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MORBIDITY AND MORTALITY WEEKLY REPORT

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APR 8 1976

Current Trends

Syphilis — CDC Recommended Treatment Schedules, 1976

The following recommendations were established by the Venereal Disease Control Advisory Committee* after deliberation with therapy experts.**

Few data have been published on the treatment of syphilis since CDC revised these recommendations in 1968. Penicillin continues to be the drug of choice for all stages of syphilis. Every effort should be made to document penicillin allergy before choosing other antibiotics because these antibiotics have been studied less extensively than penicillin. Physicians are cautioned to use no less than the recommended dosages of antibiotics.

EARLY SYPHILIS (primary, secondary, latent syphilis of less than 1 year's duration)

- (1) Benzathine penicillin G — 2.4 million units total by intramuscular injection at a single session. *Benzathine penicillin G is the drug of choice because it provides effective treatment in a single visit.* † **OR**
- (2) Aqueous procaine penicillin G — 4.8 million units total: 600,000 units by intramuscular injection daily for 8 days. **OR**

- (3) Procaine penicillin G in oil with 2% aluminum monostearate (PAM) — 4.8 million units total by intramuscular injection: 2.4 million units at first visit, and 1.2 million units at each of 2 subsequent visits 3 days apart. *Although PAM is used in other countries, it is no longer available in the United States.*

Patients who are allergic to penicillin:

- (1) Tetracycline hydrochloride†† — 500 mg 4 times a day by mouth for 15 days. **OR**
- (2) Erythromycin (stearate, ethylsuccinate or base) — 500 mg 4 times a day by mouth for 15 days.

These antibiotics appear to be effective but have been evaluated less extensively than penicillin.

SYPHILIS OF MORE THAN 1 YEAR'S DURATION (latent syphilis of indeterminate or more than 1 year's duration, cardiovascular, late benign, neurosyphilis)

- (1) Benzathine penicillin G — 7.2 million units total: 2.4 million units by intramuscular injection weekly for 3 successive weeks. **OR**
- (2) Aqueous procaine penicillin G — 9.0 million units total: 600,000 units by intramuscular injection daily for 15 days.

The optimal treatment schedules for syphilis of greater than 1 year's duration have been less well established than schedules for early syphilis. In general, syphilis of longer duration requires higher-dose therapy. Although therapy is recommended for established cardiovascular syphilis, there is little evidence that antibiotics reverse the pathology associated with this disease.

Cerebrospinal fluid (CSF) examination is mandatory in patients with suspected, symptomatic neurosyphilis. This examination is also desirable in other patients with syphilis of greater than 1 year's duration to exclude asymptomatic neurosyphilis.

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† Italics indicate commentary.

†† Food and some dairy products interfere with absorption. Oral forms of tetracycline should be given 1 hour before or 2 hours after meals.

Syphilis — Continued

Published studies show that a total dose of 6.0-9.0 million units of penicillin G results in a satisfactory clinical response in approximately 90% of patients with neurosyphilis. There is more published clinical experience with short-acting penicillin preparations than with benzathine penicillin G. Some clinicians prefer to hospitalize patients with neurosyphilis, particularly if the patient is symptomatic or has not responded to initial therapy. In these instances they treat patients with 12-24 million units of aqueous crystalline penicillin G given intravenously each day (2-4 million units every 4 hours) for 10 days.

Patients who are allergic to penicillin:

- (1) Tetracycline hydrochloride — 500 mg 4 times a day by mouth for 30 days. **OR**
- (2) Erythromycin (stearate, ethylsuccinate or base) — 500 mg 4 times a day by mouth for 30 days.

There are NO published clinical data which adequately document the efficacy of drugs other than penicillin for syphilis of more than 1 year's duration. Cerebrospinal fluid examinations are highly recommended before therapy with these regimens.

SYPHILIS IN PREGNANCY

Evaluation of Pregnant Women

All pregnant women should have a nontreponemal serologic test for syphilis, such as the VDRL or RPR test, at

the time of the first prenatal visit. The treponemal tests such as the FTA-ABS test should not be used for routine screening. In women suspected of being at high risk for syphilis, a second nontreponemal test should be performed during the third trimester. Seroreactive patients should be expeditiously evaluated. This evaluation should include a history and physical examination, as well as a quantitative nontreponemal test and a confirmatory treponemal test.

If the FTA-ABS test is nonreactive and there is no clinical evidence of syphilis, treatment may be withheld. Both the quantitative nontreponemal test and the confirmatory test should be repeated within 4 weeks. If there is clinical or serologic evidence of syphilis or if the diagnosis of syphilis cannot be excluded with reasonable certainty, the patient should be treated as outlined below.

Patients for whom there is documentation of adequate treatment for syphilis in the past need not be retreated unless there is clinical or serologic evidence of reinfection such as darkfield-positive lesions or a 4-fold titer rise of a quantitative nontreponemal test.

