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WEEKLY REPORT

For Week Ending September 20, 1975

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EPIDEMIOLOGIC NOTES AND REPORTS

PERTUSSIS-LIKE ILLNESS – Alabama

Twenty-six cases of a pertussis-like illness were reported to the Alabama State Department of Public Health from Sumter County, Alabama, between July 1 and August 1, 1975. Patients' ages ranged from 2 months to 40 years: 9 of the 26 were under 1 year, 12 were between 1 and 5 years, and 5 were over 5 years. All 26 patients had paroxysmal coughing, followed by a forced inspiration (whoop), and 23 had vomiting after the paroxysms. Symptoms in the 26 patients began between June 1 and July 15 and were still present in several patients 1 month after onset. There were no deaths.

White blood cell counts were performed on 19 patients, and all were elevated with lymphocyte predominance. A few patients had chest X-rays, and all exhibited a perihilar infiltrate. Four patients had nasopharyngeal specimens cultured for *Bordetella pertussis* early in the second stage of illness

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TABLE I. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

(Cumulative totals include revised and delayed reports through previous weeks)

DISEASE	38th WEEK ENDING		MEDIAN 1970-1974	CUMULATIVE, FIRST 38 WEEKS		
	September 20, 1975	September 21, 1974		September 20, 1975	September 21, 1974	MEDIAN 1970-1974
Aseptic meningitis	195	94	189	2,552	2,166	3,233
Brucellosis	4	4	5	171	124	139
Chickenpox	281	325	– – –	117,299	99,958	– – –
Diphtheria	1	2	2	216	183	127
Encephalitis, Primary	204	34	38	1,054	724	1,032
Encephalitis, Post-Infectious	4	1	2	243	199	222
Hepatitis, Viral, Type B	238	221	150	8,407	7,042	6,266
Hepatitis, Viral, Type A	688	858	1,132	25,456	30,668	39,973
Hepatitis, Viral, Type unspecified	160	155		5,827	6,055	
Malaria	14	8	14	307	167	705
Measles (rubeola)	79	88	138	21,329	19,998	27,079
Meningococcal infections, total	14	15	17	1,110	1,007	1,072
Civilian	14	15	17	1,085	981	1,047
Military	–	–	–	25	26	42
Mumps	315	278	420	47,280	44,828	57,323
Pertussis	44	40	– – –	1,124	1,244	– – –
Rubella (German measles)	78	139	139	14,900	10,067	26,107
Tetanus	3	4	4	67	68	79
Tuberculosis	632	572	– – –	24,298	22,341	– – –
Tularemia	1	4	4	88	113	113
Typhoid fever	8	9	13	234	290	261
Typhus, tick-borne (Rky. Mt. spotted fever)	18	17	16	718	691	452
Venereal Diseases:						
Gonorrhea, Civilian	21,535	18,068	– – –	715,988	643,375	– – –
Gonorrhea, Military	502	625	– – –	21,800	21,718	– – –
Syphilis, primary and secondary, Civilian	523	508	– – –	18,572	18,477	– – –
Syphilis, primary and secondary, Military	2	9	– – –	253	342	– – –
Rabies in animals	44	53	57	1,799	2,142	2,647

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:	–	Poliomyelitis, total:	4
Botulism:	14	Paralytic:	4
Congenital rubella syndrome:	17	Psittacosis: Mass. 1	36
Leprosy: Hawaii 1	116	Rabies in man:	1
Leptospirosis:	36	Trichinosis:* N.J. 9	93
Plague:	9	Typhus, murine: Texas 2	27

*Delayed reports: Trichinosis: Texas delete 2

PERTUSSIS-LIKE ILLNESS – Continued

before they began taking antibiotics; however, all cultures were negative.

Twelve of the 26 patients had not been vaccinated against pertussis; 12 had been partially vaccinated, although 4 of the latter had received the appropriate number of doses for their age. Two patients, aged 11 and 14 years, had been fully vaccinated. The last booster for each had been administered in 1967.

The 26 cases occurred in 14 households, with a total of 45 persons. The calculated secondary attack rate in these households was 39%. Four of the patients over 5 years old were from 1 household, including the 2 with histories of complete vaccination. Although the diagnoses in these cases were not confirmed by laboratory tests, vaccination efforts against pertussis have been increased in Sumter County.

(Reported by Virginia Clark, RN, Alyce Hank, RN, Johnye R Walton, MD, and Temple Carney, MD, York, Alabama; HC Hunt, MD, Livingston, Alabama; Sandra S Thompson, MT, Supervisor, Hill Hospital Laboratory, York; Margaret F Vaughn, PHN, Sumter County Health Department; Albert Y May, Immunization Program Representative, and Frederick A Wolf, MD, State Epidemiologist, Alabama Department of Public Health; the Special Pathogens Branch, Bacterial Diseases Division, Bureau of Epidemiology, CDC; and an EIS Officer.)

Editorial Note

Cases in this outbreak are typical of pertussis in unimmunized persons, but an identical syndrome can be caused by adenoviruses, *Bordetella parapertussis*, and other organisms. The bacteriologic diagnosis of pertussis is best made by culturing nasopharyngeal swabs on Bordet-Gengou media or testing direct smears made from nasopharyngeal swabs by the fluorescent antibody (FA) technique (*1*). Private physicians may send specimens to their state laboratory for FA testing. CDC provides confirmation for results of the FA test. Four smears should be made on 2 or more slides and heat-fixed before being mailed. The hypothesis that an illness is pertussis can be tested epidemiologically by comparing the secondary attack rates in immunized and unimmunized household contacts of cases; such information was not available in this outbreak.

Reference

1. Pittman B: *Bordetella.* In Manual of Clinical Microbiology. 2nd ed. edited by Lennette EH, Spaulding EH, Truant JP. American Society for Microbiology, Washington, 1974

CONGENITAL MALARIA – California

On May 18, 1975, a 1-month-old male infant of Mexican descent was admitted to the Los Angeles County-University of Southern California Medical Center with jaundice, fever, and splenomegaly. He had been delivered in Los Angeles without complications at term by the vaginal route and had weighed 7 lb 11 oz at birth. He had been seen twice previously at a local health center on May 9 and 16 with the same signs.

A blood smear was obtained from the infant on admission, and he was diagnosed as having malaria when *Plasmodium vivax* organisms were seen on microscopic examination. He was treated with chloroquine phosphate 5 mg/kg/day for 5 days, and a repeat blood smear obtained 4 days after admission revealed no plasmodium organisms. Malaria indirect immunofluorescence (IFA) tests performed at CDC showed a titer of 1:256 to *P. vivax* and 1:64 to *P. falciparum* antigens.

The infant's mother, who had lived in Mexico throughout her pregnancy, had traveled to malarious areas in Mexico in both June and December 1974. She had been ill both times with fever and chills and had been treated with penicillin. She did not have *P. vivax* in her blood smear, but she did have a titer of 1:1024 to *P. vivax* by the IFA test. The mother and child have returned to Mexico, and no follow-up data are available.

(Reported by Larry Baroff, MD, Infectious Disease Fellow, LAC-USC Medical Center; Martin D Finn, MD, Acting Deputy Director, Betsy B MacCracken, MD, Director of Epidemiology, and Robert A Gunn, MD, Deputy Chief, Acute Communicable Disease Control, Community Health Services, Los Angeles County; the Parasitic Diseases Branch, Bureau of Epidemiology, CDC; and an EIS Officer.)

