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MORBIDITY AND MORTALITY WEEKLY REPORT

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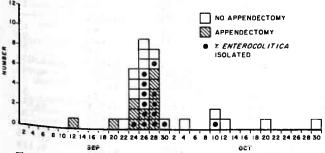
Epidemiologic Notes and Reports

Yersinia enterocolitica Outbreak - New York

An outbreak of intestinal illness occurred in September 1976, among school children in Oneida County, New York. Yersinia enterocolitica, serotype 8, was isolated from ill children and from chocolate milk that had been epidemiologically incriminated as the vehicle of transmission.

The illness, characterized by abdominal pain, fever, and in some, diarrhea, affected 218 children attending 5 Oneida County schools. Thirty-three school children were hospitalized for suspected appendicitis; 13 had appendectomies (Figure 1). In each case at surgery the appendix was normal or only slightly inflamed. Mesenteric adenopathy and inflammation of the terminal ileum were frequently observed. The removed appendices were microscopically normal or had lymphoid hyperplasia.

FIGURE 1. Children from 5 schools hospitalized with abdominal pain and fever, by date of onset, September - October, 1976.



Three of the 5 schools and the central food service for all 5 schools were located in 1 village (Village A). At first, the water was suspected as the source of contamination, since in August, 1 month before the outbreak, Village A residents had been instructed to boil drinking water because of deficiencies in the treatment of village water. However, a door-to-door survey, conducted in Village A and in a nearby control village with a different water supply, demonstrated that illness — defined as abdominal pain and fever since September 1 — was not associated with consumption of Village A water. The survey did demonstrate that the illness occurred predominantly in school-age children in Village A and that their illness was associated with eating lunch at school.

A case-control study was performed in which a case was defined as a child from 1 of the 5 schools who had been

hospitalized for suspected appendicitis during September and October. Controls were matched by age, sex, and school classroom with the cases. Of 10 possible exposures, including consumption of school water, food, and white and chocolate milk, only drinking chocolate milk at school was significantly associated with illness. Twenty-six (81%) of 32 ill children drank chocolate milk compared with 19 (59%) of 32 control children (p<.05, McNemar Test). A survey of high school students also demonstrated the association of illness with consumption of chocolate milk.

Thirty-two ill school children were found to be infected with Y. enterocolitica; 27 of the isolates have been serotyped and all are serotype 8. One well child was infected with Y. enterocolitica, serotype 5. Y. enterocolitica, serotype 8, was isolated from 1 of 4 unopened 8-ounce cartons of chocolate milk taken from 1 of the school cafeterias during the investigation.

A local dairy was the exclusive producer of chocolate milk for the area schools. The dairy also supplied chocolate milk to 1 small grocery. In the dairy plant, chocolate syrup was manually added to a large open vat of pasteurized milk. This chocolate milk was not re-pasteurized before being placed in cardboard, half-pint cartons. Milk was distributed to the schools in an unrefrigerated truck. Several cultures of canned chocolate syrup were negative. No dairy employees were culture-positive. The dairy voluntarily ceased production of chocolate milk when informed in late October of the evidence associating its chocolate milk with illness.

Reported by A Wakelee, BS, SM, Rome Murphy Hospital; KIE Mac-Leod, MD, MPH, W Mellon, DVM, M Moldt, RN, L Paul, RN, Oneida County Health Dept; RW Bacorn, MD, MPH, LLB, DO Lyman, MD, DTMPH, State Epidemiologist, M Medvesky, BS, MPH; M Shaye gani, PhD, MH Toly, BS, New York State Dept of Health; numerous school, local, county, and state personnel; Field Services Div; Enteric Diseases Br, Special Pathogens Br, and Special Pathogens Laboratory Section, Bacterial Diseases Div, Bur of Epidemiology, CDC.

Editorial Note: This is the first outbreak of illness from Yersinia enterocolitica in which foodborne transmission has been documented. In 2 previous outbreaks among school children the source and mode of spread of the infection were not established (1). Milk was suspected as the vehicle in a recent outbreak of Y. enterocolitica disease in Canada (2).