- A. For patients at all stages of pregnancy who are not allergic to penicillin: Penicillin in dosage schedules appropriate for the stage of syphilis as recommended for the treatment of nonpregnant patients.
- B. For patients of all stages of pregnancy who are allergic to penicillin: Erythromycin (stearate, ethylsuccinate or base) in dosage schedules appropriate for the stage of

(Continued on page 107)

Table I. Summary—Cases of Specified Notifiable Diseases: United States

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

DISEASE	13th WEEK ENDING		MEDIAN 1971-1975	CUMULATIVE, FIRST 13 WEEKS		
	April 3, 1976	March 29, 1975		April 3, 1976	March 29, 1975	MEDIAN 1971-1975
Aseptic meningitis	34	41	32	467	458	458
Brucellosis	1	4	40	52	35	26
Chickenpox	5,481	4,566	---	70,985	53,010	---
Diphtheria	1	12	4	85	121	51
Encephalitis	Primary	16	15	195	155	218
	Post-Infectious	10	15	62	63	60
Hepatitis, Viral	Type B	270	200	3,495	2,622	2,421
	Type A	676	667	9,020	9,026	12,800
	Type unspecified	193	183	2,193	1,927	
Malaria	4	3	4	78	68	68
Measles (rubeola)	1,494	782	1,178	11,335	6,308	9,191
Meningococcal infections, total	Civilian	40	24	524	448	448
	Military	—	1	2	4	13
Mumps	1,376	1,573	2,068	16,505	19,593	25,299
Pertussis	24	16	---	277	293	---
Rubella (German measles)	490	619	954	4,403	4,263	8,747
Tetanus	—	2	2	7	15	15
Tuberculosis	730	579	---	7,926	7,241	---
Tularemia	1	2	2	28	12	25
Typhoid fever	7	6	6	83	62	65
Typhus, tick-borne (Rky. Mt. spotted fever)	3	1	1	8	12	12
Venereal Diseases:						
Gonorrhea	Civilian	17,427	17,821	---	240,719	230,381
	Military	465	602	---	7,349	7,481
Syphilis, primary and secondary	Civilian	482	462	---	6,620	6,480
	Military	15	6	---	98	86
Rabies in animals	68	53	107	512	496	823

Table II. Notifiable Diseases of Low Frequency: United States

	CUM.		CUM.
Anthrax:	2	Poliomyelitis, total:	3
Botulism:	5	Paralytic:	3
Congenital rubella syndrome:	7	Psittacosis: Calif. 1	21
Leprosy: Missouri 1, Tex. 2, Calif. 3, Hawaii 5	36	Rabies in man:	—
Leptospirosis: Tex. 1	11	Trichinosis:	40
Plague:	1	Typhus, murine: Tex. 7	5

*Delayed report: Alaska 5 (1975)

Table III
Cases of Specified Notifiable Diseases: United States
Weeks Ending April 3, 1976 and March 29, 1975 - 13th Week

AREA REPORTING	ASEPTIC MENIN- GITIS	BRUCEL- LOSIS	CHICKEN- POX	DIPHTHERIA		ENCEPHALITIS			HEPATITIS, VIRAL			MALARIA	
						Primary: Arthropod- borne and Unspecified		Post In- fectious	Type B	Type A	Type Unspecified		
						1976	1975	1976	1976	1976	1976		
UNITED STATES	34	1	5,481	1	85	16	15	10	270	676	193	4	78