Editorial Note

This is the sixth case of congenitally acquired malaria in the United States that has been reported to CDC since 1957. The other cases occurred in 1966, 1967, 1972, 1973, and 1974. The average age at onset of symptoms in those cases was 5.4 weeks. In 2 cases, the correct diagnosis was made soon after the child became ill. However, in the other 3 cases the diagnosis was delayed by 3, 5, and 12 weeks. *P. malariae* was the infecting organisms in 3 cases, *P. vivax* in 2. Of the 5 mothers of infected infants, 3 gave a history of having had malaria before delivery. Blood smears from 4 mothers were positive for malaria, although in 2, identification was made retrospectively on blood smears that had been prepared before delivery. The presumptive diagnosis of malaria in the other mother was corroborated by a positive IFA test. Three of the mothers had immigrated to the United States; 1, who transmitted *P. malariae*, had not been in a malaria-endemic area for 25 years.

Congenital malaria has been considered relatively rare. Analysis of 12 studies from malaria-endemic regions in Africa, Central America, and Asia, reporting a total of 5,324 births, revealed 16 congenital infections, for a rate of 3 per 1,000 births. The placenta has been shown to be an effective barrier to the passage of plasmodium organisms to the newborn, even at the time of birth (*1*). However, congenital malaria probably occurs more frequently in the offspring of nonimmune individuals than in those of mothers who have developed some degree of immunity after prolonged, repeated exposure to plasmodium organisms. In the early part of this century in Arkansas, congenital malaria was found at a rate of 12.1 per 1,000 births to mothers who had had active malaria during pregnancy (*2*).

Malaria should be considered in the differential diagnosis of fever of unknown origin in a newborn infant of a mother with a suggestive travel history. The presence of anemia, hepatosplenomegaly, and jaundice in the infant may be helpful signs.

References

1. Giles HM: Review: Malaria and pregnancy (Thesis) by Kortmann HFMC. Trop Dis Bull 70:607-609, 1973

2. Covell G: Congenital malaria. Trop Dis Bull 47:1147-1167, 1950

INTERNATIONAL NOTES

SMALLPOX – Worldwide

As of August 8, 1975, the following data had been reported to the World Health Organization (WHO).

During the past 12 weeks, smallpox incidence has fallen sharply – from a peak of 1,296 cases recorded during the last week of April to a low of 113 cases recorded in mid-July. The numbers of cases now being detected weekly are by far the lowest ever reported to WHO. The only 2 countries to have reported cases during the past 8 weeks are Bangladesh and Ethiopia, and in both countries the numbers of cases being detected each week are steadily declining.

More than 10 weeks have now elapsed since the discovery of the last case of smallpox in India. An intensive search by national and international staff has been conducted throughout the country, especially in states and union territories bordering Bangladesh. Despite the offer of a 1,000 rupee reward ($120) to anyone reporting a case of smallpox, no further cases have been discovered. Although India is now believed to be smallpox-free, an active surveillance program is continuing which will be supplemented by repeat nationwide house-by-house searches in October and December, immediately before the advent of the usual smallpox season. With this plan, it is anticipated that any lingering remote foci due to indigenous spread or due to importations from Bangladesh will be detected before the period when smallpox transmission is most rapid.

The smallpox situation in Asia has changed markedly in the past 12 months. In July 1974, a total of 22,809 cases were reported from 4 countries – India, Pakistan, Nepal, and Bangladesh. In July 1975, only 408 cases were reported, all from Bangladesh.

Progress in the program in Bangladesh continues to accelerate as national and international staff deal with an ever diminishing number of outbreaks at a time of year when the rate of smallpox transmission is at its lowest ebb. The number of smallpox-infected villages in Bangladesh reached a peak at the end of April (week 18). At that time there were 1,780 active cases and 1,280 infected villages. As of August 2, 13 weeks later, there were only 47 active cases and 131 infected villages in the entire country.

In Ethiopia, the only other presently endemic country, there were 117 infected villages in 13 different locations as of August 2. Of this total, 86 (74%) were in the province of Gojam, and all occurred within an area 130 by 200 km. Except in Gojam, the helicopter-supported program of surveillance and containment has made excellent progress. However, in Gojam civil disorder prevented activities in a number of areas for the past several months. Searching for cases in many of these areas has been possible only in recent weeks. As anticipated, additional outbreaks have been discovered. Transmission of smallpox among scattered villages and hamlets of this remote mountainous area is closely associated with marriage parties which usually conclude in late May; however, this year, these continued through June, having been postponed because of a very late religious fasting period.

On July 18, the Ministry of Health of Ethiopia decided to embark upon a more intensified smallpox program in hopes of interrupting transmission by the end of November when population movement again increases and smallpox transmission is more rapid. Additional health officers, sanitarians, and international staff are being assigned to the program during the next 6 months, and student groups throughout the country will be asked to participate in case search and vaccination activities.

The global program of smallpox eradication has reached the point that progress is now monitored in terms of the number of "infected villages" in each area. A village is considered infected until 6 weeks have elapsed since onset of rash of the last case and until a special search has been made to confirm that no further cases have occurred. Data reported to WHO for July and August are shown in Table 1.

(Reported by the World Health Organization in the Weekly Epidemiological Record *50(32):281-285, 8 Aug 1975.)*

Table 1
Infected Areas Reported to WHO As of July 5, August 2, and August 30, 1975*

Area	No. of Infected Villages as of			Area	No. of Infected Villages as of		
	July 5	August 2	August 30		July 5	August 2	August 30
Bangladesh				Bangladesh, Continued			
Barisal	23	18	5	Rangpur	7	–	–
Bogra	15	1	–	Sylhet	120	29	13
Chittagong	1	10	4	Tangail	3	–	–
Chittagong Hill Tracts	–	1	–	Total	386	131	38
Commilla	40	7	–				
Dacca	87	27	6	Ethiopia			
Dinajpur	6	2	–	Arusi	6	–	–
Faridpur	18	10	4	Bale	1	1	–
Jessore	4	1	–	Begemdir	15	2	2
Khulna	2	1	–	Gojam	75	86	77
Kushtia	8	2	–	Hararghe	7	5	5
Mymensingh	18	10	2	Shoa	21	11	13
Noakhali	12	9	3	Wollo	19	12	10
Pabna	8	–	1	Total	144	117	107
Patuakhali	2	–	–				
Rajshahi	12	3	–	TOTAL	530	248	145

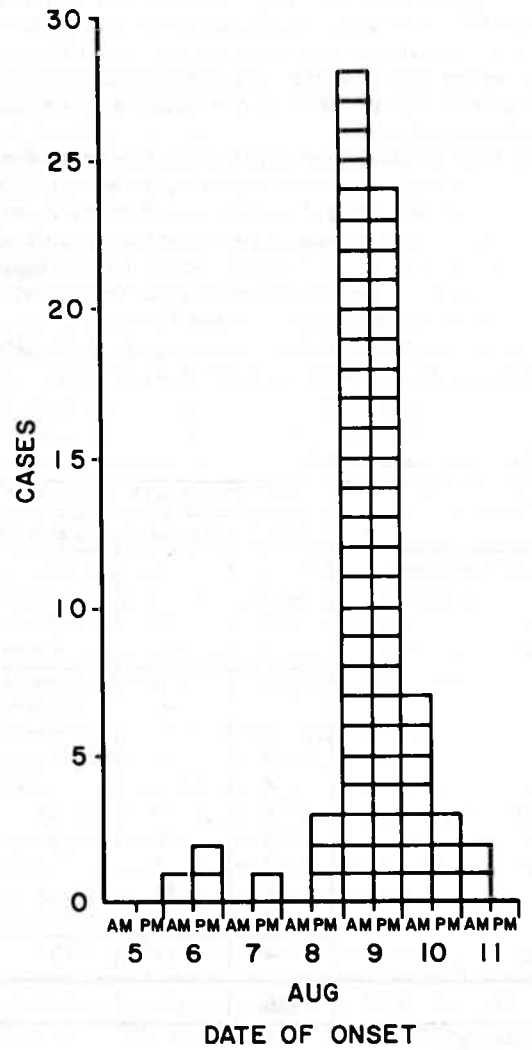
*Adapted from the *Weekly Epidemiological Record* 50(32, 36):285, 315, 8 Aug and 5 Sept 1975.

