CENTER FOR DISEASE CONTROL

Morbidity and Mortality

Vol. 24, No. 42

WEEKLY REPORT

For Week Ending October 18, 1975

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE

DATE OF RELEASE: OCTOBER 24, 1975 – ATLANTA, GEORGIA 30333

EPIDEMIOLOGIC NOTES AND REPORTS

MEASLES – Washington

During the 1974-75 school year, 41 outbreaks of measles involving 133 students in 34 schools occurred in King County (Seattle), Washington. Initial cases from schools in previously unaffected areas were confirmed serologically, while the other cases were diagnosed clinically. Students in 4 high schools and 12 junior high or middle schools accounted for 82 (62%) of the cases, and the peak incidence of measles occurred in the late winter and spring in a middle income area of northwest Seattle. An analysis of county-wide attack rates by age group showed the highest incidence in 10-14 year olds, although a considerable number of cases occurred in 15-19 and 5-9 year olds (Table 1).

By interviewing the students' parents, investigators found that 35 (26%) of those ill had been vaccinated, 86 (65%) had not been vaccinated, and 12 (9%) had an unknown history of vaccination. An analysis of the 86 unvaccinated students showed that 25 had been considered vaccinated by their parents, 17 were thought to have had measles in the past, and 5 had not been vaccinated because of religious objections; the parents of the other 39 gave no specific reason

CONTENTS

TABLE I. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

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

DISEASE	WEEK ENDING		MEDIAN 1970–1974	CUMULATIVE, FIRST 42 WEEKS		MEDIAN 1970–1974
	October 18, 1975	October 19, 1974		October 18, 1975	October 19, 1974	
Aseptic meningitis	100	80	145	3,193	2,513	3,802
Brucellosis	8	7	5	204	149	158
Chickenpox	916	716	---	119,685	102,112	---
Diphtheria	4	2	8	229	197	155
Encephalitis, Primary	132	25	37	1,746	843	1,232
Encephalitis, Post-Infectious	3	2	2	261	212	237
Hepatitis, Viral, Type B	219	178	178	9,302	7,828	6,985
Hepatitis, Viral, Type A	605	803	1,229	28,082	33,745	45,320
Hepatitis, Viral, Type unspecified	136	139		6,390	6,641	
Malaria	9	13	13	348	210	741
Measles (rubeola)	86	74	167	21,605	20,398	27,674
Meningococcal infections, total	15	18	21	1,179	1,076	1,141
Civilian	15	18	19	1,154	1,048	1,115
Military	–	–	1	25	28	44
Mumps	561	418	721	48,889	46,405	59,405
Pertussis	22	38	---	1,219	1,404	---
Rubella (German measles)	100	108	353	15,220	10,534	26,513
Tetanus	1	4	3	76	75	87
Tuberculosis	528	543	---	26,878	24,629	---
Tularemia	–	1	1	90	124	128
Typhoid fever	12	8	11	278	340	320
Typhus, tick-borne (Rky. Mt. spotted fever)	8	10	10	771	736	495
Venereal Diseases:						
Gonorrhea, Civilian	17,373	18,269	---	800,445	716,249	---
Gonorrhea, Military	323	584	---	23,777	24,096	---
Syphilis, primary and secondary, Civilian	484	492	---	20,571	2,046	10,00*
Syphilis, primary and secondary, Military	1	9	---	291	381	---
Rabies in animals	34	47	71	1,992	2,432	2,873

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:	–	Poliomyelitis, total:	5
Botulism:	14	Paralytic:	5
Congenital rubella syndrome:	20	Psittacosis:	35
Leprosy: Cal. 5, Hawaii 1	125	Rabies in man:	2
Leptospirosis: Ark. 1	49	Trichinosis: N.J. 1	100
Plague:	14	Typhus, murine:	29

MEASLES – Continued

Table 1
Measles Attack Rates by Age Group
King County, Washington – September 1974-June 1975

Age Group	No. Cases	% of Total	Estimated Population (1973)	Cases/ 100,000 Population
5–9	23	17	107,900	21
10–14	77	58	112,855	68
15–19	33	25	101,323	33
Total	133	100		

for not having had their children vaccinated. These 39 known susceptibles accounted for 12 (46%) of the 26 high school cases, 21 (37%) of the 56 junior high or middle school cases, and 6 (12%) of the 51 elementary school cases. One case of measles encephalitis occurred in a 14-year-old girl whose mother had confused rubella vaccination with measles vaccination. She has apparently recovered completely.

In an attempt to control the epidemic, school nurses telephoned the parents of susceptible elementary students, urging them to have their children vaccinated, and distributed notices about the epidemic in the secondary schools, urging susceptible students to be immunized. They also held special measles vaccination clinics in 5 schools, where an average of 26 students were vaccinated. In the spring they conducted vaccination clinics in 18 of the affected schools and vaccinated approximately 3 students per school against measles.

(Reported by Max Bader, MD, Epidemiologist, Jean Spearman, RN, Nurse Epidemiologist, and AHB Pedersen, MD, Director of Personal Health Services, Seattle-King County Health Department; Thieu L Nghiem, MD, State Epidemiologist, Washington Department of Social and Health Services; and an EIS Officer.)