NEW ENGLAND	-	-	526	-	-	2	1	-	9	18	11	-	5
Maine	-	-	23	-	-	-	-	-	-	1	1	-	-
New Hampshire*	-	-	16	-	-	-	-	-	-	5	-	-	-
Vermont	-	-	35	-	-	-	-	-	3	-	-	-	-
Massachusetts	-	-	175	-	-	2	1	-	3	2	8	-	3
Rhode Island	-	-	161	-	-	-	-	-	-	2	-	-	1
Connecticut	-	-	116	-	-	-	-	-	3	8	2	-	1
MIDDLE ATLANTIC	-	-	388	-	-	-	2	-	57	84	29	-	16
Upstate New York	-	-	154	-	-	-	1	-	6	10	5	-	3
New York City	-	-	96	-	-	-	-	-	5	20	-	-	9
New Jersey	-	-	NN	-	-	-	-	-	37	43	23	-	-
Pennsylvania	-	-	138	-	-	-	1	-	9	11	1	-	4
EAST NORTH CENTRAL	3	-	2,879	-	-	6	5	4	50	96	9	-	2
Ohio	2	-	180	-	-	4	2	-	11	32	-	-	1
Indiana	-	-	220	-	-	-	-	-	1	17	-	-	-
Illinois	-	-	591	-	-	-	-	4	22	18	6	-	-
Michigan	1	-	1,089	-	-	2	3	-	6	24	3	-	1
Wisconsin	-	-	799	-	-	-	-	-	10	5	-	-	-
WEST NORTH CENTRAL	7	1	365	-	4	2	-	1	13	22	7	-	-
Minnesota	-	1	28	-	-	2	-	-	7	5	-	-	-
Iowa	-	-	255	-	-	-	-	-	-	-	-	-	-
Missouri*	7	-	6	-	1	-	-	-	5	4	5	-	-
North Dakota	-	-	8	-	-	-	-	-	-	2	-	-	-
South Dakota	-	-	1	-	3	-	-	-	-	-	-	-	-
Nebraska	-	-	45	-	-	-	-	-	1	6	-	-	-
Kansas	-	-	22	-	-	-	-	1	-	5	2	-	-
SOUTH ATLANTIC	5	-	589	-	-	1	2	2	26	98	25	1	11
Delaware	-	-	17	-	-	-	-	-	3	-	1	-	-
Maryland	2	-	46	-	-	-	-	1	4	18	5	-	-
District of Columbia	1	-	15	-	-	-	-	-	-	4	1	-	2
Virginia	-	-	34	-	-	-	1	1	3	7	4	-	3
West Virginia	-	-	211	-	-	-	-	-	-	2	-	-	-
North Carolina	1	-	NN	-	-	-	-	-	5	18	5	-	2
South Carolina	-	-	35	-	-	-	-	-	4	12	1	-	-
Georgia	-	-	-	-	-	-	-	-	-	18	-	-	-
Florida	1	-	231	-	-	1	1	-	7	19	8	1	4
EAST SOUTH CENTRAL	3	-	57	-	-	-	1	2	14	43	3	-	1
Kentucky	1	-	41	-	-	-	-	-	-	3	-	-	-
Tennessee	-	-	NN	-	-	-	-	1	10	34	3	-	-
Alabama	2	-	14	-	-	-	1	-	3	3	-	-	-
Mississippi	-	-	2	-	-	-	-	1	1	3	-	-	1
WEST SOUTH CENTRAL	1	-	311	-	-	1	-	-	8	83	67	-	2
Arkansas	-	-	-	-	-	-	-	-	2	10	1	-	-
Louisiana	-	-	NN	-	-	-	-	-	-	18	45	-	-
Oklahoma	-	-	58	-	-	1	-	-	2	12	5	-	-
Texas*	1	-	253	-	-	-	-	-	4	43	16	-	2
MOUNTAIN	1	-	216	-	3	-	1	-	5	28	12	2	3
Montana	-	-	54	-	-	-	-	-	1	1	-	-	-
Idaho	-	-	48	-	-	-	-	-	-	-	-	-	-
Wyoming*	-	-	-	-	-	-	-	-	-	-	-	-	-
Colorado	-	-	92	-	3	-	-	-	2	3	5	2	2
New Mexico	-	-	3	-	-	-	1	-	-	12	-	-	-
Arizona	-	-	-	-	-	-	-	-	2	5	4	-	-
Utah	1	-	19	-	-	-	-	-	-	6	3	-	-
Nevada*	-	-	-	-	-	-	-	-	-	1	-	-	1
PACIFIC	14	-	150	1	78	4	3	1	88	204	30	1	38
Washington	-	-	104	-	76	-	3	-	-	1	-	-	1
Oregon	1	-	-	-	-	-	-	-	15	14	6	-	4
California*	12	-	-	1	1	4	-	1	66	105	24	1	33
Alaska	-	-	-	-	1	-	-	-	7	75	-	-	-
Hawaii	1	-	46	-	-	-	-	-	-	9	-	-	-
Guam	-	-	-	-	-	-	-	-	-	-	-	-	-
Puerto Rico	-	1	12	-	-	-	-	-	-	4	-	-	1
Virgin Islands	-	-	-	-	-	-	-	-	-	-	-	-	-