EPIDEMIOLOGIC NOTES AND REPORTS
POSSIBLE WATERBORNE SHIGELLOSIS – Pennsylvania

On August 10, 1974, the Division of Communicable Diseases of the Pennsylvania Department of Health was notified of a large outbreak of gastroenteritis at a summer camp (Camp A) in Wayne County. Approximately 60% of the 800 camp residents had vomiting or 2 episodes of diarrhea in a 24-hour period between August 9 and 11 (Figure 1). Symptoms of the ill persons were diarrhea (94%), vomiting (73%), abdominal cramps (70%), dizziness (25%), headache (18%), and prostration (15%). Between 200 and 300 persons were hospitalized. The duration of illness ranged from 12 to 96 hours with most individuals being ill for 48 hours or longer. *Shigella sonnei* was cultured from the stools of 8 of 20 ill camp residents and 20 of 41 non-ill foodhandlers tested.

Epidemiologic analysis implicated the water and punch made with water served for supper on August 7 ($p<.04$) as the vehicle of disease transmission; spaghetti and meatballs served for supper on August 8 were also significantly associated with illness ($p<.004$).

Figure 1
GASTROENTERITIS CASES IN 71 INTERVIEWED CAMPERS BY DATE OF ONSET – WAYNE COUNTY, PENNSYLVANIA AUGUST 1974



The camp had 4 unchlorinated wells which supplied the kitchen, the girls' camp, the teen camp, and the doctor's residence. A water sample taken from the kitchen well on August 11 was found to be contaminated with 324 fecal coliform organisms/100 ml; the other 3 wells were negative for coliforms. No pathogenic organisms were isolated from the kitchen well water or from leftover meatballs or spaghetti.

A similar illness was reported from 3 other camps – 1 in Monroe County and 2 in Wayne County. Three of 5 counselors from the Monroe County camp who had visited Camp A on August 7 had the onset of gastroenteritis on August 9. Approximately 20 cases of gastroenteritis subsequently occurred at this camp in individuals closely associated with these 3 counselors. *S. sonnei* was isolated from 3 of 7 ill persons at this camp who submitted stool specimens. Individuals from 2 other Wayne County camps worked at Camp A on the weekend following the outbreak and had gastroenteritis upon returning to their camps. At 1 Wayne County camp, illness was limited to 2 persons who had worked at Camp A; at the other, illness occurred in persons who had worked at Camp A and in approximately 20 other persons who had had close contact with them. Stool specimens from foodhandlers at these camps were negative for pathogenic organisms including shigellae. No additional cases occurred after ill persons at these camps were isolated and personal hygiene was stressed.

(Reported by Merrill Reddinger and James LaCoe, Environmental Sanitarians, Walter Fox, Supervising Sanitarian, William Adams, Hospital Environmental Consultant, Eugene J Borofski, Regional Sanitarian, Joe R Hayes, Chief, Food Service Facilities Section, W Joel Simpson, MS, Chief, Division of Food Service Protection, Department of Environmental Resources, Grace V Short, RN, Supervising Public Health Nurse, Wayne County; Margaret K Murphy, RN, District Public Health Nurse, Altonsas Dainius, MD, District Medical Director, R Michael Yeller, MD, Commissioner, Region II; Richard Berman, Field Studies Section, Division of Laboratories, William E Parkin, DVM, Chief, Epidemiology Section, and William D Schrack Jr, MD, Director, Division of Communicable Diseases, Pennsylvania Department of Health.)

Editorial Note

Both epidemiologic and bacteriologic data implicated the camp's water supply as the vehicle of transmission of illness in this outbreak. The isolation of *S. sonnei* as the only enteric pathogen from ill persons in several different groups and the symptomatology suggest that the illness was shigellosis, a disease with an incubation period of 1-7 days. The only statistically implicated item served 24 hours before the peak onset of illness was water. Meatballs and spaghetti, perhaps contaminated by a foodhandler who had become infected earlier, may also have served as a vehicle of transmission for some cases. Some person-to-person spread also occurred, but prompt identification of infected foodhandlers and initiation of control measures were effective in terminating the outbreak by limiting secondary spread of the illness.

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDING SEPTEMBER 20, 1975 AND SEPTEMBER 21, 1974 (38th WEEK)

AREA	ASEPTIC MENINGITIS	BRUCELLOSIS	CHICKENPOX	DIPHTHERIA		ENCEPHALITIS			HEPATITIS, VIRAL			MALARIA	
						Primary: Arthropod-borne and Unspecified		Post Infectious	Type B	Type A	Type Unspecified		
	1975	1975	1975	1975	Cum. 1975	1975	1974	1975	1975	1975	1975	1975	Cum. 1975
UNITED STATES	195	4	281	1	216	204	34	4	238	688	160	14	307
NEW ENGLAND	4	–	42	–	–	–	1	–	3	31	11	1	14
Maine *	–	–	–	–	–	–	–	–	–	–	–	–	1
New Hampshire	–	–	2	–	–	–	–	–	–	2	–	–	–
Vermont	–	–	–	–	–	–	–	–	–	–	–	–	3
Massachusetts	3	–	23	–	–	–	1	–	1	20	9	–	4
Rhode Island	–	–	14	–	–	–	–	–	1	2	–	–	2
Connecticut	1	–	3	–	–	–	–	–	1	7	2	1	4
MIDDLE ATLANTIC	37	–	37	–	–	17	3	–	35	67	28	6	78
Upstate New York	1	–	6	–	–	–	–	–	4	9	7	–	6
New York City	–	–	8	–	–	–	–	–	7	12	–	–	21
New Jersey	34	–	NN	–	–	10	2	–	13	22	19	2	11
Pennsylvania	2	–	23	–	–	7	1	–	11	24	2	4	40
EAST NORTH CENTRAL	48	1	93	–	5	46	4	1	26	88	3	1	7
Ohio *	20	–	8	–	–	34	2	1	–	–	–	1	2
Indiana	2	–	11	–	–	–	–	–	1	11	–	–	–
Illinois	3	–	8	–	4	–	–	–	4	13	1	–	4
Michigan	23	–	16	–	1	8	2	–	19	56	2	–	1
Wisconsin	–	1	50	–	–	4	–	–	2	8	–	–	–
WEST NORTH CENTRAL	16	–	17	–	6	45	9	1	22	26	15	–	12
Minnesota	10	–	–	–	–	27	–	1	1	–	–	–	5
Iowa	–	–	14	–	–	6	2	–	3	5	–	–	–
Missouri	6	–	–	–	–	1	7	–	10	10	8	–	5
North Dakota *	–	–	–	–	6	–	–	–	–	2	–	–	1
South Dakota	–	–	–	–	–	1	–	–	–	1	–	–	–
Nebraska	–	–	–	–	–	1	–	–	–	–	–	–	1
Kansas	–	–	3	–	–	9	–	–	8	8	7	–	–
SOUTH ATLANTIC	22	–	36	–	–	18	6	–	38	95	27	1	47
Delaware	–	–	2	–	–	–	–	–	2	1	–	–	–
Maryland *	5	–	1	–	–	1	1	–	11	7	3	–	9
District of Columbia	–	–	–	–	–	5	–	–	–	–	–	–	9
Virginia	3	–	1	–	–	–	2	–	5	5	–	–	6
West Virginia *	7	–	27	–	–	5	–	–	–	1	3	1	2
North Carolina	1	–	NN	–	–	2	1	–	4	16	13	–	5
South Carolina	4	–	–	–	–	3	–	–	1	8	2	–	2
Georgia	–	–	–	–	–	–	–	–	–	7	–	–	9
Florida	2	–	5	–	–	2	2	–	15	50	6	–	5
EAST SOUTH CENTRAL	11	–	8	–	–	46	4	–	16	74	4	1	11
Kentucky *	3	–	8	–	–	1	–	–	3	40	3	–	3
Tennessee	8	–	NN	–	–	33	4	–	6	24	–	–	–
Alabama	–	–	–	–	–	–	–	–	6	5	1	1	6
Mississippi	–	–	–	–	–	12	–	–	1	5	–	–	2
WEST SOUTH CENTRAL	21	3	13	–	6	22	1	2	25	102	25	–	21
Arkansas *	2	2	–	–	–	2	–	–	1	15	3	–	1
Louisiana	2	–	NN	–	–	–	–	–	9	9	4	–	–
Oklahoma	2	–	1	–	–	1	1	1	–	8	9	–	2
Texas *	15	1	12	–	6	19	–	1	15	70	9	–	18
MOUNTAIN	6	–	9	–	18	3	1	–	7	40	14	–	13
Montana	–	–	3	–	1	1	1	–	–	10	2	–	–
Idaho	–	–	–	–	–	–	–	–	1	3	2	–	–
Wyoming	–	–	–	–	–	–	–	–	1	–	–	–	–
Colorado	3	–	6	–	–	2	–	–	3	7	3	–	8
New Mexico	–	–	–	–	3	–	–	–	–	6	–	–	–
Arizona	–	–	–	–	14	–	–	–	1	11	2	–	3
Utah	3	–	–	–	–	–	–	–	1	1	5	–	2
Nevada	–	–	–	–	–	–	–	–	–	2	–	–	–
PACIFIC	30	–	26	1	181	7	5	–	66	165	33	4	104
Washington	3	–	18	1	172	1	–	–	5	16	10	–	4
Oregon	5	–	–	–	–	2	–	–	4	23	4	1	9
California *	15	–	–	–	4	4	–	–	54	111	19	3	86
Alaska	–	–	7	–	5	–	5	–	–	–	–	–	2
Hawaii	7	–	1	–	–	–	–	–	3	15	–	–	3
Guam *	–	–	–	–	–	–	–	–	–	–	–	–	–
Puerto Rico	–	–	16	–	–	–	–	–	–	5	–	–	1
Virgin Islands	–	–	–	–	–	–	–	–	–	1	–	–	–