Y. enterocolitica — Continued

The predominant symptoms in this outbreak — abdominal pain and fever — can closely simulate appendicitis, but actually represent mesenteric adenitis and in some cases terminal ileitis. In the Scandanavian countries, where yersiniosis has been more extensively studied, infection with Y. enterocolitica can be demonstrated by stool/appendix culture in 3-5% of patients with symptoms of appendicitis (3,4). Other clinical syndromes, including abscesses, acute diarrhea, erythema nodosum, and arthritis

have also been reported in association with Yersinia infection.

References

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- Laboratory Centre for Disease Control: Canada Diseases Weekly Report 2:41-44, 73-74, 1976
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Immunologic Response of Immunosuppressed Children to Influenza Vaccine

To determine the response to influenza vaccine in immunosuppressed children, a study was conducted with 46 patients at the University of Texas Health Science Center at San Antonio. The patients, ranging in age from 3 to 18 years, were on standard cancer chemotherapy regimens. Patients with absolute neutrophil counts of less than 1000/mm³ or absolute lymphocyte counts of less than 100/mm³ were excluded from the study.

Two doses of bivalent A/New Jersey/76 and A/Victoria /75 or control saline were administered intramuscularly 4 weeks apart. Both split and whole antigens were used. Children received vaccine in doses ranging from 25CCA to 400CCA units.

Serum samples obtained at the time of the second injec-

tion and again 2 weeks later were tested by standard hemagglutination inhibition against A/New Jersey/76. Systemic and local reactions were monitored over a 48-hour period.

Antibody titers and reaction indices were compared with those of normal healthy children who received similar amounts of monovalent A/New Jersey/76 vaccine. No significant differences in antibody titers were found between normal children and the immunosuppressed group. Minor local and systemic reactions were similar for both groups; neither group had serious side effects.

Reported by PA Brunell, MD, Chairman, Dept of Pediatrics, University of Texas, San Antonio.

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

	6th WEE	K ENDING		CUMULATIVE, FIRST 6 WEEKS					
DISEASE	February 12 1977	February 14 1976	MEDIAN 1972-1976	February 12 1977	February 14 1976 239 20 27,965 43 100 24 1,483 4,030 1,075 34 2,931 183 180 3 6,754 159 1,189 4 3,371 19 52 3 115,887 3,433 3,071	MEDIAN 1972-1976			
Aseptic meningitis	37	50	35	219		226			
Brucellosis	5	_	1	19		13			
Chickenpox	5,770	5,296		30,392					
Diphtheria	3,110	71270	1	2		12			
(Drimmer)	ıî	16	18	73		90			
Encephalitis Post-Infectious	1	4	5	7		24			
(Type B	283	242	a 148	1,688		1.050			
lepatitis, Viral Type A	63.0	611	883	3,707		4,941			
Type unspecified	177	210	1 003	1,025		, ,,,,,			
Malaria	7	3	6	28	34	30			
Measles (rubeola)	1,248	656	522	5,785	2,931	2,931			
Meningococcal infections, total	41	39	34	229	183	183			
Civilian	41	38	38	227	180	180			
Military	_	1	_	2	3	5			
Aumps	601	1.255	1,770	3,273	6,754	9,178			
ertussis	11	27		79	159				
lubella (German measles)	320	219	350	1,264	1,189	1,189			
etanus	=	1	1	5	4	6			
uberculosis	549	638		2,960	3,371				
Tularemia	1	5	2	10	19	10			
Typhoid fever	5	6	6	33	52	26			
Typhus, tick-borne (Rky. Mt. spotted fever)	2	1	1	9	3	9			
Gonorrhea Civilian	16.815	18.043		110,470	115,887				
Military	534	359		3,453	3,433				
Syphilis, primary and secondary (Civilian	449	491		2,664	3,071				
(Military	8	13		42	50				
Rabies in animals	34	27	45	248	183	283			

Table II. Notifiable Diseases of Low Frequency: United States CUM. CUM Anthrax: Poliomvelitis, total: 2 2 Congenital rubella syndrome: Psittacosis: Calif. 1....... 1 Rabies in man: 12 Trichinosis: NYC 1.... 5

^{*}Delayed report: Tex. 1 (1976)

MORBIDITY AND MORTALITY WEEKLY REPORT

Table III Cases of Specified Notifiable Diseases: United States Weeks Ending February 12, 1977 and February 14, 1976 – 6th Week