NN: Not Notifiable

*Delayed reports: Chickenpox: N. Hamp. 11, Mo. delete 1, Texas 289, Wyo. 1, Calif. 24; Hep. B: N. Hamp. 1; Hep. A: Tenn. 1, Nev. 1

Table III-Continued
 Cases of Specified Notifiable Diseases: United States
 Weeks Ending April 3, 1976 and March 29, 1975 - 13th Week

REPORTING AREA	MEASLES (Rubella)			MENINGOCOCCAL INFECTIONS TOTAL			MUMPS		PERTUSSIS	RUBELLA		TETANUS
	1978	CUMULATIVE		1978	CUMULATIVE		1978	CUM. 1978	1978	1978	CUM. 1978	CUM. 1978
		1978	1975		1978	1975						
UNITED STATES	1,494	11,335	6,308	40	524	448	1,376	16,505	24	490	4,403	7
NEW ENGLAND	15	123	56	1	25	26	35	651	6	36	120	-
Maine	-	3	5	-	-	4	4	46	-	-	2	-
New Hampshire	-	-	16	-	2	1	2	24	-	-	7	-
Vermont	-	-	-	-	1	-	1	3	-	1	1	-
Massachusetts	-	2	16	1	7	6	5	99	-	27	68	-
Rhode Island	-	14	1	-	4	2	11	249	-	1	4	-
Connecticut	15	104	18	-	11	13	12	230	6	7	38	-
MIDDLE ATLANTIC	342	2,375	354	5	59	36	83	1,171	1	159	839	-
Upstate New York	79	781	105	4	23	12	13	192	-	31	94	-
New York City	15	89	49	-	15	7	32	500	1	4	37	-
New Jersey	41	204	125	-	9	7	21	246	-	109	648	-
Pennsylvania	207	1,301	75	1	12	10	17	233	-	15	60	-
EAST NORTH CENTRAL	707	4,430	2,219	10	75	66	623	6,836	7	175	1,376	-
Ohio	143	149	36	1	31	12	58	959	5	9	97	-
Indiana	110	878	150	-	4	3	32	583	-	5	202	-
Illinois	40	418	456	2	7	10	104	867	1	58	332	-
Michigan	233	1,395	1,159	6	27	32	280	2,753	1	82	554	-
Wisconsin	181	1,590	418	1	6	9	149	1,674	-	21	191	-
WEST NORTH CENTRAL	35	240	1,845	3	45	30	226	1,908	2	12	156	1
Minnesota	16	62	-	3	8	6	8	369	-	3	10	-
Iowa	-	8	196	-	7	4	49	697	-	-	9	-
Missouri	-	5	92	-	10	16	6	144	2	1	15	-
North Dakota	-	1	306	-	-	-	6	83	-	-	1	1
South Dakota	-	1	204	-	1	-	-	2	-	-	2	-
Nebraska	-	36	186	-	2	1	1	48	-	-	1	-
Kansas	19	127	861	-	17	3	156	565	-	8	118	-
SOUTH ATLANTIC	49	762	68	4	57	90	110	1,348	1	33	863	3
Delaware	5	89	-	-	-	1	-	13	-	-	4	-
Maryland	5	368	-	-	7	5	25	339	-	-	1	1
District of Columbia*	1	2	-	-	-	4	4	63	-	-	45	-
Virginia*	8	21	8	-	11	10	8	129	-	24	126	-
West Virginia	9	92	41	-	3	2	56	365	1	6	177	-
North Carolina	-	-	-	2	20	16	1	262	-	20	9	-
South Carolina	-	-	-	1	13	12	2	24	-	-	477	-
Georgia	-	-	-	-	7	7	-	-	-	-	-	-
Florida	21	190	19	1	36	33	14	153	-	3	24	2
EAST SOUTH CENTRAL	15	296	75	2	35	61	48	1,177	-	-	144	1
Kentucky	14	285	55	-	5	23	16	527	-	-	94	1
Tennessee	-	5	16	2	15	22	19	544	-	-	50	-
Alabama	-	-	1	-	10	10	13	89	-	-	-	-
Mississippi	1	6	3	-	5	6	-	17	-	-	-	-
WEST SOUTH CENTRAL	21	318	90	9	89	79	74	1,131	2	9	228	1
Arkansas	-	-	-	1	3	4	-	53	1	2	40	-
Louisiana	16	21	-	3	13	16	-	6	-	-	72	1
Oklahoma	4	200	18	-	15	7	20	384	-	2	37	-
Texas*	1	97	72	5	58	52	54	688	1	5	79	-
MOUNTAIN	254	2,204	475	-	19	14	50	654	1	22	237	-
Montana	7	72	-	-	2	2	2	11	-	16	106	-
Idaho	116	898	4	-	1	1	31	302	1	-	19	-
Wyoming	-	-	-	-	-	-	-	1	-	-	2	-
Colorado	1	37	464	-	8	5	3	95	-	1	9	-
New Mexico	-	3	2	-	1	3	5	120	-	-	5	-
Arizona	9	68	4	-	3	1	-	-	-	-	-	-
Utah	121	1,113	-	-	4	2	9	94	-	5	87	-
Nevada*	-	13	1	-	-	-	-	31	-	-	9	-
PACIFIC	56	587	1,126	6	80	46	127	1,629	4	44	440	1
Washington	-	63	45	-	14	7	33	653	-	4	70	-
Oregon	4	12	52	-	5	-	30	189	-	-	40	1
California	52	510	1,029	6	55	39	64	765	4	39	324	-
Alaska	-	-	-	-	4	-	-	14	-	-	-	-
Hawaii	-	2	-	-	2	-	-	8	-	1	6	-
Guam	-	4	5	-	1	1	-	2	-	-	-	-
Puerto Rico	2	55	184	-	1	1	42	308	-	-	5	1
Virgin Islands	-	1	4	-	-	-	2	20	-	-	1	-

*Delayed reports: Measles: N. Hamp. 2, Va. delete 1, Nev. 1; Mening. Inf.: D.C. 2; Mumps: N. Hamp. delete 2, Texas 20, Nev. 12

Table III-Continued
 Cases of Specified Notifiable Diseases: United States
 Weeks Ending April 3, 1976 and March 29, 1975 - 13th Week