Editorial Note

Although the incidence of measles in the United States is now low in all age groups compared with the incidence in pre-vaccine years, there has been an increase in the proportion of cases in the older age groups, as seen in this outbreak. This episode also demonstrates that parental histories are often inaccurate and that optimally all children who do not possess written documentation of vaccination or a classical history of past measles should be vaccinated in outbreak control efforts.

The high proportion of cases in previously vaccinated children does not necessarily represent poor vaccine efficacy. Only by determining the attack rate for vaccinated children in the community and comparing that with the attack rate for unvaccinated children in the same community can vaccine efficacy be calculated.

SHIGELLA DYSENTERIAE-1 – Colorado

A 5-year-old boy from Byers, Colorado, became ill with fever and diarrhea on September 29, 1975. The next evening he was examined by a physician who prescribed Lomotil*, acetaminophen, and an anti-emetic. Over the next 3 days the boy's symptoms persisted, and his mother noticed small amounts of blood in his stool. She telephoned the physician who prescribed an electrolyte solution. On October 4, the boy's stool was grossly bloody, and the 3 other family members developed fever and bloody diarrhea. On October 5, the entire family was hospitalized, and the boy, who had appeared stable until that evening, suddenly died. The causes of death were listed as severe electrolyte imbalance, hemorrhagic colitis, and hemorrhagic pneumonitis. *Shigella dysenteriae*-1, sensitive to ampicillin, was subsequently isolated from the stools of all 4 patients.

These 4 patients had not traveled out of the country, but they were close friends with a family of 3 who had recently returned from Afghanistan. While traveling there, this family's 2-year-old boy developed diarrhea and fever on July 20 and continued to have diarrhea intermittently despite treatment with penicillin. Upon returning to the states, the family spent 4 days in St. Paul, Minnesota, where both the boy and his mother had diarrhea. After his return to Colorado, he continued to have intermittent diarrhea until early October, when his illness resolved spontaneously. Cultures of a rectal swab obtained from the child on October 8, when he was asymptomatic, grew *S. dysenteriae*-1. Rectal swabs from the other 2 family members, 20 contacts of both families, and 6 other residents of Byers who had had recent diarrheal illnesses did not grow the organism. None of these persons recalled having had diarrhea for more than 2 days since September 15. The family that had traveled to Afghanistan operated a restaurant which served primarily local residents and a few travelers. However, since no further spread had occurred in the town, and since foodhandlers had neither been ill nor had had positive cultures, possible foodborne transmission to travelers was not investigated.

(Reported by JW Bolin, DO, PB Visconti, MD, Duayne Lee, Environmentalist, Lee Behel, RN, PHN, Pat Applegate, RN, Chief PHN, Donn Berve, Chief Environmentalist, Samuel Johnson, MD, Director, Tri-County Health Department, John Humphreys, Senior Microbiologist, Robert J Barr, Chief, Microbiology Section, and Thomas M Vernon, MD, State Epidemiologist, Colorado Department of Health.)

Editorial Note

S. dysenteriae-1, or Shiga's bacillus, characteristically produces a more severe illness than that caused by other shigellae. Although some strains of *S. dysenteriae*-1 produce a toxin, the organism causes disease by penetrating the intestinal epithelium and causing subsequent tissue destruction (*1*). This disease is characterized by abdominal cramps, profuse diarrhea, dehydration, and fever often followed 2-3 days later by tenesmus with frequent bloody, mucoid stools (*2*). In 1 study, 7 of 20 (35%) hospitalized patients had positive blood cultures (*3*). Lomotil has been recently shown to have an adverse effect on the course of shigellosis (*4*).

S. dysenteriae-1 is rare in Western Europe and the United States, but little is known about its prevalence in other parts of the world. The 2-year-old index case in this report probably acquired his infection in Afghanistan and spread it to his mother and 5-year-old playmate. The severity of the infection makes it important for public health authori-

(Continued on page 363)

*Use of trade names is for identification only and does not imply endorsement by the Public Health Service or the U.S. Department of Health, Education and Welfare.