	ASEPTIC					E	NCEPHALIT	'IS	HEP	ATITIS, V			
AREA REPORTING	MENIN- GITIS	BRUCEL. LOSIS	CHICKEN-	DIPHT	HERIA	Primary: A	rthropod-	Post In- fectious	Туре В	Туре А	Type Unspecified	MAI	LARIA
	1977	1977	1977	1977	CUM. 1977	1977	1976	1977	1977	1977	1977	1977	CUM. 1977
UNITED STATES	37	5	5,770	1	2	11	16	1	2 83	630	177	7	28
NEW ENGLAND	1_	<u>-</u>	580 3	-	-	1	_	(g =	9	14	18	1	2
Maine New Hampshire *	_	_	45	_	_	_	_	<u>=</u>	1	1	_	_	_
Vermont	_	_	2	_	-	_	_	_	_	_	_	_	_
Massachusetts	-	-	239	-	-	-	-	-	4	6	18	1	2
Rhode Island Connecticut	1 -	_	120 171	_	-	- 1	_	_	1 3	6 1	_	_	_
	_						_						
MDDLE ATLANTIC	5 2	1	588 449	=	_	5	3	_	48 -	66 9	27		6
Upstate New York New York City	-	1 -	102	_	_	1	_	_	17	16	2 6	_	3
New Jersey	3	_	NN	-	-	3	_	-	22	23	19	_	_
Pennsylvania*	-	-	37	-	-	1	3	-	9	18	-	-	-
AST NORTH CENTRAL	3	1	2,328	_	_	_	8	1	53	94	13	_	-
Ohio•	-	-	241	_	-	-	2	-	8	39	-	-	_
Indiana	-	-	182	-	-	-	-	1	3	3	6	-	-
Illinois	_ 3		140 1,254	_	_	_	-	_	25 13	9 38	4	_	
Michigan	-	1_	511	_	_	_	-	==	4	5	2 1	_	
EST NORTH CENTRAL	4	2	783	_	_	_	_	_	18	54	13	1	2
Minnesota	_	_	1	_	_	_	_	_	1	8			1
lowa	-	-	631	-	-	-	-	-	-	_	-	~	_
Missouri	4	-	9	-	-	-	-	-	6	18	11	L	À
North Dakota South Dakota	_	_	21 40	_	_	_	_	_	_ 1	8 5	_	Ξ	_
Nebraska			31	_	_	_	_	_	4	1	_	_	
Kansas	-	2	50	-	-	-	_	-	6	14	2	-	_
OUTH ATLANTIC	6	_	513	_	_	1	1	_	33	115	19	_	4
Delaware	_	_	5	_	_	-	-	_	-	3	-	_	
Maryland	NA	NA	N A	_≥ NA	-	NA	-	-	NA	NA	NA	NA	2
District of Columbia	-	-	4	-	_	_	-	-	_	1	-	-	_
Virginia	_ 2	_	31 192	_	_	_	Ξ	_	9	3 12	1 -	_	2
North Carolina	2	_	NN	_	_	_	1	_	10	14	<i>i</i> 1	_	_
South Carolina	-	-	39	-	-	_	-	-	1	5	4	-	_
Georgia*	_ 2	_	6 <i>2</i> 180	_	_	- 1	_	_	12	48 29	- 13	-	
AST SOUTH CENTRAL	1	1	101 60	_	_	1 -	2	_	17 9	46	1	2	2
Теппеззее	1	1	NN	_	_	1	1	" <u>-</u>	8	19 22	1 -	2	2
Alabama	_	_	33	-	_	_	_	-	_	-	_	_	_
Mississippi	-	_	8	-	-	-	1	-	-	5	-	-	-
NEST SOUTH CENTRAL	2	_	379	-	_	2	-	_	28	67	24	1	2
Arkansas	-	-	7	-	-	-	_	-	4	7	1	-	-
Louisiana	0.00	· 	NN 44	-	-	_	-	-	2	7	3	-	-
Texas	- 2	_	46 326	_	=	- 2	_	_	2 20	13 40	4 16	- 1	2
	_	_				•	_	_				•	
MOUNTAIN	2	-	200	-	-	-	-	-	13	46	7	-	4
Montana*	1.50	-	27	- 5	_	-	-	_	-	3	=:	_	-
wyoming *	2	-	26 -	_	_	_	_	Ξ	_ 1	2	_	_	_
Colorado •	_	100	80	_	_	_	_	_	8	8	3	_ =	3
New Mexico	_	-	2	-	_	_	-	-	_	12	2	-	-
Arizona	-	-	NN	_	-	_	_	-	-	19	_	_	1
Nevada	_	_	49 16	_	_	_	_	_	4	2	2	_	_
ACIFIC	13	_	298	1	2	1	2	_	64	128	55	2	
veasnington	-	_	258	1	1	_		_	9	11	6	_	6
uregan	2	-	2	_	_		-	-	8	16	4	-	_
Lalitornia "	11	_	-	-	-	1	2	-	47	95	45	2	4
Alaska Hawaii	=	_	10 28		1	_	_	_	_	5 1	_	_	2
iuam	N A	NA	NA	NA	-	NA	-	-	NA	NA	NA	NA	-
Puerto Rico Virgin Islands	-	-	. 8	_	-	-	_	-	3	14	-	-	_
rivuin Itlande		_		_	_	_		_	_	-	_	_	-