REPORTING AREA	TUBERCULOSIS		TULA- REMIA	TYPHOID FEVER		TYPHUS-FEVER TICK-BORNE (RMSF)		VENEREAL DISEASES (Civilian Cases Only)						RABIES IN ANIMALS
	1976	CUM. 1976	CUM. 1976	1976	CUM. 1976	1976	CUM. 1976	GONORRHEA		SYPHILIS (Pri. & Sec.)		CUM. 1976		
								1976	CUMULATIVE		1976		CUMULATIVE	
									1976	1976			1976	1976
UNITED STATES	730	7,926	28	7	83	3	8	17,427	240,719	230,381	482	6,620	6,480	512
NEW ENGLAND	23	294	-	1	13	-	-	496	6,484	6,394	12	178	239	9
Maine	1	22	-	-	-	-	-	23	562	401	-	7	4	9
New Hampshire	-	11	-	-	2	-	-	18	159	198	-	3	10	-
Vermont	-	9	-	-	-	-	-	7	134	130	-	2	3	-
Massachusetts	16	176	-	-	9	-	-	159	2,927	3,157	12	122	158	-
Rhode Island	-	18	-	-	-	-	-	33	453	477	-	9	4	-
Connecticut	6	58	-	1	2	-	-	256	2,249	2,031	-	35	.60	-
MIDDLE ATLANTIC	168	1,441	-	-	16	-	-	1,998	25,219	28,090	85	1,131	1,219	2
Upstate New York	30	206	-	-	3	-	-	675	4,279	5,146	16	73	126	1
New York City	73	567	-	-	8	-	-	666	10,431	12,699	43	736	707	-
New Jersey	36	286	-	-	3	-	-	333	4,062	3,365	9	156	190	1
Pennsylvania	29	382	-	-	2	-	-	324	6,447	6,880	17	166	196	-
EAST NORTH CENTRAL	91	948	-	2	3	-	-	2,068	38,573	38,219	38	602	523	24
Ohio*	10	172	-	-	1	-	-	532	9,828	10,493	10	135	110	-
Indiana	16	151	-	-	-	-	-	134	3,550	3,312	-	31	36	5
Illinois	21	251	-	1	1	-	-	581	13,742	12,709	20	325	253	4
Michigan*	41	328	-	1	1	-	-	551	7,917	7,874	3	80	92	-
Wisconsin	3	46	-	-	-	-	-	270	3,536	3,831	5	31	32	15
WEST NORTH CENTRAL	27	317	9	1	3	-	-	1,074	12,288	11,456	15	205	142	110
Minnesota	3	57	3	1	2	-	-	210	2,332	2,274	1	29	16	28
Iowa	1	30	-	-	-	-	-	124	1,625	1,457	8	98	9	26
Missouri	16	152	5	-	1	-	-	364	4,736	4,271	-	49	83	13
North Dakota	-	11	-	-	-	-	-	26	196	182	-	-	3	29
South Dakota	2	19	-	-	-	-	-	20	358	479	-	2	3	1
Nebraska	3	16	-	-	-	-	-	122	1,035	979	1	8	3	2
Kansas	2	32	1	-	-	-	-	208	2,006	1,814	5	19	25	11
SOUTH ATLANTIC	167	1,725	3	-	11	1	3	4,422	57,747	56,886	152	1,919	2,042	82
Delaware	2	17	-	-	-	-	-	75	829	783	1	16	22	-
Maryland	20	243	1	-	-	-	-	532	7,978	6,335	7	156	163	-
District of Columbia	11	81	-	-	-	-	-	263	3,690	3,590	8	167	164	-
Virginia	12	277	-	-	2	1	1	496	6,315	5,912	15	167	174	18
West Virginia	8	83	-	-	-	-	-	59	718	696	1	12	7	5
North Carolina	27	319	2	-	1	-	1	491	8,523	8,535	48	395	269	-
South Carolina	9	107	-	-	-	-	-	433	5,488	5,322	15	111	163	2
Georgia	28	234	-	-	2	-	1	981	10,835	10,201	10	219	289	45
Florida	50	364	-	-	6	-	-	1,092	13,371	15,512	47	676	791	12
EAST SOUTH CENTRAL	67	730	5	-	3	-	1	1,785	21,889	18,808	12	274	291	39
Kentucky*	19	157	1	-	2	-	-	182	2,813	2,435	4	48	48	29
Tennessee	21	229	4	-	1	-	-	679	8,500	7,491	5	110	110	7
Alabama	17	213	-	-	-	-	1	620	6,242	5,144	-	47	75	3
Mississippi	10	131	-	-	-	-	-	304	4,334	3,738	3	69	58	-
WEST SOUTH CENTRAL	69	938	5	-	2	2	4	2,480	33,710	29,145	49	760	607	110
Arkansas	7	145	1	-	-	-	1	255	3,126	3,128	1	25	18	27
Louisiana	5	139	1	-	-	-	-	431	4,816	5,344	16	166	143	-
Oklahoma	7	89	-	-	-	2	3	244	3,143	2,636	-	35	30	31
Texas	50	565	3	-	2	-	-	1,550	22,625	18,037	32	534	416	52
MOUNTAIN	17	204	1	1	6	-	-	623	9,557	8,887	9	177	172	26
Montana	-	12	1	-	2	-	-	34	490	497	-	3	3	20
Idaho	1	5	-	1	1	-	-	45	498	454	2	14	3	-
Wyoming	-	4	-	-	-	-	-	19	205	218	-	5	1	1
Colorado	5	40	-	-	-	-	-	141	2,423	2,379	5	50	35	-
New Mexico	2	35	-	-	1	-	-	126	1,980	1,548	-	50	50	-
Arizona	9	96	-	-	2	-	-	198	2,736	2,327	2	42	58	5
Utah	-	4	-	-	-	-	-	46	561	535	-	1	4	-
Nevada*	-	8	-	-	-	-	-	14	664	929	-	12	18	-
PACIFIC	101	1,329	5	2	26	-	-	2,481	35,252	32,496	110	1,374	1,245	110
Washington	5	137	2	-	2	-	-	273	3,011	3,024	-	27	56	-
Oregon	1	47	1	-	-	-	-	108	2,573	2,806	7	47	29	-
California	80	984	2	1	23	-	-	1,995	27,943	25,296	99	1,276	1,147	83
Alaska	-	15	-	-	-	-	-	52	1,006	815	1	2	-	27
Hawaii	15	146	-	1	1	-	-	53	719	555	3	22	13	-
Guam	-	10	-	-	-	-	-	-	84	120	-	-	2	-
Puerto Rico	11	93	-	-	-	-	-	30	633	812	2	132	177	8
Virgin Islands	-	-	-	-	-	-	-	3	61	46	-	25	9	-

*Delayed reports: TB: Mich. delete 2, Ky. delete 1; GC: Mass. 193, Nev. 29; Syphilis: Mass. 14, Ohio 11

Table IV
Deaths in 121 United States Cities*
Week Ending April 3, 1976 — 13th Week