NN: Not Notifiable

*Delayed reports: Aseptic Meningitis: Ohio delete 1, W. Va. delete 1, Texas 10
Chickenpox: Calif. 1, Guam 8
Encephalitis, primary: Ohio 2, Md. delete 2, Ark. 5, N.D. 16
Hepatitis B: Me. 1
Hepatitis A: Me. 1, N.D. 1, W. Va. 1, Ky. delete 1, Guam 5
Hepatitis unspecified: W. Va. delete 1

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDING SEPTEMBER 20, 1975 AND SEPTEMBER 21, 1974 (38th WEEK)

AREA	MEASLES (Rubeola)			MENINGOCOCCAL INFECTIONS, TOTAL			MUMPS		PERTUSSIS	RUBELLA		TETANUS
	1975	Cumulative		1975	Cumulative		1975	Cum. 1975	1975	1975	Cum. 1975	Cum. 1975
		1975	1974		1975	1974						
UNITED STATES	79	21,329	19,998	14	1,110	1,007	315	47,280	44	78	14,900	67
NEW ENGLAND	–	317	933	–	61	53	11	1,618	–	3	2,049	3
Maine	–	14	43	–	6	3	–	76	–	–	39	–
New Hampshire	–	21	209	–	2	7	–	74	–	–	305	–
Vermont	–	49	56	–	–	7	–	16	–	–	70	–
Massachusetts *	–	117	387	–	21	15	4	210	–	3	1,200	1
Rhode Island	–	3	61	–	3	7	6	596	–	–	26	–
Connecticut	–	113	177	–	29	14	1	646	–	–	409	2
MIDDLE ATLANTIC	17	1,778	8,035	2	114	150	29	2,583	4	8	1,700	11
Upstate New York	12	590	949	–	34	56	6	931	3	4	275	1
New York City	2	146	597	–	29	33	14	773	1	1	163	2
New Jersey	1	461	5,527	–	18	43	4	346	–	2	988	3
Pennsylvania	2	581	962	2	33	18	5	533	–	1	274	5
EAST NORTH CENTRAL	29	6,374	7,743	7	155	130	109	19,554	8	31	4,183	6
Ohio	1	110	3,044	2	45	52	25	2,234	–	–	612	2
Indiana	8	394	237	2	8	13	21	2,005	–	4	975	–
Illinois	6	1,819	2,035	1	20	10	11	2,263	2	1	299	3
Michigan	–	3,015	1,932	1	62	39	13	8,058	6	7	1,407	–
Wisconsin *	14	1,036	495	1	20	16	39	4,994	–	19	890	1
WEST NORTH CENTRAL	3	4,974	683	–	69	73	37	3,316	–	1	1,463	3
Minnesota	–	182	83	–	15	24	11	49	–	–	37	1
Iowa *	–	574	134	–	6	13	18	1,043	–	–	30	–
Missouri *	3	271	258	–	36	17	1	909	–	1	732	1
North Dakota	–	1,051	28	–	–	3	–	464	–	–	66	–
South Dakota	–	356	27	–	1	3	–	6	–	–	18	–
Nebraska	–	395	2	–	2	3	3	38	–	–	21	–
Kansas	–	2,145	151	–	9	10	4	807	–	–	559	1
SOUTH ATLANTIC	1	343	545	3	227	203	24	3,185	4	1	1,547	15
Delaware	–	35	9	–	6	5	–	9	–	–	19	–
Maryland	–	48	24	–	26	22	–	246	–	–	37	1
District of Columbia	–	1	3	–	5	1	1	121	–	–	–	–
Virginia	–	38	32	–	18	32	2	760	1	–	314	1
West Virginia	1	154	201	–	5	7	14	1,057	2	1	204	1
North Carolina	–	2	5	1	42	42	1	103	–	–	43	6
South Carolina	–	–	49	–	34	16	–	49	–	–	751	2
Georgia	–	40	4	–	14	8	–	17	1	–	3	–
Florida	–	25	218	2	77	70	6	823	–	–	176	4
EAST SOUTH CENTRAL	5	277	223	–	158	100	31	4,445	9	13	957	4
Kentucky	2	85	157	–	66	38	9	1,691	1	6	237	2
Tennessee	–	178	35	–	50	45	17	2,078	8	7	692	–
Alabama	2	5	18	–	29	10	3	377	–	–	21	1
Mississippi	1	9	13	–	13	7	2	299	–	–	7	1
WEST SOUTH CENTRAL	13	315	199	1	180	162	25	4,287	15	4	712	13
Arkansas	–	–	6	–	9	12	2	172	1	–	20	–
Louisiana	–	1	13	–	30	35	–	334	6	–	279	4
Oklahoma	–	125	27	–	9	17	5	191	1	–	85	–
Texas *	13	189	153	1	132	98	18	3,590	7	4	328	9
MOUNTAIN	3	1,406	738	–	34	31	8	887	–	1	510	–
Montana	–	50	373	–	7	1	1	28	–	–	252	–
Idaho	–	12	51	–	5	2	–	12	–	–	74	–
Wyoming	–	1	1	–	–	3	–	2	–	–	–	–
Colorado	–	1,158	30	–	9	8	3	598	–	–	131	–
New Mexico	–	13	61	–	4	2	–	19	–	–	15	–
Arizona	3	79	16	–	1	6	–	–	–	–	2	–
Utah	–	66	7	–	7	6	2	138	–	1	28	–
Nevada	–	27	199	–	1	3	2	90	–	–	8	–
PACIFIC	8	5,545	899	1	112	105	41	7,405	4	16	1,779	12
Washington	–	289	64	–	17	12	18	3,708	–	3	270	1
Oregon	–	196	–	–	5	13	6	629	–	5	171	–
California	8	4,996	769	1	84	74	16	2,987	4	8	1,321	10
Alaska	–	–	–	–	5	3	1	43	–	–	–	–
Hawaii	–	64	66	–	1	3	–	38	–	–	17	1
Guam *	–	22	17	–	2	1	–	22	–	–	7	–
Puerto Rico	5	624	590	–	1	6	7	718	–	–	23	12
Virgin Islands	–	8	28	–	–	–	–	221	–	–	3	3