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDING OCTOBER 18, 1975 AND OCTOBER 19, 1974 (42nd 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	100	8	916	4	229	132	25	3	219	605	136	9	348
NEW ENGLAND	6	-	80	-	-	-	-	-	4	18	7	1	19
Maine *	-	-	18	-	-	-	-	-	-	-	-	-	2
New Hampshire*	-	-	6	-	-	-	-	-	-	3	-	-	-
Vermont	-	-	1	-	-	-	-	-	2	-	-	-	3
Massachusetts	3	-	34	-	-	-	-	-	-	3	7	1	8
Rhode Island	3	-	14	-	-	-	-	-	2	6	-	-	2
Connecticut	-	-	7	-	-	-	-	-	-	6	-	-	4
MIDDLE ATLANTIC	7	-	52	-	-	3	6	-	16	67	5	3	85
Upstate New York	5	-	23	-	-	-	3	-	1	20	3	-	7
New York City	-	-	11	-	-	-	-	-	6	16	-	3	25
New Jersey *	1	-	NN	-	-	1	-	-	-	-	-	-	12
Pennsylvania	1	-	18	-	-	2	3	-	9	31	2	-	41
EAST NORTH CENTRAL	24	-	403	-	5	50	5	1	37	106	6	1	10
Ohio	2	-	15	-	-	17	4	-	7	38	-	-	2
Indiana	-	-	86	-	-	25	-	-	2	17	-	-	-
Illinois	2	-	23	-	4	-	-	-	2	1	2	-	5
Michigan	14	-	133	-	1	3	1	-	18	43	4	1	3
Wisconsin	6	-	146	-	-	5	-	1	8	7	-	-	-
WEST NORTH CENTRAL	12	1	136	1	7	43	7	-	27	40	7	1	16
Minnesota	8	-	1	-	-	37	1	-	10	9	-	1	6
Iowa	1	1	118	-	-	2	1	-	3	8	1	-	-
Missouri	3	-	-	-	-	4	2	-	10	13	2	-	7
North Dakota *	-	-	1	-	6	-	-	-	-	4	-	-	1
South Dakota	-	-	-	-	-	-	-	-	-	-	-	-	-
Nebraska *	-	-	2	1	1	-	-	-	-	-	-	-	2
Kansas	-	-	14	-	-	-	3	-	4	6	4	-	-
SOUTH ATLANTIC	5	6	69	-	-	8	1	1	39	65	28	-	51
Delaware	-	-	-	-	-	-	-	-	7	-	6	-	-
Maryland	3	-	5	-	-	3	-	1	4	7	2	-	10
District of Columbia	-	-	6	-	-	2	-	-	7	-	-	-	10
Virginia *	-	1	5	-	-	-	-	-	3	7	2	-	7
West Virginia	-	-	29	-	-	-	-	-	-	4	-	-	2
North Carolina	-	4	NN	-	-	3	-	-	4	5	3	-	6
South Carolina	1	1	1	-	-	-	-	-	3	4	9	-	2
Georgia	-	-	-	-	-	-	-	-	-	4	-	-	9
Florida	1	-	23	-	-	-	1	-	11	34	6	-	5
EAST SOUTH CENTRAL	9	-	20	-	-	17	3	-	25	35	1	-	11
Kentucky	3	-	18	-	-	2	-	-	5	10	-	-	3
Tennessee	6	-	NN	-	-	9	3	-	8	18	-	-	-
Alabama	-	-	2	-	-	-	-	-	10	1	1	-	6
Mississippi	-	-	-	-	-	6	-	-	2	6	-	-	2
WEST SOUTH CENTRAL	12	-	40	-	6	4	3	-	13	22	33	-	21
Arkansas	2	-	-	-	-	-	1	-	-	2	9	-	1
Louisiana *	-	-	NN	-	-	-	-	-	4	5	7	-	-
Oklahoma	10	-	40	-	-	4	2	-	9	15	17	-	2
Texas	---	---	---	---	6	---	---	---	---	---	---	---	18
MOUNTAIN	2	1	60	-	18	4	-	-	8	31	17	-	13
Montana	-	-	2	-	1	-	-	-	-	2	-	-	-
Idaho	-	1	-	-	-	-	-	-	-	1	2	-	-
Wyoming	-	-	-	-	-	-	-	-	-	-	-	-	-
Colorado	2	-	22	-	-	1	-	-	6	10	9	-	8
New Mexico	-	-	-	-	3	3	-	-	1	6	1	-	-
Arizona	-	-	-	-	14	-	-	-	1	2	2	-	3
Utah	-	-	36	-	-	-	-	-	-	4	3	-	2
Nevada *	-	-	-	-	-	-	-	-	-	6	-	-	-
PACIFIC	23	-	56	3	193	3	-	1	50	221	32	3	122
Washington	1	-	53	3	184	-	-	1	4	18	4	-	5
Oregon	1	-	-	-	-	-	-	-	3	16	2	-	10
California *	21	-	-	-	4	3	-	-	42	145	25	3	102
Alaska	-	-	2	-	5	-	-	-	-	40	-	-	2
Hawaii	-	-	1	-	-	-	-	-	1	2	1	-	3
Guam	-	-	-	-	-	-	-	-	-	-	-	-	-
Puerto Rico	-	-	3	-	-	-	-	-	2	-	2	-	1
Virgin Islands	-	-	-	-	-	-	-	-	-	-	-	-	-

--- Data Not Available

NN: Not Notifiable

* Delayed Reports: Aseptic Meningitis: N.J. 11. Chickenpox: Me. 9, N.H. 1; Calif. 10
Encephalitis, Primary: N.J. 4; N.Dak. 2; Nebr. delete 1, Va. delete 1
Encephalitis, Post: La. delete 1
Hepatitis B: La. delete 2
Hepatitis A: Me. 1; N. Dak. 8; Va. delete 1; La. delete 4; Nev. 3
Hepatitis Unspec.: Me. 1

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDING OCTOBER 18, 1975 AND OCTOBER 19, 1974 (42nd WEEK) – Continued