REPORTING AREA	ALL CAUSES					Pneumonia and Influenza ALL AGES	REPORTING AREA	ALL CAUSES					Pneumonia and Influenza ALL AGES
	ALL AGES	65 Years and Over	45-64 Years	25-44 Years	Under 1 Year			ALL AGES	65 Years and Over	45-64 Years	25-44 Years	Under 1 Year	
NEW ENGLAND	658	447	142	31	17	57	SOUTH ATLANTIC	1,192	665	364	79	41	82
Boston, Mass.	170	98	39	12	7	16	Atlanta, Ga.	128	55	46	14	9	10
Bridgeport, Conn.	42	28	11	2	1	4	Baltimore, Md.	215	121	61	22	4	12
Cambridge, Mass.	31	23	6	1	-	5	Charlotte, N. C.	55	31	12	4	6	4
Fall River, Mass.	34	25	8	1	-	-	Jacksonville, Fla.	61	33	24	1	1	1
Hartford, Conn.	52	41	7	3	-	7	Miami, Fla.	115	71	26	5	9	9
Lowell, Mass.	27	19	7	-	-	2	Norfolk, Va.	58	35	17	4	1	9
Lynn, Mass.	19	15	4	-	-	-	Richmond, Va.	96	56	26	9	1	9
New Bedford, Mass.	31	25	5	-	-	-	Savannah, Ga.	48	24	17	2	1	9
New Haven, Conn.	41	22	12	5	1	5	St. Petersburg, Fla.	96	86	6	1	1	8
Providence, R.I.	71	49	15	2	5	7	Tampa, Fla.	77	38	30	4	1	3
Somerville, Mass.	17	14	3	-	-	-	Washington, D. C.	202	95	82	11	7	7
Springfield, Mass.	47	33	9	2	2	1	Wilmington, Del.	41	20	17	2	-	1
Waterbury, Conn.	27	17	6	2	1	3							
Worcester, Mass.	49	38	10	1	-	7	EAST SOUTH CENTRAL	705	403	202	44	25	62
							Birmingham, Ala.	116	66	29	7	11	2
MIDDLE ATLANTIC	3,020	1,883	760	198	93	186	Chattanooga, Tenn.	67	35	22	4	4	10
Albany, N. Y.	50	27	11	5	5	-	Knoxville, Tenn.	54	35	16	2	1	-
Allentown, Pa.	30	21	7	-	1	2	Louisville, Ky.	128	69	44	6	2	21
Buffalo, N. Y.	132	81	36	6	5	11	Memphis, Tenn.	141	78	39	10	4	7
Camden, N. J.	40	23	13	2	-	2	Mobile, Ala.	69	39	19	5	1	9
Elizabeth, N. J.	22	17	3	1	-	1	Montgomery, Ala.	38	24	6	4	1	2
Erie, Pa.	55	43	9	3	-	7	Nashville, Tenn.	92	57	27	6	1	11
Jersey City, N. J.	34	28	4	2	-	4							
Newark, N. J.	64	33	16	9	2	4	WEST SOUTH CENTRAL	1,284	731	355	88	43	81
New York City, N. Y.†	1,515	945	372	112	44	78	Austin, Tex.	33	19	11	1	-	5
Paterson, N. J.	36	17	14	2	2	4	Baton Rouge, La.	24	18	5	-	-	6
Philadelphia, Pa.	397	225	111	29	14	9	Corpus Christi, Tex.	43	27	11	2	1	5
Pittsburgh, Pa.	216	138	52	11	9	31	Dallas, Tex.	157	82	50	9	5	7
Reading, Pa.	40	27	12	-	-	1	El Paso, Tex.	56	43	7	2	3	11
Rochester, N. Y.	120	81	29	2	6	13	Fort Worth, Tex.	79	50	19	5	2	5
Schenectady, N. Y.	21	13	8	-	-	1	Houston, Tex.	346	160	120	30	10	8
Scranton, Pa.	46	31	14	-	-	2	Little Rock, Ark.	76	40	22	7	4	8
Syracuse, N. Y.	90	60	19	7	3	4	New Orleans, La.	192	114	52	13	4	2
Trenton, N. J.	48	34	11	3	-	3	San Antonio, Tex.	131	83	30	11	3	6
Utica, N. Y.	26	14	10	1	1	3	Shreveport, La.	61	40	12	2	4	6
Yonkers, N. Y.	38	25	9	3	1	6	Tulsa, Okla.	86	55	16	6	7	12
EAST NORTH CENTRAL	2,515	1,566	631	158	77	124	MOUNTAIN	579	339	157	33	23	52
Akron, Ohio	67	48	13	1	2	-	Albuquerque, N. Mex.	56	34	13	7	2	12
Canton, Ohio	53	36	12	2	1	4	Colorado Springs, Colo.	32	17	8	2	1	9
Chicago, Ill.	608	346	165	50	23	17	Denver, Colo.	126	75	31	5	7	8
Cincinnati, Ohio	205	134	51	10	4	9	Las Vegas, Nev.	25	12	8	4	-	2
Cleveland, Ohio	174	96	53	11	8	8	Ogden, Utah	16	8	6	1	-	4
Columbus, Ohio	130	77	26	19	3	4	Phoenix, Ariz.	154	82	48	8	8	5
Dayton, Ohio	111	76	27	4	2	7	Pueblo, Colo.	27	20	7	-	-	7
Detroit, Mich.	325	198	85	23	9	19	Salt Lake City, Utah	70	44	15	4	4	4
Evansville, Ind.	41	24	11	4	2	4	Tucson, Ariz.	73	47	21	2	1	1
Fort Wayne, Ind.	45	36	4	1	-	6							
Gary, Ind.	23	15	4	2	1	1	PACIFIC	1,725	1,121	397	85	62	86
Grand Rapids, Mich.	58	38	14	-	3	5	Berkeley, Calif.	27	13	9	1	1	1
Indianapolis, Ind.	173	97	51	10	7	5	Fresno, Calif.	55	32	19	-	4	2
Madison, Wis.	40	24	12	2	-	13	Glendale, Calif.	28	23	4	1	-	2
Milwaukee, Wis.	135	99	30	3	3	4	Honolulu, Hawaii	70	34	23	6	1	3
Peoria, Ill.	44	28	12	2	1	1	Long Beach, Calif.	94	64	24	2	4	4
Rockford, Ill.	27	18	6	2	1	6	Los Angeles, Calif.	496	324	119	21	15	20
South Bend, Ind.	56	41	12	1	2	6	Oakland, Calif.	70	53	12	4	1	5
Toledo, Ohio	135	91	29	7	3	-	Pasadena, Calif.	25	16	7	1	1	1
Youngstown, Ohio	65	44	14	4	2	5	Portland, Oreg.	131	88	26	7	7	4
							Sacramento, Calif.	77	50	17	6	2	7
WEST NORTH CENTRAL	854	558	185	43	32	83	San Diego, Calif.	131	72	33	13	4	2
Des Moines, Iowa	62	41	12	4	2	3	San Francisco, Calif.	165	110	26	14	8	7
Duluth, Minn.	25	18	3	1	1	5	San Jose, Calif.	53	37	13	1	1	1
Kansas City, Kans.	56	35	9	4	1	5	Seattle, Wash.	201	131	47	6	10	18
Kansas City, Mo.	130	81	37	4	2	18	Spokane, Wash.	58	41	11	-	2	9
Lincoln, Nebr.	47	35	10	1	1	4	Tacoma, Wash.	44	33	7	2	1	2
Minneapolis, Minn.	122	82	20	6	9	10							
Omaha, Nebr.	81	53	17	2	5	4	TOTAL	12,532	7,713	3,193	759	413	815
St. Louis, Mo.	173	98	49	13	7	12	Expected Number	12,498	7,622	3,267	779	380	492
St. Paul, Minn.	71	51	14	2	2	1							
Wichita, Kans.	87	64	14	6	2	21							