NN: Not Notifiable

*Delayed reports: Measles: Mass. delete 3, Wisc. delete 1
Meningococcal infections: Mo. delete 3, Texas delete 11
Mumps: Iowa 2, Texas delete 1, Guam 3

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDING SEPTEMBER 20, 1975 AND SEPTEMBER 21, 1974 (38th WEEK)

AREA	TUBERCULOSIS		TULAREMIA	TYPHOID FEVER		TYPHUS-FEVER TICK-BORNE (Rky. Mt. spotted fever)		VENEREAL DISEASES (Civilian Cases Only)						RABIES IN ANIMALS
								GONORRHEA			SYPHILIS (Pri. & Sec.)			
	1975	Cum. 1975	Cum. 1975	1975	Cum. 1975	1975	Cum. 1975	1975	Cumulative 1975	Cumulative 1974	1975	Cumulative 1975	Cumulative 1974	Cum. 1975
UNITED STATES	632	24,298	88	8	234	18	718	21,535	715,988	643,375	523	18,572	18,477	1,799
NEW ENGLAND	28	970	–	–	10	–	6	590	19,445	17,363	37	661	650	49
Maine *	–	58	–	–	–	–	–	46	1,448	1,417	–	21	32	28
New Hampshire *	–	28	–	–	–	–	–	14	537	552	–	12	9	2
Vermont	1	20	–	–	–	–	–	–	468	470	1	6	1	–
Massachusetts	19	557	–	–	6	–	2	237	9,029	7,947	32	432	459	11
Rhode Island	2	105	–	–	–	–	3	87	1,608	1,472	–	16	14	1
Connecticut	6	202	–	–	4	–	1	206	6,355	5,505	4	174	135	7
MIDDLE ATLANTIC	122	4,444	4	1	44	1	72	2,555	83,212	79,892	120	3,365	4,003	80
Upstate New York	7	616	3	–	7	–	29	415	14,809	14,811	11	326	393	64
New York City *	54	1,793	–	–	21	–	–	866	35,189	34,476	73	1,908	2,308	–
New Jersey	16	836	1	1	7	–	9	432	11,938	11,543	19	538	642	–
Pennsylvania	45	1,199	–	–	9	1	34	842	21,276	19,062	17	593	660	16
EAST NORTH CENTRAL	103	3,385	5	2	28	2	19	3,519	117,319	102,088	29	1,519	1,570	85
Ohio	25	966	–	2	10	2	16	864	32,325	26,327	11	368	222	5
Indiana	14	441	–	–	–	–	1	492	10,228	9,943	5	123	139	8
Illinois	35	935	–	–	12	–	1	874	40,233	33,430	10	725	812	20
Michigan	23	930	1	–	5	–	1	821	23,040	23,074	3	241	318	7
Wisconsin	6	113	4	–	1	–	–	468	11,493	9,314	–	62	79	45
WEST NORTH CENTRAL	25	893	14	1	13	–	25	1,310	35,933	33,666	4	459	479	398
Minnesota	7	120	–	–	3	–	–	242	7,411	7,058	1	91	61	102
Iowa *	4	93	1	–	1	–	–	176	5,057	4,490	–	24	31	80
Missouri	9	435	10	–	7	–	13	528	13,038	11,265	3	213	317	43
North Dakota	–	11	–	–	–	–	–	7	551	517	–	5	6	77
South Dakota	–	54	–	–	–	–	–	40	1,399	1,557	–	5	2	48
Nebraska	–	29	1	1	1	–	2	113	3,187	2,832	–	15	10	4
Kansas *	5	151	2	–	1	–	10	204	5,290	5,947	–	106	52	44
SOUTH ATLANTIC	138	5,362	17	2	34	10	370	4,589	176,851	166,372	178	5,830	5,804	261
Delaware	–	107	–	–	–	–	4	67	2,584	2,277	1	69	61	3
Maryland	19	874	1	1	6	3	28	590	21,355	17,058	10	417	574	7
District of Columbia	5	287	1	–	1	–	–	353	10,324	14,547	17	509	471	–
Virginia *	17	624	6	–	6	3	101	321	17,274	15,153	17	447	573	88
West Virginia	2	195	–	–	4	–	4	90	2,225	1,963	4	45	13	3
North Carolina	27	872	–	–	2	3	119	480	24,788	22,274	29	729	681	10
South Carolina	18	334	3	1	5	1	77	548	16,545	15,806	16	408	521	9
Georgia	20	772	5	–	1	–	32	904	33,187	32,672	35	782	864	118
Florida	30	1,297	1	–	9	–	5	1,236	48,569	44,622	49	2,424	2,046	23
EAST SOUTH CENTRAL	33	2,081	10	–	21	5	94	1,950	60,996	55,071	32	826	920	125
Kentucky *	4	400	1	–	7	–	5	286	8,055	6,796	3	126	214	83
Tennessee	9	785	9	–	10	2	66	704	24,066	21,789	13	312	349	20
Alabama	6	596	–	–	2	1	8	599	16,850	15,244	7	192	178	22
Mississippi	14	300	–	–	2	2	15	361	12,025	11,242	9	196	179	–
WEST SOUTH CENTRAL	81	2,737	33	–	10	–	125	3,069	87,922	83,889	31	1,585	1,650	395
Arkansas *	7	369	14	–	–	–	17	624	9,408	8,641	2	49	76	64
Louisiana *	14	355	2	–	4	–	–	402	16,063	17,530	5	366	456	4
Oklahoma	9	233	9	–	–	–	84	247	8,513	7,213	2	62	97	85
Texas	51	1,780	8	–	6	–	24	1,796	53,938	50,505	22	1,108	1,021	242
MOUNTAIN	9	714	3	–	7	–	6	880	28,278	24,835	9	429	415	200
Montana	–	39	1	–	–	–	4	73	1,540	1,373	–	4	2	142
Idaho	–	24	–	–	–	–	1	54	1,415	1,282	–	10	8	1
Wyoming *	–	21	2	–	1	–	–	11	657	549	–	10	2	5
Colorado	6	149	–	–	1	–	1	252	7,084	6,935	1	72	96	–
New Mexico	2	98	–	–	2	–	–	241	5,154	3,529	4	115	63	33
Arizona	–	309	–	–	3	–	–	191	7,670	7,169	2	162	184	16
Utah	1	31	–	–	–	–	–	3	1,753	1,403	–	12	10	3
Nevada	–	43	–	–	–	–	–	55	3,005	2,595	2	44	50	–
PACIFIC	93	3,712	2	2	67	–	1	3,073	106,032	80,199	83	3,898	2,986	206
Washington	20	301	1	–	5	–	1	319	9,705	8,736	–	142	92	–
Oregon	4	137	–	–	–	–	–	267	8,077	8,093	1	100	70	7
California	60	2,798	1	2	60	–	–	2,372	83,875	59,672	73	3,608	2,798	196
Alaska *	–	49	–	–	1	–	–	77	2,589	2,004	–	5	4	3
Hawaii	9	427	–	–	1	–	–	38	1,786	1,694	9	43	22	–
Guam *	–	43	–	–	–	–	–	–	279	–	–	8	–	–
Puerto Rico	15	386	–	–	3	–	–	87	2,148	2,457	30	534	653	37
Virgin Islands	–	3	–	–	2	–	–	6	141	565	–	28	46	–