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	86	21,605	20,510	15	1,179	1,103	561	48,889	22	100	15,220	76
NEW ENGLAND	–	317	945	1	66	63	23	1,684	–	5	2,069	3
Maine	–	15	43	–	6	3	–	82	–	1	42	–
New Hampshire *	–	21	211	–	3	10	4	78	–	–	305	–
Vermont	–	49	56	–	–	12	–	17	–	–	71	–
Massachusetts	–	113	397	–	24	16	3	228	–	2	1,211	1
Rhode Island	–	3	61	–	3	8	4	614	–	1	28	–
Connecticut	–	116	177	1	30	14	12	665	–	1	412	2
MIDDLE ATLANTIC	13	1,811	8,121	–	120	167	14	2,659	4	3	1,726	12
Upstate New York	5	602	959	–	36	62	–	939	–	–	279	1
New York City	7	158	609	–	30	40	1	804	4	1	174	2
New Jersey *	1	468	5,586	–	20	45	9	366	–	1	996	3
Pennsylvania	–	583	967	–	34	20	4	550	–	1	277	6
EAST NORTH CENTRAL	34	6,447	8,020	2	167	139	252	20,160	15	58	4,334	6
Ohio	–	109	3,052	–	47	54	22	2,306	–	7	624	2
Indiana	3	410	255	–	9	15	56	2,095	–	10	1,002	–
Illinois	2	1,829	2,063	–	21	10	39	2,345	1	8	313	3
Michigan	18	3,034	2,091	1	68	44	83	8,233	2	21	1,472	–
Wisconsin *	11	1,065	559	1	22	16	52	5,181	12	12	923	1
WEST NORTH CENTRAL	3	4,999	693	1	73	83	65	3,509	–	2	1,467	5
Minnesota	–	182	85	1	17	28	18	77	–	–	37	1
Iowa	–	593	134	–	6	14	36	1,133	–	–	30	2
Missouri	–	270	260	–	36	20	–	914	–	1	735	1
North Dakota	3	1,056	31	–	–	3	1	479	–	–	66	–
South Dakota	–	356	27	–	1	3	–	6	–	–	18	–
Nebraska	–	395	2	–	2	3	–	39	–	–	21	–
Kansas	–	2,147	154	–	11	12	10	861	–	1	560	1
SOUTH ATLANTIC	3	354	577	1	243	215	42	3,312	–	5	1,578	16
Delaware	–	35	15	–	7	5	1	11	–	–	19	–
Maryland	1	49	24	–	28	23	14	276	–	–	37	1
District of Columbia	–	1	3	–	5	1	11	138	–	–	–	–
Virginia	–	38	36	1	21	37	4	773	–	1	319	1
West Virginia	2	164	217	–	5	7	9	1,095	–	4	217	1
North Carolina	–	2	5	–	45	45	–	105	–	–	43	6
South Carolina	–	–	54	–	35	17	1	58	–	–	762	2
Georgia	–	40	4	–	14	8	–	17	–	–	4	–
Florida	–	25	219	–	83	72	2	839	–	–	177	5
EAST SOUTH CENTRAL	–	300	248	2	168	106	23	4,543	–	6	970	4
Kentucky	–	92	182	–	71	39	5	1,722	–	–	239	2
Tennessee	–	178	35	2	53	50	17	2,127	–	6	703	–
Alabama	–	5	18	–	30	10	1	388	–	–	21	1
Mississippi	–	25	13	–	14	7	–	306	–	–	7	1
WEST SOUTH CENTRAL	1	346	220	1	178	178	15	4,388	1	3	725	17
Arkansas	–	–	7	–	10	12	–	174	–	–	20	1
Louisiana *	–	1	13	–	33	42	1	340	–	3	282	4
Oklahoma	1	143	29	1	12	19	14	214	1	–	88	–
Texas	---	202	171	---	123	105	---	3,660	---	---	335	12
MOUNTAIN	2	1,413	749	–	36	36	28	934	1	1	512	–
Montana	–	50	373	–	7	1	–	29	–	–	252	–
Idaho	–	12	52	–	5	2	1	13	–	–	74	–
Wyoming	–	2	1	–	–	3	–	2	–	–	–	–
Colorado	–	1,158	31	–	9	8	5	611	–	–	131	–
New Mexico	–	13	61	–	4	3	9	30	1	–	16	–
Arizona	–	80	17	–	3	7	–	–	–	–	2	–
Utah	2	71	15	–	7	8	13	152	–	1	29	–
Nevada	–	27	199	–	1	4	–	97	–	–	8	–
PACIFIC	30	5,618	937	7	128	116	99	7,700	1	17	1,839	13
Washington	–	290	68	–	17	14	47	3,816	–	8	286	1
Oregon	2	199	–	1	7	13	13	654	–	2	180	–
California	28	5,065	803	5	96	82	38	3,142	1	7	1,356	11
Alaska	–	–	–	–	6	4	1	46	–	–	–	–
Hawaii	–	64	66	1	2	3	–	42	–	–	17	1
Guam	–	22	17	–	2	2	–	26	–	–	7	–
Puerto Rico	–	655	622	–	1	6	48	851	1	6	30	13
Virgin Islands	–	8	35	–	–	–	–	221	–	–	3	3

---Data Not Available

*Delayed Reports: Measles: Wisc. delete 3
Meningococcal Inf.: N.J.1
Mumps: N.H. 3
Pertussis: La. delete 4

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDING OCTOBER 18, 1975 AND OCTOBER 19, 1974 (42nd WEEK) – Continued