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

†Delayed Report for Week Ending 3/27/76 (For NYC)

The Morbidity and Mortality Weekly Report, circulation 52,000, is published by the Center for Disease Control, Atlanta, Georgia. The data in this report are provisional, based on weekly telegrams 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.

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.

Syphilis — Continued

syphilis, as recommended for the treatment of non-pregnant patients. Although these erythromycin schedules appear safe for mother and fetus, their efficacy is not well established. Therefore, the documentation of penicillin allergy is particularly important before treating a pregnant woman with erythromycin. *Erythromycin estolate and tetracycline are not recommended for syphilitic infections in pregnant women because of potential adverse effects on mother and fetus.*

Follow-up

Pregnant women who have been treated for syphilis should have monthly quantitative nontreponemal serologic tests for the remainder of the current pregnancy. Women who show a 4-fold rise in titer should be retreated. After delivery, follow-up is as outlined for nonpregnant patients.

CONGENITAL SYPHILIS

Congenital syphilis may occur if the mother has syphilis during pregnancy. If the mother has received adequate penicillin treatment during pregnancy, the risk to the infant is minimal. However, all infants should be examined carefully at birth and at frequent intervals thereafter until nontreponemal serologic tests are negative.

Infected infants are frequently asymptomatic at birth and may be seronegative if the maternal infection occurred late in gestation. Infants should be treated at birth if maternal treatment was inadequate, unknown, with drugs other than penicillin, or if adequate follow-up of the infant cannot be ensured.

Infants with congenital syphilis should have a CSF examination before treatment.

Infants with abnormal CSF:

- (1) Aqueous crystalline penicillin G, 50,000 units/kg intramuscularly or intravenously daily in 2 divided doses for a minimum of 10 days. **OR**
- (2) Aqueous procaine penicillin G, 50,000 units/kg intramuscularly daily for a minimum of 10 days.

Infants with normal CSF:

Benzathine penicillin G, 50,000 units/kg intramuscularly in a single dose. *Although benzathine penicillin has been previously recommended and widely used, published clinical data on its efficacy in congenital neurosyphilis are lacking. If neurosyphilis cannot be excluded, the procaine or aqueous penicillin regimens are recommended. Since cerebrospinal fluid concentrations of penicillin achieved after benzathine penicillin are minimal to nonexistent, these revised recommendations seem more conservative and appropriate until clinical data on the efficacy of benzathine penicillin can be accumulated. Other antibiotics are not recommended for neonatal congenital syphilis.*

International Notes**Quarantine Measures — U.S. Designated Yellow Fever Vaccination Centers**

The following changes should be made in the listing of U.S. Designated Yellow Fever Vaccination Centers included in the Supplement—*Health Information for International Travel*, MMWR, Vol. 24, December 1975:

ALASKA

Anchorage: Greater Anchorage Area Borough, change name to:

Penicillin therapy for congenital syphilis after the neonatal period should be with the same dosages used for neonatal congenital syphilis. For larger children the total dose of penicillin need not exceed the dosage used in adult syphilis of more than 1 year's duration. After the neonatal period, the dosage of erythromycin and tetracycline for congenital syphilitics who are allergic to penicillin should be individualized but need not exceed dosages used in adult syphilis of more than 1 year's duration. Tetracycline should not be given to children less than 8 years of age.