NN: Not Notifiable

*Delayed reports: Tuberculosis: N.H. delete 2, Iowa 1, Kansas delete 1, Ky. delete 1, Alaska delete 1, Guam 5
Tularemia: Wy. delete 1
RMSF: Va. delete 1, Ark. 1

Gonorrhea: Me. 93, NYC 1278, La. delete 1, Guam 15
Syphilis: NYC 68, Guam 4

Week No. 38

TABLE IV. DEATHS IN 121 UNITED STATES CITIES FOR WEEK ENDING SEPTEMBER 20, 1975

(By place of occurrence and week of filing certificate. Excludes fetal deaths)

Area	All Causes					Pneumonia and Influenza All Ages
	All Ages	65 years and over	45-64 years	25-44 years	Under 1 year	
NEW ENGLAND	632	399	160	30	26	30
Boston, Mass.	203	115	48	19	13	12
Bridgeport, Conn.	37	23	11	1	1	1
Cambridge, Mass.	26	20	6	–	–	4
Fall River, Mass.	23	16	7	–	–	1
Hartford, Conn.	46	24	14	3	4	–
Lowell, Mass.	19	16	3	–	–	2
Lynn, Mass.	18	11	6	1	–	–
New Bedford, Mass.	20	15	3	1	1	–
New Haven, Conn.	37	24	11	1	1	2
Providence, R. I.	61	36	18	2	2	6
Somerville, Mass.	10	9	1	–	–	–
Springfield, Mass.	46	33	10	–	1	1
Waterbury, Conn.	32	20	10	1	–	–
Worcester, Mass.	54	37	12	1	3	1
MIDDLE ATLANTIC	2,803	1,708	714	189	97	90
Albany, N. Y.	43	17	16	4	3	–
Allentown, Pa.	26	17	4	3	–	–
Buffalo, N. Y.	132	75	31	8	12	8
Camden, N. J.	41	22	14	2	2	1
Elizabeth, N. J.	24	16	8	–	–	–
Erie, Pa.	34	17	14	–	1	2
Jersey City, N. J.	44	27	13	3	1	–
Newark, N. J.	48	28	13	2	–	2
New York City, N. Y. †	1,437	893	339	114	43	44
Paterson, N. J.	41	20	12	6	2	6
Philadelphia, Pa.	395	232	111	23	14	5
Pittsburgh, Pa.	152	77	52	11	10	8
Reading, Pa.	40	30	9	–	1	2
Rochester, N. Y.	117	79	24	5	4	4
Schenectady, N. Y.	19	14	5	–	–	–
Scranton, Pa.	49	27	16	2	3	2
Syracuse, N. Y.	74	55	14	4	–	1
Trenton, N. J.	35	26	8	–	–	3
Utica, N. Y.	24	19	2	2	–	2
Yonkers, N. Y.	28	17	9	–	1	–
EAST NORTH CENTRAL	2,308	1,298	662	161	105	54
Akron, Ohio	53	29	15	3	3	–
Canton, Ohio	45	28	14	2	1	2
Chicago, Ill.	587	316	181	44	26	14
Cincinnati, Ohio	129	82	35	5	1	4
Cleveland, Ohio	179	90	49	15	13	1
Columbus, Ohio	140	80	32	14	10	4
Dayton, Ohio	78	43	26	3	2	2
Detroit, Mich.	306	164	98	28	9	3
Evansville, Ind.	46	24	16	3	2	2
Fort Wayne, Ind.	52	27	14	6	–	4
Gary, Ind.	26	14	7	4	1	1
Grand Rapids, Mich.	59	43	8	4	4	4
Indianapolis, Ind.	172	95	47	12	10	–
Madison, Wis.	44	23	14	1	1	3
Milwaukee, Wis.	122	80	30	3	7	3
Peoria, Ill.	31	21	7	–	2	–
Rockford, Ill.	42	24	12	2	2	3
South Bend, Ind.	33	21	6	3	3	4
Toledo, Ohio	109	65	34	5	3	–
Youngstown, Ohio	55	29	17	4	5	–
WEST NORTH CENTRAL	805	499	190	49	31	30
Des Moines, Iowa	75	52	17	4	1	–
Duluth, Minn.	24	16	5	1	2	2
Kansas City, Kans.	42	24	12	1	2	3
Kansas City, Mo.	114	78	22	4	3	–
Lincoln, Nebr.	43	24	12	1	3	3
Minneapolis, Minn.	111	67	26	13	4	2
Omaha, Nebr.	71	41	17	6	1	3
St. Louis, Mo.	200	117	46	16	11	8
St. Paul, Minn.	61	45	13	–	1	5
Wichita, Kans.	64	35	20	3	3	4
SOUTH ATLANTIC	1,152	609	349	93	61	27
Atlanta, Ga.	142	65	39	17	11	4
Baltimore, Md.	209	105	80	13	8	3
Charlotte, N. C.	55	32	16	1	2	3
Jacksonville, Fla.	64	38	12	6	5	–
Miami, Fla.	107	52	40	8	4	1
Norfolk, Va.	65	30	25	4	4	1
Richmond, Va.	88	49	33	3	2	5
Savannah, Ga.	42	22	10	4	5	1
St. Petersburg, Fla.	71	63	5	2	1	1
Tampa, Fla.	76	45	19	6	3	4
Washington, D. C.	205	93	63	24	16	3
Wilmington, Del.	28	15	7	5	–	1
EAST SOUTH CENTRAL	723	430	177	47	49	33
Birmingham, Ala.	110	63	30	11	4	2
Chattanooga, Tenn.	44	24	12	2	3	1
Knoxville, Tenn.	45	32	9	2	2	–
Louisville, Ky.	125	82	26	6	7	14
Memphis, Tenn.	200	111	55	11	17	8
Mobile, Ala.	55	34	10	2	7	–
Montgomery, Ala.	38	20	11	6	1	3
Nashville, Tenn.	106	64	24	7	8	5
WEST SOUTH CENTRAL	1,083	583	314	82	50	33
Austin, Tex.	47	27	11	1	6	2
Baton Rouge, La.	46	24	13	4	4	1
Corpus Christi, Tex.	22	13	5	3	–	–
Dallas, Tex.	167	89	46	15	8	1
El Paso, Tex.	36	21	12	1	1	2
Fort Worth, Tex.	84	43	31	4	2	1
Houston, Tex.	243	114	79	23	10	9
Little Rock, Ark.	68	30	19	10	4	6
New Orleans, La.	107	58	40	1	5	–
San Antonio, Tex.	120	69	30	8	7	3
Shreveport, La.	66	42	12	8	2	3
Tulsa, Okla.	77	53	16	4	1	5
MOUNTAIN	501	254	140	48	23	20
Albuquerque, N. Mex.	64	36	17	6	1	3
Colorado Springs, Colo.	38	22	10	4	1	5
Denver, Colo.	116	53	37	15	6	2
Las Vegas, Nev.	19	7	9	1	1	3
Ogden, Utah	16	13	1	–	–	2
Phoenix, Ariz.	112	58	30	10	5	1
Pueblo, Colo.	19	12	5	2	–	4
Salt Lake City, Utah	40	18	10	2	6	–
Tucson, Ariz.	77	35	21	8	3	–
PACIFIC	1,561	966	388	104	55	31
Berkeley, Calif.	14	8	4	1	–	–
Fresno, Calif.	56	33	13	4	3	–
Glendale, Calif.	18	16	2	–	–	–
Honolulu, Hawaii	39	23	10	4	1	2
Long Beach, Calif.	81	43	25	6	4	1
Los Angeles, Calif.	486	314	115	29	18	6
Oakland, Calif.	89	50	30	5	3	1
Pasadena, Calif.	27	21	4	–	2	2
Portland, Oreg.	127	71	36	7	9	6
Sacramento, Calif.	52	34	14	1	–	2
San Diego, Calif.	130	76	35	6	6	–
San Francisco, Calif.	181	114	42	20	1	1
San Jose, Calif.	48	29	11	3	2	2
Seattle, Wash.	133	77	35	15	2	3
Spokane, Wash.	45	32	5	1	3	4
Tacoma, Wash.	35	25	7	2	1	–
Total	11,568	6,746	3,094	803	497	348
Expected Number	11,810	6,993	3,136	814	370	372