AREA	TUBERCULOSIS		TULAREMIA	TYPHOID FEVER		TYPHUS-FEVER TICK-BORNE (RMSF)		VENEREAL DISEASES (Civilian Cases Only)						RABIES IN ANIMALS
								GONORRHEA			SYPHILIS (Pri. & Sec.)			
	1975	Cum. 1975	Cum. 1975	1975	Cum. 975	1975	Cum. 1975	1975	Cumulative 1975	Cumulative 1974	1975	Cumulative 1975	Cumulative 1974	Cum. 1975
UNITED STATES	528	26,878	90	12	278	8	771	17,373	800,445	716,249	484	20,571	20,462	1,992
NEW ENGLAND	17	1,037	–	–	11	–	6	574	22,031	19,432	14	729	721	58
Maine	2	61	–	–	–	–	–	49	1,731	1,606	9	30	36	36
New Hampshire*	–	27	–	–	–	–	–	7	587	626	–	13	10	2
Vermont	1	21	–	–	–	–	–	10	548	520	–	7	2	–
Massachusetts*	6	585	–	–	7	–	2	263	10,160	8,890	5	476	509	11
Rhode Island	4	120	–	–	–	–	3	38	1,770	1,656	–	16	15	2
Connecticut	4	223	–	–	4	–	1	207	7,235	6,134	–	187	149	7
MIDDLE ATLANTIC	130	4,966	4	2	50	–	76	2,070	93,552	88,884	73	3,724	4,414	84
Upstate New York	26	726	3	–	8	–	30	324	16,575	16,482	5	345	432	67
New York City	31	1,965	–	2	26	–	–	873	39,545	38,414	46	2,149	2,549	–
New Jersey	39	959	1	–	7	–	9	202	13,402	12,690	14	599	699	–
Pennsylvania	34	1,316	–	–	9	–	37	671	24,030	21,298	8	631	734	17
EAST NORTH CENTRAL	98	3,706	5	1	30	–	19	3,257	131,719	114,303	46	1,665	1,745	98
Ohio	16	1,031	–	–	10	–	16	676	36,401	29,542	15	406	252	5
Indiana	11	485	–	–	–	–	1	73	11,621	11,111	1	129	155	8
Illinois	32	1,034	–	–	12	–	1	1,550	45,972	37,643	22	784	901	22
Michigan*	36	1,023	1	1	7	–	1	552	24,994	25,639	5	280	351	8
Wisconsin	3	133	4	–	1	–	–	406	12,731	10,368	3	66	86	55
WEST NORTH CENTRAL	19	971	14	2	15	–	26	851	40,119	37,545	10	491	530	436
Minnesota	5	135	–	–	3	–	–	175	8,024	7,780	1	94	68	119
Iowa	5	102	1	–	1	–	–	129	5,799	4,976	4	29	35	85
Missouri	7	475	10	–	7	–	13	266	14,539	12,649	4	232	347	45
North Dakota	–	12	–	–	–	–	–	23	635	583	–	5	6	84
South Dakota	–	55	–	–	–	–	–	32	1,544	1,727	–	5	2	48
Nebraska	1	32	1	2	3	–	2	80	3,597	3,181	–	16	10	4
Kansas	1	160	2	–	1	–	11	146	5,981	6,649	1	110	62	51
SOUTH ATLANTIC	109	5,909	17	2	41	6	393	4,781	196,973	184,670	176	6,437	6,409	295
Delaware	–	110	–	–	–	–	4	76	2,829	2,544	1	71	67	5
Maryland	18	964	1	1	10	1	29	676	23,965	19,218	9	457	631	7
District of Columbia*	8	312	1	1	2	–	–	196	11,271	15,864	14	564	524	–
Virginia*	22	715	6	–	6	1	109	425	19,359	16,940	13	485	615	88
West Virginia	3	211	–	–	5	–	4	102	2,538	2,176	–	51	15	3
North Carolina	16	950	–	–	2	1	122	768	28,210	24,916	21	809	744	10
South Carolina	5	369	3	–	6	–	84	320	18,588	17,356	6	458	572	11
Georgia	16	849	5	–	1	3	35	747	36,653	36,164	49	889	947	141
Florida	21	1,429	1	–	9	–	6	1,471	53,560	49,492	63	2,653	2,294	30
EAST SOUTH CENTRAL	33	2,389	10	1	24	1	105	1,160	67,451	60,914	21	926	1,017	132
Kentucky	11	504	1	–	7	1	11	154	8,959	7,552	4	139	232	87
Tennessee	10	874	9	–	10	–	70	304	26,414	24,150	7	354	382	21
Alabama	8	669	–	–	2	–	8	370	18,690	16,880	3	208	198	24
Mississippi	4	342	–	1	5	–	16	332	13,388	12,332	7	225	205	–
WEST SOUTH CENTRAL	19	2,975	36	–	16	1	138	1,118	97,613	93,200	18	1,779	1,812	425
Arkansas	9	406	14	–	1	–	20	437	10,683	9,584	–	53	80	71
Louisiana*	7	379	2	–	8	–	–	424	17,795	19,272	16	419	491	8
Oklahoma	3	251	9	–	1	1	90	257	9,563	8,089	2	73	108	94
Texas	---	1,939	11	---	6	---	28	---	59,572	56,255	---	1,234	1,133	252
MOUNTAIN	14	793	2	–	7	–	7	762	32,240	27,762	11	463	467	215
Montana	1	49	1	–	–	–	4	53	1,709	1,540	–	4	3	144
Idaho	–	27	–	–	–	–	2	46	1,624	1,418	1	12	10	1
Wyoming	–	22	1	–	1	–	–	32	766	625	–	10	2	9
Colorado	3	166	–	–	1	–	1	226	8,707	7,701	–	74	111	–
New Mexico*	3	110	–	–	2	–	–	119	5,607	3,978	3	125	70	37
Arizona	5	338	–	–	3	–	–	187	8,589	7,948	6	177	207	21
Utah	–	35	–	–	–	–	–	37	2,009	1,621	1	15	11	3
Nevada*	2	46	–	–	–	–	–	62	3,229	2,931	–	46	53	–
PACIFIC	89	4,132	2	4	84	–	1	2,800	118,747	89,539	115	4,357	3,347	249
Washington	6	340	1	–	5	–	1	255	10,816	9,784	–	152	105	4
Oregon	2	151	–	–	–	–	–	246	9,056	9,120	4	115	83	7
California	67	3,119	1	4	77	–	–	2,142	93,998	66,476	110	4,040	3,129	233
Alaska	–	48	–	–	1	–	–	112	2,918	2,281	–	6	6	5
Hawaii	14	474	–	–	1	–	–	45	1,959	1,878	1	44	24	–
Guam	–	50	–	–	–	–	–	–	317	–	–	16	–	–
Puerto Rico	–	404	18	–	6	–	–	37	2,408	2,645	12	586	729	37
Virgin Islands	–	3	–	–	2	–	–	–	166	623	–	29	48	–

