opened for patients with measles and pertussis in some hospitals for the first time [12].

In November 1942 the People's Commissariat of Public Health of the USSR had approved instructional and methodological documents concerning carrying out anti-epidemic work by city children's consultations and polyclinics. This document indicated the necessity to provide a preventive vaccination by children's clinics for outpatients. Particular attention was focused to vaccinate against smallpox. According to this document, pediatricians were due to immediately hospitalizing patients with scarlet fever and diphtheria [13]. March 24, 1944, the People's Commissariat of Public Health of the USSR had approved the “Instruction on the Organization of Isolation Facilities and Quarantine Groups in Kindergartens.” On the base of this Instruction, isolation wards were organized in kindergartens to serve patients with mild forms of childhood infections, and quarantine groups were formed for children who had contact with homogeneous disease (measles, pertussis, epidemic parotitis, chickenpox) [14].

Thanks to the measures, pediatricians were able to prevent epidemic diseases and reduce child morbidity. In the first half of 1943, the level of infectious diseases decreased in the Tatar Republic, Penza, Kirov, Gorky regions [15]. In 1943 the morbidity of dysentery and toxic dyspepsia decreased by more than three times. The case rate reduction was connected with mandatory hospitalization of sick children, treatment with sulfa drugs, bacteriophages in children groups [9]. In 1944 the morbidity of diphtheria, scarlet fever, pertussis, and measles continued to decrease (Table 1) [16].
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reactions were not allowed in children's institutions and
reaction. Sick children with positive Wasserman's
orphanage and boarding school had Wasserman's
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Instruction, special rules for admitting children to
Diseases in Children's Institutions. According to this
approved the Instruction for the Prevention of Venereal
1943, the People's Commissariat of Public Health had
troops, where brutal exploitation and violence of the
spread, especially in the territory occupied by German
months of 1943 compared to 1940 in the Gorky region
measles decreased in 14 times, scarlet fever – in 12 times, dysentery – in 3
times, typhoid – in 2 times, diphtheria – 1,5 times
classified document.

### Table 1: Incidence of childhood infectious diseases in the Soviet Union (USSR) and Russian Soviet Federative
Socialist Republic (RSFSR) during the Great Patriotic War (1:10,000 population)*

<table>
<thead>
<tr>
<th>Diseases</th>
<th>USSR 1940</th>
<th>USSR 1941</th>
<th>USSR 1944</th>
<th>RSFSR 1940</th>
<th>RSFSR 1941</th>
<th>RSFSR 1942</th>
<th>RSFSR 1943</th>
<th>RSFSR 1944</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria</td>
<td>9.9</td>
<td>10.3</td>
<td>8.2</td>
<td>11.4</td>
<td>13.0</td>
<td>16.9</td>
<td>13.0</td>
<td>7.7</td>
</tr>
<tr>
<td>Scarlet fever</td>
<td>12.6</td>
<td>13.6</td>
<td>5.0</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Pertussis</td>
<td>25.7</td>
<td>25.7</td>
<td>23.1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Measles</td>
<td>68.1</td>
<td>80.0</td>
<td>65.8</td>
<td>72.0</td>
<td>85.0</td>
<td>37.9</td>
<td>16.3</td>
<td>14.5</td>
</tr>
</tbody>
</table>

*Footnote: In 1941-1942 relative incidence rates were determined only in 39 backlands.

According to the table data, the highest level of
diphtheria morbidity occurred in 1942 in RSFSR. The
increase in the incidence in large cities, as well as in the
Moscow region, was explained by a high population
density and closer contact between children. Almost
50% of the cases were children of preschool age. A very
noticeable decrease in the incidence of diphtheria began in 1943 and continued steadily during 1944. The
maximum prevalence of measles (85 per 10,000
population) were in the second half of 1941 due to the
massive evacuation of the children from the western and
central regions of the country to the eastern. From 1942
the measles morbidity began to decrease markedly, and
in 1943-1944 came down quickly. Measles rate
reduction was explained by the uninterrupted supply of
anti-measles sera from specialized measles laboratories
and research institutes of some backlands [2].

As a result of the carried out anti-epidemic measures, improvement of sanitary conditions of
orphanages, boarding schools and regular schools in
1943 in Gorky area the morbidity of measles decreased
in 14 times, scarlet fever – in 12 times, dysentery – in 3
times, typhoid – in 2 times, diphtheria – 1,5 times
compared to 1940. In 1945 compared to 1940, the
morbidity of epidemic typhus was reduced by 72%,
dysentery – by 86%, scarlet fever – by 31% in this area.
The child mortality decreased by 23.2% over the nine
months of 1943 compared to 1940 in the Gorky region
[10].

During the Great Patriotic war, STDs had been
spread, especially in the territory occupied by German
troops, where brutal exploitation and violence of the
civilian population, including children. On November 3,
1943, the People's Commissariat of Public Health had
approved the Instruction for the Prevention of Venereal
Diseases in Children's Institutions. According to this
Instruction, special rules for admitting children to
institutions were established to prevent syphilis. At the
slightest suspicion of syphilis, the mother and the child
got referrals for a serological test and, if necessary, an
X-ray of the limbs. Each child who admitted to
orphanage and boarding school had Wasserman’s
reaction. Sick children with positive Wasserman's
reactions were not allowed in children’s institutions and
referred for antiluetic treatment (archaic Arsenic drug
combination of novarsenol, miarsenol, and bioquinol). Children without clinical and serological symptoms but
were born from mothers with syphilis were admitted to
the nursery only after one combined course of therapy
[17].