NA: Not available
NN: Not Notifiable
NN: Not Notifiable
Delayed reports:
Chickenpox: N.H. add 56, Calif. add 24 (1977); Enceph.: Pa. add 2 (1976); Hep. B: Pa. add 21, Wyo add 1, Colo. add 1 (1976), Fla. delete 1 (1977); Hep. A: Pa. add 24, Colo. add 3 (1976), Fla. delete 3, Mont. add 3 (1977); Hep. unsp: Pa. add 2 (1976), Fla. delete 1 (1977).

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Table III-Continued Cases of Specified Notifiable Diseases: United States Weeks Ending February 12, 1977 and February 14, 1976 – 6th Week

	MEASLES (Rubecla)			MENING	COCCAL IN	FECTIONS	М	UMPS	PERTUSSIS	AUE	TETANUS	
REPORTING AREA	4033	1977 CUMUL		1077		LATIVE	4077	сим.	4077	4077	CUM.	CUM.
	18//	1977	1976	1977	1977	1978	1977	1977	1977	1977	1977	1977
UNITED STATES	1,248	5,785	2,931	41	229	183	601	3,273	11	320	1,264	5
NEW ENGLAND	96 -	202	13	1 -	10 1	9	37 1	159 2	-	6	62 1	
Maine	59	112	_	_	î	_	î	12	_	_	î	_
Vermont	5	39	-	-	-	-		2	_	-	-	_
Massachusetts	10	22	2	1	3	3	19	29	-	3	36	_
Rhode Island	22	29	7 4	_	5	2 4	1 15	11 103	_	2 1	12 12	_
MIDDLE ATLANTIC	118	726	375	4	37	18	33	196	3	34	158	-
Upstate New York	37	105	210	1	11	6	5	35	1	25	59	-
New York City	9	35	17	_	.8	6	13	86 59	1 -	9	30	1
New Jersey * Pennsylvania	72	11 575	27 121	3	12 6	2 4	14 1	16	1	=	47 22	-
EAST NORTH CENTRAL	340	1,745	990	7	27	20	238	1,124	_	134	486	-
Ohio	1	56	2	4	16	7	37	161	-	53	134	_
Indiana	236	936	152	-	-	1	20	62	_	43	161	-
Minois	4 31	136 132	88 192	1 2	3 6	17	9 88	103 372	_	5 25	36 99	_
Michigan	68	485	556	-	2	4	84	426	_	8	56	_
WEST NORTH CENTRAL	174	1,307	4 G	1	8	19	137	848	_	12	80	1 3
Minnesota	7	159	1	-	-	2		3	_		2	-
lowa	114 15	776 94	8 1	1	1 6	5 4	118 6	501 117	_	11	49 7	_ 1
Missouri* North Dakota	19	2	1	_	-	_	2	4	_	_	<u>.</u>	_
South Dakota	_	4	-	_	2.00	1	8	ģ	_	_	_	_
Nebraska	38	3 269	24 5	_	- 1	- 7	- 3	1 213	_	_	1 21	=