†Delayed report for week ending September 13, 1975

INTERNATIONAL NOTES

DEATHS FROM BACTERIAL MENINGITIS – United Kingdom, 1974

In 1974, laboratories in the United Kingdom reported 2,036 cases of meningitis in which bacteria were identified in the cerebrospinal fluid (CSF); the corresponding figure for 1973 was 1,760 and for 1972, 1,636. The increases are almost entirely accounted for by the meningococcus, reports of which almost doubled during this period from 601 cases in 1972 to 1,091 cases in 1974. The reported number of deaths in these years also increased from 135 in 1972 (8% of all cases) to 195 in 1973 (11%) and 207 in 1974 (10%).

Neisseria meningitidis and *Haemophilus influenzae*

As in previous years, *N. meningitidis* and *H. influenzae* were the most common organisms reported, and the case-fatality ratio with each of these was lower than with any other organism (Table 2). Most of the deaths from meningitis due to either organism were in patients under 10 years of age; none were in neonates. Only 1 of those who died from *H. influenzae* meningitis, a 15-year-old boy with Down's syndrome, was more than 10 years of age, and of the children who died, 2 only were reported to have had an associated illness: an 8-month-old girl with an acute arthritis of the ankle joint, from which *H. influenzae* was also isolated, and a 6-year-old-boy with sickle-cell anemia and a cerebral thrombosis.

Fifty-one (69%) of the 75 patients who died of meningococcal meningitis were between 1 month and 4 years of age. Only 1 was in the age group 5-14 years; all the others were adults, 7 of whom were over 60 years of age. Fourteen patients (19%) were stated to have had the Waterhouse-Friderichsen syndrome, and another 8 (11%) had an associated rash or fulminating septicemia. A 24-year-old male had disseminated intravascular coagulation. Only 2 patients were known to have had an illness that may have predisposed them to meningitis: a 4-month-old boy with cystic fibrosis and a 10-month-old boy with a respiratory tract infection.

Streptococcus pneumoniae

Of the common causes of bacterial meningitis, streptococci, together with *Escherichia coli*, accounted for the highest case-fatality ratio, with about 1 in 4 of the reported patients dying of the disease. Most of the deaths from pneumococcal *(S. pneumoniae)* meningitis were in the older age groups. Thus, though the pneumococcus accounted for 25% of all deaths, it accounted for 70% of deaths (19 of 27) in those over 65 years.

Other streptococci

Of the 20 deaths from meningitis due to streptococci other than *S. pneumoniae*, 8 were in neonates, and 6 were in 25-44 year olds. Most isolates were beta-hemolytic streptococci; 1 was a group A strain from a 3-month-old infant with an intracerebral abscess supervening on bilateral otitis media, 6 were group B strains, of which 4 were from neonates, 1 was from a 6-week-old infant with diarrhea 4 days before the onset of meningitis, and 1 was from a 55-year-old mentally retarded blind woman. The neonates included 1 with spina bifida and myelomeningocoele and 2 from whose mothers the same organism was isolated from a vaginal swab. One was a group C strain and another group F, and 2 were ungrouped. Other streptococci isolated were 3 *S. viridans*, 3 which were non-hemolytic, 1 *S. milleri*, and 2 which were anaerobic.

Escherichia coli

Most of the deaths from *E. coli* meningitis (18 of 22) were in neonates, and more than half of all deaths in this age group were due to this organism. Two of these infants were stated to have had multiple congenital abnormalities: 1 had cerebral birth trauma, and 1 had "pus in chest" from which the organism was also isolated. The 4 other patients included a 10-year-old girl with a Spitz-Holter valve, a 49-year-old man with meningitis after a fractured skull, a 55-year-old woman with carcinoma of the colon from whose CSF *S. fecalis* was also grown, and a 52-year-old woman on whom no other data were reported.

Staphylococci

Five (6%) of the 79 patients with staphylococcal meningitis are known to have died. Four of the 5 fatal cases were in persons over 40 years of age; 1 of these patients had an inflamed hip lesion following a fall on a nail, and another developed a chest infection and a cerebral abscess after a partial gastrectomy. The only young patient was an infant of 4 months with hydrocephalus and a valve.

Listeria monocytogenes

Of the 7 patients who died from Listeria meningitis, 1

(Continued on page 332)

Table 2

Deaths From Bacterial Meningitis, United Kingdom – 1974

	Total Isolations (CSF)	Deaths		Age of Patients Who Died (Years)								Sex		
		Total	% of Isolations	Neonates	<1	1-4	5-9	10-14	15-24	25-44	45-64	65+	Male	Female	Not Stated
N. meningitidis	1,091	74	7	–	21	30	1	–	7	5	8	2	41	27	6
H. influenzae	342	13	4	–	4	6	2	–	1	–	–	–	8	4	1
S. pneumoniae	288	51	18	3	3	4	–	1	–	2	19	19	21	26	4
Other streptococci	69	20	29	8	3	–	1	–	–	6	2	–	9	6	5
*E. coli**	81	22	27	18	–	–	–	1	–	–	3*	–	10*	6	6
Staphylococci	79	5	6	–	1	–	–	–	–	1	2	1	4	1	–
M. tuberculosis	30	4	13	–	–	1	–	–	–	–	1	2	1	3	–
L. monocytogenes	15	7	47	1	–	–	–	–	–	–	3	3	3	3	1
P. aeruginosa	11	1	9	–	–	–	–	–	–	–	1	–	1	–	–
P. morgani	10	1	10	1	–	–	–	–	–	–	–	–	–	–	1
Klebsiella	8	2	25	–	–	–	–	–	–	1	1	–	1	1	–
Salmonella	4	1	25	–	1	–	–	–	–	–	–	–	–	–	1
Other species	8	6	75	2	–	–	–	–	–	1	3	–	3	3	–
Total	2,036	207	10	33	33	41	4	2	8	16	43	27	102	80	25

*One also infected with *S. fecalis*

Erratum, Vol. 24, No. 35, pp. 301-302

In the article, "Surveillance of Childhood Lead Poisoning – United States," Table 1 contained several errors. The corrected table is reproduced in full on the next 2 pages.