FOLLOW-UP AND RETREATMENT

All patients with early syphilis and congenital syphilis should be encouraged to return for repeat quantitative nontreponemal tests 3, 6, and 12 months after treatment. Patients with syphilis of more than 1 year's duration should also have a repeat serologic test 24 months after treatment. Careful follow-up serologic testing is particularly important in patients treated with antibiotics other than penicillin. Examination of CSF should be planned as part of the last follow-up visit after treatment with alternative antibiotics.

All patients with neurosyphilis must be carefully followed with serologic testing for at least 3 years. In addition, follow-up of these patients should include clinical reevaluation at 6-month intervals and repeat CSF examinations, particularly in patients treated with alternative antibiotics.

The possibility of reinfection should always be considered when retreating patients with early syphilis. A CSF examination should be performed before retreatment unless reinfection and a diagnosis of early syphilis can be established.

Retreatment should be considered when:

- (1) Clinical signs or symptoms of syphilis persist or recur;
- (2) There is a sustained 4-fold increase in the titer of a nontreponemal test;
- (3) An initially high-titer nontreponemal test fails to show a 4-fold decrease within a year.

Patients should be retreated with the schedules recommended for syphilis of more than 1 year's duration. In general, only 1 retreatment course is indicated because patients may maintain stable, low titers of nontreponemal tests or have irreversible anatomical damage.

EPIDEMIOLOGIC TREATMENT

Patients who have been exposed to infectious syphilis within the preceding 3 months and other patients who on epidemiologic grounds are at high risk for syphilis should be treated as for early syphilis. Every effort should be made to establish a diagnosis in these cases.

Reported by Venereal Disease Control Div, Bur of State Services, CDC.

Municipality of Anchorage Dept. of Health and Environmental Protection

CALIFORNIA

Fresno: County Dept of Health, change address to: P. O. Box 11867, change zip code to: 93775 (from 515 South Cedar Ave. 93702), change no fee charged to: fee charged

Napa: County Health Dept., change telephone number to: 707-253-4461

Quarantine Measures — Continued

Sacramento: South City Health Center, change telephone number to: 916-440-6298

San Francisco: Medical Clinic, San Francisco International Airport 94128, change clinic hours to: Monday—Sunday, 24 hour facility

West Covina: Community Health Projects, Inc., change address to: 120 North Lang Ave. 91790

Colorado Springs: El Paso City-County Health Dept., change telephone number to: 303-475-8240, Ext. 268

CONNECTICUT

New Haven: Health Dept., change clinic hours to: By appointment, Thursday, 2–3 pm, change no fee charged to: fee charged

DELAWARE

Wilmington: Hercules Inc., change clinic hours to: third Friday, each month, 1:30 pm

DISTRICT OF COLUMBIA

Howard University Hospital, change zip code to: 20060

FLORIDA

Fort Myers: Lee County Health Dept. 33905, change zip code to: 33902, change clinic hours to: second and fourth Thursday, each month, 2–3 pm, change fee charged to: no fee charged

IDAHO

Pocatello: Southeastern District Health Dept., change telephone ext. to: 291

IOWA

Des Moines: Des Moines-Polk County Health Dept. 50309, add to clinic hours: By appointment

KANSAS

Leavenworth: City-County Health Dept., change clinic hours to: Monday, 2–4 pm

MASSACHUSETTS

Amherst: University Health Services, change telephone number to: 617-549-2671

MICHIGAN

Lansing: Ingham County Health Dept., change clinic hours to: Friday, 9:30–11:30 am

MONTANA

Missoula: City-County Health Dept., change address to: 301 Alder Street (from 301 Courthouse Annex)

NEW YORK

White Plains: Westchester County Dept. of Public Health, add to name: White Plains District Office, change address to: 85 Court Street 10601, change telephone number to: 914-682-2513, change clinic hours to: first and third Wednesday, each month, 1:30 pm

OHIO

Canton: City Health Dept., add to clinic hours: By appointment

TENNESSEE

Memphis: Memphis-Shelby County Health Dept. 38105, change clinic hours to: Tuesday, 1:30–2:30 pm

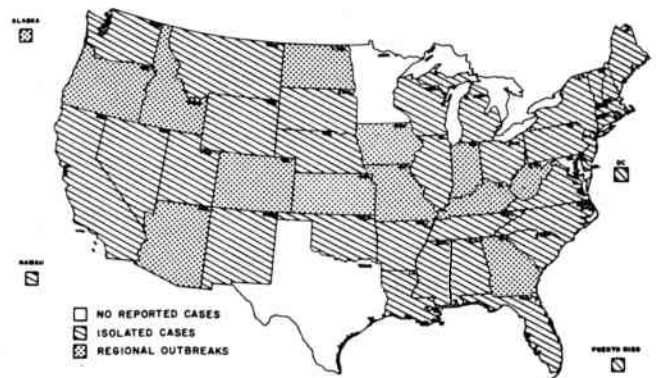
Current Trends**Influenza — United States**

Influenza activity continued to decline according to a CDC telephone survey conducted April 1. Three states reported no cases, and 34 states, Puerto Rico, and the District of Columbia reported isolated cases. The remaining 13 states reported regional outbreaks; widespread outbreaks ceased (Figure 1).

Pneumonia and influenza (P and I) deaths from 121 cities also continued to decrease, although mortality remained significantly above the epidemic threshold. The greatest decreases in P and I mortality were seen in the Pacific and Mountain region, while slight increases were noted in the West North Central and South Atlantic regions.

Reported by Viral Diseases Div, Bur of Epidemiology, CDC.

FIGURE 1. Reported influenza activity, April 1, 1976, CDC telephone survey



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