Kansas												
SOUTH ATLANTIC	76 -	144	421 17	8 –	48 1	40 -	14 3	1 20 25	5	16 -	28 -	1 -
Maryland	NA	10	224	-	4	ı	NA	8	NA	NA	-	-
District of Columbia*	4.3	-	1 3	_	- 3	-	- 5	2 26	_	7	- 8	1
Virginia	62 7	86 23	45	_	4	1 2	3	29	4	í	5	-
North Carolina	1	1	-	1	11	12	-	3	_	7	10	_
South Carolina	1	1	-	-	4	6	_	2	_	1	3	-
Georgia#	5	2 3 -	131	3 4	10 11	18	- 3	2 23	1	_	_	_
EAST SOUTH CENTRAL	11	108	122	1	22	11	18	219	2	33	147	1
Kentucky	-	53	117	-	10	2	1	20	1	-	6	1
Tennessee	11	55	1	-	8	5	13	141	1	32	138	-
Alabama	_	_	4	1	3 1	3 1	<u>4</u>	58	_	1 -	3	_
міззіззіррі											_	
WEST SOUTH CENTRAL	42	198	196	7	37	33	66	300	-	12	40	1
Arkansas Louisiana	2	1 7	5	_ 2	1 16	1 2	_	12	_	_	1	_
Oklahoma	3	16	173	_	_	10	19	133	_	_	7	_
Texas*	37	1 74	18	5	20	20	47	155	-	12	32	1
MOUNTAIN	72	279	600	1	4	6	21	1 02	_	8	38	
Montana*	45	175	19	-	-	1	1	1	_	-	3	-
Idaho	5	20	175	-	1	-	2	44	_	-	-	_
Wyoming	- 21	52	9	_	_ 1	_	- 9	22	Ξ	Ξ	1	_
Colorado*	21	53 —	3	_	_	1	2	22 5	_	_	5 1	_
Arizona *	1	24	16	_	1	3	-	_	-	_	_	_
Utah	-	2	377	-	-	1	7	29	-	7	27	-
Nevada	-	5	1	1	1	-	-	1	_	1	1	-
PACIFIC	319	1,076	174	11	36	27	37	205	1	65	225	1
Washington*	3 5	89 12	2 2	_ 1	5 2	5 2	5 6	45 32	_	18 9	69 16	_
California	311	927	168	9	23	19	25	113	1	37	137	1
Alaska	_	48	_	í	5	-	1	111	_	-	-	_
Hawaii	-		2	_	1	1	-	4		1	3	
Guam	NA		4	_		1	NA	_		A. A		122
	NA	_		_	_	1	NA	_	NA	NA		_
Puerto Rico	18	60	9	_	_	1	6	57	_	_	2	-

NA: Not available *Delayed report: Measies: Mo. add 15, Mont. add 28, Colo. add 9 (1976), N.H. add 2, N.J. add 2, Wash. delete 1 (1977); Mumps: N.H. add 6, (1977); Rubella: N.J. add 12 (1977); Tetanus: Tex. add 1 (1976).

MORBIDITY AND MORTALITY WEEKLY REPORT

Table III-Continued Cases of Specified Notifiable Diseases: United States Weeks Ending February 12, 1977 and February 14, 1976 – 6th Week