Table 1
Results of Screening in Childhood Lead Poisoning Control Projects
United States* – Third Quarter of FY 1975 (January 1, 1975 - March 31, 1975)

Projects	Number of Children Screened	Number of Screened Children Confirmed Positive	Number of Children Receiving Chelation Treatment	Number of Dwelling Units Inspected and Found with Lead Hazard
Androscoggin Co., Me.	1,399	14	0	87
Augusta, Me.	2,727	26	1	35
Bangor (Penquis), Me.	551	7	0	3
Boston, Mass.	3,275	281	21	398
Cambridge, Mass.	479	8	2	15
Chelsea, Mass.	185	6	1	27
Fall River, Mass.	365	28	0	22
Hartford, Conn.	1,335	143	29	47
Lowell, Mass.	1,162	60	3	24
Lynn, Mass.	1,311	43	8	45
New Britain, Conn.	298	13	0	11
New Haven, Conn.	1,146	70	3	43
Portland, Me.	311	7	0	15
Somerville, Mass.	600	26	0	19
Stamford, Conn.	799	59	6	39
Waltham, Mass.	323	4	1	15
Waterbury, Conn.	1,082	31	1	152
Worcester, Mass.	1,222	51	8	48
DHEW REGION I	**18,570**	**877**	**84**	**1,045**
CUMULATIVE FY 75	**53,922**	**4,088**	**391**	**2,747**
Albany, N.Y.	417	33	1	20
Camden, N.J.	1,020	50	5	26
Erie Co., N.Y.	1,549	251	61	99
Hoboken, N.J.	743	5	3	48
Monroe Co., N.Y.	770	8	4	31
Nassau Co., N.Y.	NR	NR	NR	NR
New York City	18,575+	1,952	23	257
Newark, N.J.	NR	NR	8	76
Onondaga Co., N.Y.	1,878	74	6	24
Paterson, N.J.	385	20	2	19
Plainfield, N.J.	363	7	1	6
Rensselaer, N.Y.	492	25	0	9
Westchester, N.Y.	1,351	45	2	20
DHEW REGION II	**27,543**	**2,470**	**116**	**635**
CUMULATIVE FY 75	**89,893**	**7,516**	**485**	**1,910**
Allegheny Co., Pa.	1,221	14	0	NR
Baltimore, Md.	1,676	98	14	90
Chester, Pa.	443	18	0	5
Delaware State	595	23	3	17
Norfolk, Va.	865	21	1	42
Philadelphia, Pa.	2,713	171	35	420
Richmond, Va.	273	33	1	67
Washington, D.C.	2,711	175	3	104
Wilkes-Barre, Pa.	1,144	20	1	11
DHEW REGION III	**11,641**	**573**	**58**	**756**
CUMULATIVE FY 75	**38,354**	**2,671**	**363**	**2,181**

+ – Estimated or Contains Estimate
NR – Not Reported
* – Provisional 7/11/75

(Continued on next page)

Table 1 – Continued

Projects	Number of Children Screened	Number of Screened Children Confirmed Positive	Number of Children Receiving Chelation Treatment	Number of Dwelling Units Inspected and Found with Lead Hazard
Charleston, S.C.	286	52	13	60
Chattanooga, Tenn.	1	3	0	2
Greenville, S.C.	238	11	0	2
Louisville, Ky.	1,881	157	16	185
Memphis, Tenn.	965	41	3	38
Mobile, Ala.	2,311	102	2	1
Nashville, Tenn.	544	17	0	1
Savannah, Ga.	330	15	4	46
DHEW REGION IV	6,556	398	38	335
CUMULATIVE FY 75	20,985	1,009	68	700
Chicago, Ill.	13,898+	939	135	322
Cincinnati, Ohio	1,029	85	0	59
Cleveland, Ohio	2,980	25	1	31
Columbus, Ohio	858	37	3	9
Detroit, Mich.	4,301	136	NR	236
East Cleveland, Ohio	434	12	0	8
East St. Louis, Ill.	382	22	3	14
Gary, Ind.	386	17	8	32
Milwaukee, Wisc.	803	34	13	32
Peoria, Ill.	323	7	1	16
Rockford, Ill.	877	29	1	24
St. Paul, Minn.	215	7	0	6
Toledo, Ohio	534	28	17	20
Wayne Co., Mich.	433	12	2	35
Wisconsin State	1,723	15	1	24
DHEW REGION V	29,176	1,405	185	868
CUMULATIVE FY 75	85,733	4,949	976	3,061
Arkansas State	273	6	0	1
Houston, Texas	2,160	4	0	0
New Mexico State	1,661	0	0	2
New Orleans, La.	3,250	326+	4	34
Tulsa, Okla.	909	1	0	1
DHEW REGION VI	8,253	337	4	38
CUMULATIVE FY 75	19,417	668	11	107
Burlington, Iowa	237	1	0	10
Des Moines, Iowa	2,138	17	5	164
Kansas City-Wyandotte Co., Kan.	1,284	8	9	8
St. Louis, Mo.	2,266	365	42	371
Springfield, Mo.	188	1	0	23
DHEW REGION VII	6,113	392	56	576
CUMULATIVE FY 75	14,390	1,201	278	1,307
Alameda Co., Calif.	83	0	0	0
Contra Costa Co., Calif.	342	0	0	5
Los Angeles, Calif.	448	24	2	3
DHEW REGION IX	873	24	2	8
CUMULATIVE FY 75	1,661	54	11	42
UNITED STATES (Projects) TOTAL	108,725	6,476	543	4,261
CUMULATIVE FY 75	324,355	22,156	2,583	12,055

+ – Estimated or Contains Estimate
NR – Not Reported
* – Provisional 7/11/75

MENINGITIS – Continued

was a neonate born by Caesarean section because of fetal distress. *L. monocytogenes* was isolated from the infant's nose and throat, feces, and umbilicus antemortem and also from throat and vaginal swabs from the mother. All the others were adults, whose ages ranged from 57 to 80 years. Two of these patients contracted meningitis after gastroenteritis, and 1 was also on steroid therapy for leukemia. One other patient had carcinomatosis, and another had had an esophagoscopy 10 days before onset.

(From notes based on reports to the Public Health Laboratory Service from public health and hospital laboratories in the United Kingdom and the Republic of Ireland, published in the British Medical Journal, *September 13, 1975.)*

CURRENT TRENDS

FOLLOW-UP ON ST. LOUIS ENCEPHALITIS – United States

Through September 23, 1975, a total of 388 confirmed cases of St. Louis encephalitis virus infection had been reported from 19 states. An additional 427 cases with some serologic evidence of infection (the majority with single positive antibody titers) have also been reported (Table 3).

(Reported by the State Epidemiologists and/or other health officials of: Alabama, Arkansas, Colorado, Georgia, Illinois, Indiana, Iowa, Kentucky, Louisiana, Maryland, Mississippi, Missouri, Nebraska, New Jersey, North Dakota, Ohio, Pennsylvania, Tennessee, and West Virginia.)

Table 3
States with Confirmed or Seropositive Cases of SLE Virus Infection
September 23, 1975

State	Cases		Total	State	Cases		Total
	Confirmed	Some Serologic Evidence			Confirmed	Some Serologic Evidence	
Alabama	13	20	33	Missouri	4	6	10
Arkansas	3	10	13	Nebraska	1	0	1
Colorado	1	0	1	New Jersey	14	0	14
Georgia	2	0	2	North Dakota	10	0	10
Illinois	128	202	330	Ohio	24	24	48
Indiana	43	12	55	Pennsylvania	3	1	4
Iowa	5	10	15	Tennessee	18	22	40
Kentucky	19	11	30	Texas	14	28	42
Louisiana	2	5	7	West Virginia	0	2	2
Maryland	4	0	4				
Mississippi	80	74	154	Total	388	427	815

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The data in this report are provisional, based on weekly telegraphs to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the succeeding Friday.

In addition to the established procedures for reporting morbidity and mortality, the editor welcomes accounts of interesting cases, outbreaks, environmental hazards, or other public health problems of current interest to health officials.

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