---Data Not Available
*Delayed Reports: N.H. delete 1, Mich. delete 1
Gonorrhea: D.C. 15; La. delete 24; N.Mex. delete 1; Nev. 70
Syphilis: N.H. 1, Mass. 13; Va. 22 civ. 1 mil.; La. delete 3; Nev. 1

Week No. 42

TABLE IV. DEATHS IN 121 UNITED STATES CITIES FOR WEEK OCTOBER 18, 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	650	406	173	29	22	33
Boston, Mass.	213	128	62	7	8	11
Bridgeport, Conn.	33	20	7	3	1	2
Cambridge, Mass.	28	18	9	—	—	1
Fall River, Mass.	26	17	6	2	—	1
Hartford, Conn.	46	26	12	6	—	1
Lowell, Mass.	27	17	10	—	—	2
Lynn, Mass.	17	13	4	—	—	—
New Bedford, Mass.	22	17	4	1	—	1
New Haven, Conn.	41	24	9	3	3	1
Providence, R. I.	54	33	13	3	3	7
Somerville, Mass.	5	3	1	1	—	1
Springfield, Mass.	48	29	13	2	4	1
Waterbury, Conn.	37	27	8	1	—	2
Worcester, Mass.	53	34	15	—	3	2
MIDDLE ATLANTIC	2,842	1,718	729	195	100	113
Albany, N. Y.	45	22	16	2	3	1
Allentown, Pa.	25	18	5	1	—	3
Buffalo, N. Y.	119	72	31	7	8	9
Camden, N. J.	41	17	12	6	3	1
Elizabeth, N. J.	36	23	12	—	—	1
Erie, Pa.	44	27	12	2	1	2
Jersey City, N. J.	61	27	31	3	—	—
Newark, N. J.	64	35	14	11	1	2
New York City, N. Y. †	1,541	950	373	115	51	55
Paterson, N. J.	43	25	9	1	6	5
Philadelphia, Pa.	293	169	79	26	6	3
Pittsburgh, Pa.	170	92	55	8	9	15
Reading, Pa.	43	31	5	3	—	—
Rochester, N. Y.	101	66	20	3	9	10
Schenectady, N. Y.	23	17	5	1	—	—
Scranton, Pa.	30	19	8	1	—	—
Syracuse, N. Y.	81	50	23	3	2	1
Trenton, N. J.	27	23	3	1	—	—
Utica, N. Y.	26	15	9	—	1	2
Yonkers, N. Y.	29	20	7	1	—	3
EAST NORTH CENTRAL	2,388	1,384	649	149	113	57
Akron, Ohio	42	24	15	—	3	—
Canton, Ohio	45	27	12	3	2	2
Chicago, Ill.	576	303	165	48	40	10
Cincinnati, Ohio	158	109	31	8	4	4
Cleveland, Ohio	189	113	55	5	7	4
Columbus, Ohio	132	93	32	2	3	—
Dayton, Ohio	118	65	30	12	3	1
Detroit, Mich.	342	169	106	28	22	5
Evansville, Ind.	51	35	10	1	4	3
Fort Wayne, Ind.	48	31	7	2	7	3
Gary, Ind.	22	12	7	1	1	1
Grand Rapids, Mich.	37	24	10	2	1	2
Indianapolis, Ind.	139	73	43	9	5	3
Madison, Wis.	37	21	8	3	1	—
Milwaukee, Wis.	143	86	42	11	2	4
Peoria, Ill.	48	28	11	4	2	4
Rockford, Ill.	46	29	9	1	3	6
South Bend, Ind.	37	26	8	2	—	2
Toledo, Ohio	107	71	30	3	1	1
Youngstown, Ohio	71	45	18	4	2	2
WEST NORTH CENTRAL	714	459	150	36	37	20
Des Moines, Iowa	39	24	10	1	1	—
Duluth, Minn.	30	22	6	—	—	3
Kansas City, Kans.	33	21	9	1	2	1
Kansas City, Mo.	100	65	18	9	3	3
Lincoln, Nebr.	39	29	7	2	—	2
Minneapolis, Minn.	78	43	16	4	11	3
Omaha, Nebr.	84	54	15	2	9	—
St. Louis, Mo.	205	127	49	14	8	4
St. Paul, Minn.	74	54	11	2	3	1
Wichita, Kans.	32	20	9	1	—	3
SOUTH ATLANTIC	1,064	567	329	84	35	37
Atlanta, Ga.	101	41	40	12	4	1
Baltimore, Md.	176	90	60	15	7	4
Charlotte, N. C.	60	33	15	5	2	1
Jacksonville, Fla.	98	48	30	9	4	—
Miami, Fla.	101	65	25	4	5	2
Norfolk, Va.	54	29	15	5	2	6
Richmond, Va.	75	32	29	9	1	6
Savannah, Ga.	48	24	18	4	—	5
St. Petersburg, Fla.	82	68	12	1	1	3
Tampa, Fla.	56	34	15	3	2	1
Washington, D. C.	182	82	67	12	6	3
Wilmington, Del.	31	21	3	5	1	5
EAST SOUTH CENTRAL	664	370	178	47	38	25
Birmingham, Ala.	109	68	24	7	5	1
Chattanooga, Tenn.	45	19	20	4	—	2
Knoxville, Tenn.	54	28	18	1	4	1
Louisville, Ky.	106	62	28	7	6	11
Memphis, Tenn.	137	77	34	7	9	1
Mobile, Ala.	61	29	18	8	3	1
Montgomery, Ala.	47	24	11	7	3	3
Nashville, Tenn.	105	63	25	6	8	5
WEST SOUTH CENTRAL	1,048	566	283	100	48	22
Austin, Tex.	29	17	7	2	1	1
Baton Rouge, La.	63	34	18	5	2	3
Corpus Christi, Tex.	23	18	3	—	2	—
Dallas, Tex.	141	78	33	13	10	1
El Paso, Tex.	51	22	18	4	5	1
Fort Worth, Tex.	83	42	30	5	3	—
Houston, Tex.	206	98	62	25	4	4
Little Rock, Ark.	57	27	17	6	1	—
New Orleans, La.	137	76	35	19	5	—
San Antonio, Tex.	134	81	24	14	11	2
Shreveport, La.	47	28	12	1	3	5
Tulsa, Okla.	77	45	24	6	1	5
MOUNTAIN	465	283	109	30	27	25
Albuquerque, N. Mex.	47	24	14	5	3	5
Colorado Springs, Colo.	33	19	6	4	2	6
Denver, Colo.	127	73	30	9	12	6
Las Vegas, Nev.	17	8	5	2	1	—
Ogden, Utah	18	14	4	—	—	2
Phoenix, Ariz.	93	63	21	2	4	—
Pueblo, Colo.	16	9	4	2	1	5
Salt Lake City, Utah	48	31	6	3	3	1
Tucson, Ariz.	66	42	19	3	1	—
PACIFIC	1,306	789	320	107	42	35
Berkeley, Calif.	17	15	1	—	—	—
Fresno, Calif.	61	34	15	2	5	1
Glendale, Calif.	18	11	6	1	—	—
Honolulu, Hawaii	48	23	11	9	5	2
Long Beach, Calif.	86	51	24	6	3	—
Los Angeles, Calif.	295	183	69	25	8	4
Oakland, Calif.	68	46	12	6	3	2
Pasadena, Calif.	33	24	5	—	1	—
Portland, Oreg.	93	57	20	9	4	9
Sacramento, Calif.	67	39	23	2	1	—
San Diego, Calif.	109	60	25	13	5	2
San Francisco, Calif.	162	86	46	20	1	4
San Jose, Calif.	55	34	17	2	—	2
Seattle, Wash.	121	81	24	10	4	5
Spokane, Wash.	41	26	12	2	1	2
Tacoma, Wash.	32	19	10	—	1	2
Total	11,141	6,542	2,920	777	462	367
Expected Number	11,924	7,119	3,164	803	365	376