	71105	ACULOSIS	TULA TYPHOID				FEVER		VENEREAL	DISEASES (Civili	an Cases	Only)		RABIES
DEBORTING AREA	TUBE	HCULUSIS	REMIA	FE	VER		ISF)		GONORRHEA		SY	PHILIS (Pri	. & Sec.)	ANIMAL
REPORTING AREA		CUM	CUM.		CUM		7		CUMULA	ATIVE		CUMU	LATIVE	CUM.
	1977	CUM. 1977	1977	1977	CUM. 1977	1977	CUM. 1977	1977	1977	1976	1977	1977	1976	1977
UNITED STATES	549	2,960	10	5	33	2	9	16,815	110,470	115,887	449	2,664	3,071	248
NEW ENGLAND	20	100	-	-	2	-	~	403	2,779	3,275	15	87	80	2
Maine	. 4	10 6	-	-	-	_	-	53 18	23 1 10 4	305 64	_	2	5	2
New Hampshire*		3	-	_	-			9	65	69	1	2	1	
Vermont	. 5	44	-	-	1	-	-	137	1,169	1,545	11	63	52	-
Massachusetts		8	Ξ	-	-	-	-	42	183	210	-	-	4	-
Connecticut	. 9	29	-	-	1	-	-	144	1,027	1,082	3	20	18	-
MIDDLE ATLANTIC	78	387	-	1	8	-	-	1,860	13,381	11,125	76	392	518	4
Upstate New York	. ::	48	-	1	1	-	_	293	1,285	1,612	6	30	28	4
New York City	. 37	120 124	_		6	_	-	888 188	7,296 1,728	4,608 1,942	50 13	251 56	350 70	_
New Jersey		95	-	-	-	-	_	491	3,072	2,963	7	55	70	-
Pennsylvania	•			-										
EAST NORTH CENTRAL .	81 18	442 99	2	1	5	=	-	3,388 592	16,709	19,303 4,997	91 24	331 85	295 68	12
Uhio*		37	1		1	=	_	652	4,432 1,357	1,504	7	12	15	1
Indiana		146	_	-	1	-	_	1,282	5,909	7,462	50	192	163	,≛
Illinois			-	ı	3	-	-	627	3,614	3,590	9	32	37	_ 1
Wisconsin		29	1	=	-	-	-	235	1,397	1,750	1	10	12	10
WEST NORTH CENTRAL		101	1	-	2	-	2		6,036	5,842	14	57	62	51
Minnesota		19	-	-	1	-	-	1 04	957	1,213	4	19	17	24
lowa	. 2		-	-	_	-	-	153	742	841	1	. 5	7	10
lowa Missouri*	. 4	45	1	_	1	=	2		2,629	2,175	2	18	29	3
North Dakota		1 2	_	_	-	-	_	16 35	87 178	82 182	1	1	_	8
South Dakota	. 2		-	-	100	-	-	83	491	418	ŝ	6	4	-
Nebraska Kansas	7	18	-	-			177	189	952	931	1	8	5	6
		748	5	2	6	2	2	3,766	25,037	26,986	121	753	907	31
SOUTH ATLANTIC		5	-	-		-	-	21	354	386	1	7	10	-
Maryland	' NA		-	NA	1	NA	-	NA	2,452	3,839	N A	47	76	_
District of Columbia	243	30	-	-	-	-	-	229	1,447	1,554	14	89	81	-
Virginia		96	-	1	2	-	-	476	2,835	3,015	15	69	85	1
west Virginia			-	-	-	2	2	41 536	357 3,659	343 4,182	19	114	149	1
North Carolina*		70	2	-	-	-	-	349	2,513	2,263	3	35	50	-
South Carolina Georgia*	13		3	-	-	-	-	942	4,983	5,053	19	115	110	25
Florida	∵ 40	208	-	1	4	-	-	1.172	6,437	6,351	50	277	342	4
EAST SOUTH CENTRAL		258	-	-	-	-	3	1,602	9,328	10,325	8	96	124	2
Kentucky	2747		_	-	0-0	-	1	189	1,286	1,354	2	11	21	-
l ennessee	12		-	-	-	-	2		3,882	4,075	4	34	54	2
Alabama			1.7	-	-	-	-	515	2,418	2,688	2	17	22	-
Mississippi	12	39	-7	-	7.0		-	322	1,742	2,208	-	34	27	-
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Not available

TB: Mo. delete 1, N.C. delete 7 (1976), Mich. delete 1, La. delete 1 (1977); RMSF: Tex. add 1 (1976); GC: Ga. delete 10 (civ.), La. delete 10 (Civ.); N.H. add 2 (mil.), (1977); Syphilis: Ga. add 16 (civ.), Mont. delete 2 (civ.), N.H. delete 2 (mil.) (1977).

Table IV Deaths in 121 United States Cities* Week Ending February 12 1977 - 6th Week

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

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 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.

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, Atln.: Editor, Morbidity and Mortality Weekly Report, Atlanta, Georgia 30333.

Send mailing list additions, deletions, and address changes to: Center for Disease Control, Atln.: 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.