During the Great Patriotic War, as was always the
case during periods of hostilities, when sanitary and
hygienic living conditions, nutrition, had been
deteriorated, resisting power to disease decreased, the
problem of preventing the spread of tuberculosis among
both military and civilian populations, including children,
became topical issues.

The situation with children's tuberculosis was
particularly difficult in Leningrad, where this disease had
some features connected with extremely quantitative
and qualitative lack of food (children received on food
stamp 125 g of bread in November 1941, 200 g in
December 1941, 400 g in February 1942). According to
pathoanatomical data of one of the Leningrad hospitals,
in 1942, the child case fatality rate from tuberculosis
compared with 1940 increased almost two times. Most
of the sick children had extensive damages to bronchial
and mesenteric lymph nodes. Pulmonary TB was
diagnosed second in frequency of occurrence, disseminated processes predominated [18].

By the unified methodology of the Central
Research Institute of Tuberculosis, a comparative study
of tuberculosis-infected patients was tested in Moscow,
Gorky, Alma-Ata, and Novosibirsk. This research
showed a steady increase amount of tuberculosis-
infected among schoolchildren during the war. The
proportion of tuberculosis-infected children aged 8-12
increased from 37.7% in 1940 to 56-61% in 1944 and
adolescents aged 13-17, respectively, from 56.4-72% to
64.8-82%. The incidence of tuberculosis among
schoolchildren also increased. So, the examination of
children in Moscow in 1944 identified that 3.3% of young
schoolchildren and about 4% of teenagers had
pulmonary tuberculosis with 1.5% of active forms.
According to similar examinations, 4.8% of
schoolchildren in Saratov, 6.5% in the Gorky region,
12.6% in the Stalingrad region were affected by
tuberculosis [19]. The tuberculosis morbidity among
schoolchildren was lower in 1944 than in 1942-1943, but
higher than the pre-war level [20].
Since the end of 1942, newborns vaccination had been given only by 40% due to the problem with the vaccine’s availability in urban maternity hospitals. However, often children with identified tuberculosis inactivation were distributed to special sanatory groups in nurseries and kindergartens and students to sanatory “forest schools.” All children of early and preschool age had gotten a test of Pirquet’s reaction for the detection of tuberculosis, were given a Mantoux test. A remarkable result, as well as a negative one, but with suspicion of tuberculosis, were given a Mantoux test. Children with a positive Pirquet’s reaction were approved. To timely detect tuberculosis, TB doctors conducted screenings of children in nurseries, kindergartens, schools, and, if necessary, gave referral for lung X-ray. Children with identified tuberculosis intoxication were distributed to special sanatory groups in nurseries and kindergartens and students to sanatory “forest schools.” All children of early and preschool age had gotten a test of Pirquet’s reaction for the detection of tuberculosis in Kuybyshev, Gorky, Chapaevsk, Buryat-Mongol Autonomous Republic and other cities. In some cities (Kalinin, Kuybyshev, Chapaevsk, etc.) for the early diagnosis of tuberculosis, TB doctors conducted screenings of children in nurseries, kindergartens, schools, and, if necessary, gave referral for lung X-ray. Children with identified tuberculosis intoxication were distributed to special sanatory groups in nurseries and kindergartens and students to sanatory “forest schools.” All children of early and preschool age had gotten a test of Pirquet’s reaction for the detection of tuberculosis in Kuybyshev, Gorky, Chapaevsk, Buryat-Mongol Autonomous Republic and other cities. Since the end of 1942, newborns vaccination had been activated in urban maternity hospitals. However, often vaccination work was complicated by the viability of vaccines with a limited expiration date. According to the medical report of the People's Commissariat of Public Health of the USSR, vaccination of newborns was carried out by 81.5% in 1942, by 87.5% in the first quarter of 1943 in the Moscow region, by 86.3% in the Buryat-Mongol Autonomous Republic. But in some regions, in particular, in the Kirov, BCG vaccination was given only by 40% due to the problem with the vaccine’s delivery [21].

On August 2, 1943, the instruction “The struggle against tuberculosis among children at an early age” was approved. To timely detect tuberculosis in young patients, all vaccinated and unvaccinated children had the Pirquet’s reaction. Children with a positive Pirquet's result, as well as a negative one, but with suspicion of tuberculosis, were given a Mantoux test. A remarkable point of this instruction was the organization of 1 – sanatory groups in nurseries and children’s consultations for small patients with chronic tuberculosis, inactive forms of peripheral lymph nodes tuberculosis, residual pleurisy, lymphadenitis in the resorption stage, tuberculosis of the skin and ossicles; 2 – sanatoriums for young children with pulmonary and osteoarticular TB. The city and regional selection committee of experts had carried out the selection of children for TB-resort [17]. The above-mentioned instructions let TB-specialists and pediatricians improve the diagnosis of tuberculosis in the early stages to ensure the isolation of children infected and sick with tuberculosis, their treatment, recovery, and prevention of the spread of the disease.

### III. Conclusion

Review of a wide range of sources, including documents from the State Archives of the Russian Federation, provides an independent perspective on the dramatic situation concerning the significant increase of childhood infections during the Great Patriotic War both in the occupied territory and in the regions with evacuated children. As a result of the systematic anti-epidemic measures carried out by the central and regional health authorities, the epidemics of childhood infections were blocked and did not become a typical phenomenon of wartime. Despite a significant increase of tuberculosis, STDs, and malaria morbidity in the first two years of the war, the further spread of these socially significant diseases were prevented.

**Conflict of Interests**

Not declared

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