†Delayed Report for Week Ending October 11, 1975

SHIGELLA DYSENTERIAE-1 – Continued

ties to conduct careful surveillance for diarrheal illness and to culture known contacts.

A record number of *S. dysenteriae*-1 isolations, 72, was reported to CDC in 1972. Most of these were from persons who had either traveled to Mexico or had had close contact with a returning traveler (*4*). These isolates were associated with an epidemic of dysentery caused by *S. dysenteriae*-1, resistant to tetracycline, streptomycin, and sulfa, which affected thousands of persons throughout Central America between 1969 and 1972. The number of isolates reported to CDC declined in 1973 to 28 and in 1974, to 22.

References

1. Levine MM, DuPont HL, Formal SB, et al: Pathogenesis of *Shigella dysenteriae*-1 (Shiga) dysentery. J Infect Dis 127:261-270, 1973
2. Gangarosa EJ, Perera DR, Mata LF, et al: Epidemic Shiga bacillus dysentery in Central America. II. Epidemiologic studies in 1969. J Infect Dis 122:181-190, 1970
3. Weissman JB, Marton KI, Lewis JL, et al: Impact in the United States of the Shiga dysentery pandemic of Central America and Mexico: A review of surveillance data through 1972. J Infect Dis 129: 218-223, 1974
4. DuPont HL, Hornick RB: Adverse effect of Lomotil^{R}therapy in shigellosis. JAMA 226:1525-1528, 1973

ST. LOUIS AND CALIFORNIA ENCEPHALITIS – Ohio

A total of 800 cases of clinically suspect encephalitis or aseptic meningitis occurred in Ohio in August and September. Of these cases 64 were diagnosed as probable and 92 as confirmed St. Louis encephalitis (SLE) on the basis of elevated hemagglutination-inhibition titers;* 8 cases were fatal. The mean age of patients with probable or confirmed SLE was 51 and of those with fatal SLE 71. Although cases were reported from many areas of the state, most occurred in 3 geographically separate counties: Franklin (Columbus), Cuyahoga (Cleveland), and Montgomery (Dayton). In the first 2 counties, outbreaks were urban, with a majority of cases occurring in inner-city poverty areas; in Montgomery County, the outbreak was rural. Moderate numbers of Culex mosquitoes were recovered from catch basins in Columbus and Cleveland.