Current Trends

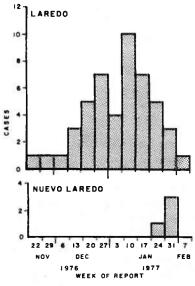
Follow-up on Canine Rabies - Laredo, Texas, Nuevo Laredo, Mexico

A total of 48 cases of canine rabies have been reported in the city of Laredo, Texas, from the week beginning November 22, 1976, through the week beginning February 7, 1977 (Figure 2). As previously described (MMWR 26[1], 1977) these are the first cases of dog rabies reported in Laredo in 29 years. Intensive dog control and vaccination programs are continuing. Approximately 11,000 dogs have been vaccinated in special clinics since December 4; an additional 6,000-7,000 dogs were estimated to have been vaccinated at private veterinary clinics and special clinics January 1 through December 4, 1976.

Animal control personnel have captured over 1,000 loose dogs since the beginning of the outbreak. At least 43 persons have received antirables treatment following known or possible exposure to rabid dogs.

Nuevo Laredo, the bordering city in Mexico that previously had not reported any rabies problem, now has 4 laboratory confirmed cases (3 dogs, 1 opossum) (Figure 2). The last canine rabies case reported from Nuevo Laredo was in 1974. An intensified program of vaccination and capture of strays was initiated on January 24, 1977, in Nuevo Laredo.

Reported by AB Rich, DVM, Bur of Veterinary Public Health, CR Webb Jr, MD, Acting State Epidemiologist, Texas State Dept of FIGURE 2. Animal rabies reports, Laredo, Texas, and Nuevo Laredo, Mexico, by weeks beginning November 22, 1976, through February 7, 1977



Health Resources; B Velimirovic, MD, El Paso Field Office, Pan American Health Organization; Viral Zoonoses Section, Viral Disseases Div, Bur of Epidemiology, CDC.

Zoster Immune Globulin — An Assessment

Zoster immune globulin (ZIG), prepared from convalescent plasma of patients with herpes zoster, has been distributed by CDC since 1972 for use as prophylaxis in immunosuppressed children exposed to varicella or herpes zoster. During the period November 6, 1974, to November 1, 1976, 533 persons were treated with ZIG from 1 of 7 lots of ZIG which were prepared and distributed 1 lot at a time. The complement fixation (CF) titer to varicella zoster virus of these lots ranged from 1:1280 to 1:5120, and the fluorescent antibody to membrane antigen (FAMA) titer ranged from 1:512 to 1:2048. Clinical varicella developed in 88 (20%) of the 441 patients who were followed up. The highest attack rate occurred among those with household contacts (36% ill), followed by newborn (23%), playmate (9%), hospital (7%), and school (5%) contacts.

Of the 198 treated for household exposure, 136 were selected for intensive analysis based on the following criteria:

- pretreatment CF titer of ≤ 4
- 2) incubation period of illness (if ill) of 10-35 days
- 3) ZIG therapy within 3 days after the known exposure
- 4) full clinical follow-up data submitted

Forty-nine of these 136 (36%) became ill, but symptoms were generally mild. Twelve patients had fewer than 11 lesions, 28 had between 11 and 100, and 9 had more than 100 pox. No differences were observed by lot of ZIG. Six patients developed complications of the disease: 4 had

pneumonia, 5 had central nervous system complications, and 2 died. All disease complications occurred in patients treated with ZIG from lots with low FAMA titers, 1:512 and 1:1024. Both deaths occurred in patients treated from the lowest titer lot. These 2 low titer lots were the first 2 issued in 1974 and early 1975. Following this all lots were prepared to give higher titers.

Convalescent serum specimens were submitted from 117 patients. Nine of the 74 (12.2%) that did not have clinical varicella had significant CF titer rises, indicative of subclinical illness.

The increasing demand for ZIG has led to shortages, and the current stock will soon be exhausted. At the present time, CDC has no zoster immune plasma with which to begin a new lot. All those interested in supplying convalescent plasma from patients with herpes zoster should contact

Center for Disease Control

Bureau of Laboratories

Attention: Dr. Robert Ellis

Biological Products Division

Atlanta, Georgia 30333

Phone: (404) 633-3311, Ext. 3356

Plasma donation should be made between 7 and 28 days after onset of herpes zoster.

Reported by the Biological Products Div, Bur of Laboratories, and the Immunization Div, Bur of State Services.

Influenza - Worldwide

United States: Influenza B has been isolated from outbreaks of influenza-like illness among children in schools or Youth groups in California, Delaware, and New Mexico. Isolates of influenza B have been made from sporadic cases

in Illinois, Maryland, Minnesota, Oklahoma, and Missouri. Isolates of influenza A/Victoria/75 have been reported this week from sporadic cases in Georgia, Illinois, North Carolina, and South Carolina. No outbreaks of A/Victoria/75

Influenza - Continued

influenza have been reported since the January outbreak in Florida (MMWR 26[6], 1977).

Reported by the state epidemiologists from California, Delaware, Georgia, Illinois, Maryland, Minnesota, Missouri, New Mexico, North Carolina, Oklahoma, and South Carolina, and the National Influenza Immunization Program, CDC.

Worldwide: Isolates of A/V:ctoria/3/75-like virus have been reported from sporadic cases in Greece, the United Kingdom, and Canada since December 1976. A single iso-

late of A/England/864/75, a strain found in England and several other countries last year, was reported from the United Kingdom. A single isolate of influenza B was reported from Quebec. Two isolates of influenza A have been made in hospitalized children in Edinburgh.

Reported by the World Health Organization in the Weekly Epidemiological Record 52:42, 1977; the Canada Influenza Surveillance Report, Numbers 4 and 5, January 28 and February 4, 1977; and the Communicable Diseases Scotland Weekly Report, January 77(3):12, January 22, 1977.

Epidemiologic Notes and Reports

Giardiasis — California, Colorado

The report by a local California physician of laboratory-confirmed giardiasis in a family in July led to an investigation which uncovered an outbreak of giardiasis traced to exposure in Estes Park, Colorado.

On July 23, 1976, the Los Angeles County Health Department notified the state health department that a local physician had reported laboratory-confirmed giardiasis in a patient; 2 other family members had also been ill. Illness was also suspected in relatives from 4 other states who, along with this family, attended a reunion near Estes Park in the Rocky Mountain National Park in late June. The Colorado Department of Health was alerted, and it initiated an investigation.

Altogether, 9 of 17 reunion members were subsequently found to have become ill. The group had stayed at summer cabins supplied by water from a small reservoir on the Fall River; that water was chlorinated but not filtered.

Colorado officials studied 2 additional groups: 48 other persons who had stayed at the same cabins in the period June 1-July 28, and a control group of 42 who had stayed for about 4 days during this same period, but at a nearby lodge which received filtered, chlorinated city water. Symptoms of giardiasis (diarrhea plus any 2 of the following: foul-smelling stools, bloating, abdominal cramps, loss of appetite, or weight loss) were reported in 37% of those in the first group but in none of the controls.

Filtrates of reservoir water were found positive for cysts. However, 100 non-human, mammalian fecal specimens collected upstream from the reservoir revealed no *Giardia* organisms on microscopic examination. Eleven water samples collected from sources upstream revealed no fecal coli-

form counts above .5/100 ml.

Editorial Note: The carrier rate of Giardia lamblia in the United States ranges between 1.5% and 20%, depending on the community and age group surveyed. An ongoing CDC intestinal parasite survey shows G. lamblia to be the most frequently diagnosed intestinal parasitic pathogen in public health laboratories. Reports of epidemics are increasing: at Aspen during the 1965-1966 winter season, at Boulder, Colorado, in 1972, at Rome, New York, in 1975, in Utah in 1975, at a Colorado resort lodge in 1976, and in Camas, Washington, in March 1976 (1,2,3). A survey taken during the Rome outbreak indicated that more than 4,800 of the city's 46,000 residents became ill (4).

Campers ingesting untreated water from mountain streams are at increased risk of acquiring giardiasis. At least 1 non-human species (beaver) has been implicated in Giardia cyst contamination of community water supplies at Camas Washington. Giardia cysts are not destroyed by chlorination at dosages and contact times commonly used in water treatment. Negative coliform counts, therefore, do not assure safety from G. lamblia; filtration is needed.

Reported by Colorado Disease Bulletin, No. 42, 1976, and California Morbidity, No. 46, 1976.

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