As an epidemic control measure, health officials instituted ground spraying with malathion in Franklin and Montgomery counties and aerial spraying in Cuyahoga County. They also established an active surveillance system in the 3 counties, surveying all hospitals at least every other day for suspect encephalitis cases.

Of the other encephalitis cases, 10 were reported as confirmed and 7 as probable California encephalitis (CE). The mean age of patients was 8 years, and 1 case in a 2-year-old was fatal. Cases were scattered over the northwestern quadrant of the state, and only 2 were reported from counties experiencing SLE outbreaks. The number and distribution of CE cases throughout the state is not unusual for this time of year.

(Reported by William Brown, MD, Health Commissioner, Columbus; Ronald Swanger, MD, Health Commissioner, Cleveland; Robert Vogel, MD, Health Commissioner, Montgomery County and Dayton; Francis F Silver, MD, Health Commissioner, Cuyahoga County; Charles C Croft, ScD, Director, and Howard Stegmiller, Chief Virologist, Division of Public Health Laboratories, Margaret Parsons, MS, and Richard Berry, PhD, Entomologists, Vector Borne Disease Unit, Communicable Disease Division, and Thomas J Halpin, MD, MPH, Chief, Bureau of Preventive Medicine, Ohio Department of Health; and an EIS Officer.)

*Probable case: HI titer ≥1:80 and <1:640
Confirmed case: HI titer ≥1:640 or 4-fold rise

INTERNATIONAL NOTES

CHLORAMPHENICOL-RESISTANT *SALMONELLA TYPHI* – Chile

Typhoid fever, endemic in Chile, has an annual incidence rate that peaks during the summer months. The number of cases reported to the registration office of the National Health Service in the past 3 summer periods, October to March 1972-73, 1973-74 and 1974-75, was 1,699, 1,987 and 2,531 respectively. Of these, 1,155, 1,353 and 1,795 were reported in the province of Santiago.

To determine whether or not drug resistance was contributing to this increasing incidence, 280 strains of *Salmonella typhi* collected in 2 Santiago hospitals between October 1974 and April 1975 were tested for minimal inhibitory concentrations (MIC) of chloramphenicol by broth dilution (*1*). Two of the 280 strains were resistant to chloramphenicol (MIC = 128 μg per ml). These strains were isolated from 2 patients who failed to respond to the drug.

(Reported by Dr Rafael Virgilio and Dr Ana Maria Cordano, Unidad de Microbiologia, Facultad de Ciencias Quimicas, Universidad de Chile; Dr Jose Manuel Bergono and Dr G Corey, Seccion Epidemiologia, Servicio Nacional de Salud, Chile.)

Editorial Note

The reason for the increasing incidence of typhoid fever in Chile is unknown, but chloramphenicol resistance does not appear to be contributing significantly to the problem. Chloramphenicol-resistant *S. typhi* isolates have been reported from several countries, however, emphasizing the need to determine the chloramphenicol susceptibility of isolated strains.

Reference

1. Ericsson H, Sherris J: Antibiotic sensitivity testing. Acta Pathol Microbiol Scand, Section B, Supplement No. 217, 1971

QUARANTINE MEASURES

The following change should be made in the "Supplement – Health Information for International Travel," *Morbidity and Mortality Weekly Report,* Vol. 23, September 1974:

Vaccination Certificate Requirements

AUSTRALIA – Cholera – delete all information.
Smallpox – delete all information. Insert code II >1 year. Insert: A Certificate is ALSO required from travelers who within the preceding 14 days have been in a country any part of which is infected.

Yellow Fever Centers

CONNECTICUT – Stamford
City Health Dept.
Add to clinic hours: By appointment, Mon., Wed., and Fri., 10-11 a.m.

MARYLAND – Baltimore
U.S. Public Health Service Hospital
Change clinic hours to Fri., 12:30-1 p.m.

PENNSYLVANIA – Wilkes-Barre
Wilkes-Barre Health Center
Change no fee charged to: fee charged

The Morbidity and Mortality Weekly Report, circulation 49,000, is published by the Center for Disease Control, Atlanta, Ga.

Director, Center for Disease Control — David J. Sencer, M.D.
Director, Bureau of Epidemiology, CDC — Philip S. Brachman, M.D.
Editor, MMWR — Michael B. Gregg, M.D.

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.

Send reports to:
Center for Disease Control
Attn.: Editor, Morbidity and Mortality Weekly Report
Atlanta, Georgia 30333

Send mailing list additions, deletions, and address changes to:
Center for Disease Control
Attn.: Distribution Services, GSO, 1-SB-36
Atlanta, Georgia 30333

When requesting changes, be sure to give your former address, including zip code and mailing list code number, or send an old address label.

DHEW Publication No. (CDC) 76-8017