MANNE

Epidemiologic Notes and Reports

209

Viral Hemorrhagic Fever - Sudan and Zaire

215 St. Louis Encephalitis - Texas, Mississippi

215 Plague - Arizona, Colorado, New Mexico

216 Fatal Malaria Associated with a Camera Safari to Kenya and Tanzania

MORBIDITY AND MORTALITY WEEKLY REPORT

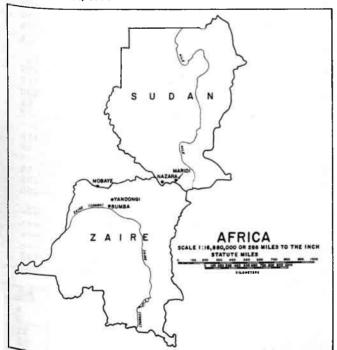
Epidemiologic Notes and Reports

Viral Hemorrhagic Fever - Sudan and Zaire

Two outbreaks of hemorrhagic fever caused by a Marburg-like virus occurred in the Sudan and Zaire from August to November 1976. The initial epidemiologic investigations and emergency control measures were carried out by Sudanese and Zairian health personnel, several of whom died in the course of their duties. In view of the unusual gravity of the outbreaks and the unknown nature of the agent, assistance was provided by a World Health Organization (WHO) team in the Sudan and a multinational team in Zaire. Excerpts from the report of an international meeting on the outbreaks are presented below.

The Outbreaks: The outbreak in the Sudan was localized in the townships of Nzara and Maridi (Figure 1). In Nzara, the outbreak lasted from August 15 to September 15 and caused 70 cases, 33 of them fatal. One patient was evacuated from Nzara to Maridi hospital where he died on August 17. The epidemic in Maridi, which was at first thought to be typhoid or another enteric fever, grew suddenly about mid-September and caused 229 cases, 117 of them fatal. Seventy-six members of the staff of 230 in Maridi hospital were infected, and 41 died. Four cases were evacuated

FIGURE 1. Location of outbreaks of viral hemorrhagic fever, Sudan and Zaire, 1976



from Maridi to the regional hospital in Juba and caused 1 nosocomial case. One case from Nzara and 1 from Maridi were evacuated to a hospital in Khartoum where they died before it was known that the outbreak was caused by a Marburg-like virus; there were no secondary cases. The last death in the Sudan occurred on November 22.

In Zaire, the outbreak occurred in the Bumba and Mobaye zones near Yandongi village. The first case was recorded at Yambuku on September 5, and the peak of the epidemic was reached at the end of that month. At least 43 villages located within 50 km of Yambuku were involved in the epidemic. After reevaluation of all reports to eliminate duplicate recordings, the number of cases totaled 237 including 211 deaths. The last death occurred on November 5. As in the Sudan, disease spread among close personal contacts of patients and hospital staff.

During laboratory investigations of the virus, a worker at the Microbiological Research Establishment in Porton Down, England, pricked his finger through his protective gloves on November 5. He became ill 5 days later, exhibiting the classical symptoms of the first days of the disease, and developed a rash 7-11 days after onset. Marburg-like virus was isolated from his blood on the fourth and seventh days after he pricked his finger (1 day before onset and the third day after onset). He recovered after treatment with immune plasma and interferon.

Clinical Features: The incubation period ranged from 4 to 16 days with a mean of 7 days. During the first 2 days, patients had fever and complained of frontal and occipital headache with weakness, arthralgia of the large joints, and pain in cervical and lumbar musculature. Gastrointestinal symptoms developed after about 2 days (range 0-9 days) in most cases (96%), and diarrhea was most common on the fifth day when patients reported to the hospital. Vomiting was also common as well as oral dryness, pharyngitis, chest pain, dry cough, and agitation. Rash appeared on the fifth day but was sometimes difficult to see. Patients who subsequently died developed bleeding tendencies on the fifth day from multiple sites, but some loss of blood was common even in mild cases. Death occurred between the fourth and tenth day. Abortion and massive metrorrhagia were frequent in pregnant women. Recovery was slow with a persistent complete loss of appetite. Patients were treated symptomatically, with emphasis on rehydration and maintenance of the electrolyte balance.

Epidemiologic Features: The disease occurred in all age groups, with a predominance in adults, and in both sexes,

with a predominance in males in the Sudan. The attack rate in the Sudan varied from 3.5 per 1,000 in Nzara to 15.3 per 1,000 in Maridi, and in Zaire from 8 per 1,000 in Yandongi to less than 1 per 1,000 in neighboring communities. These data indicate that the disease was not as highly transmissible as thought at first.

Transmission of the disease from person to person required extremely close contact. Infection resulted from contact with blood or body fluids with a high virus concentration, especially those containing blood. Entry was thought to have occurred through skin abrasions or mucous membranes. Transmission through droplets seemed unlikely, some persons having shared the same room with patients without becoming infected, but this mode could not be ruled out. Nursing, either at home or in a hospital, was by far the most common means of contact. Syringes insufficiently sterilized may have played an important role. No biting insect could be incriminated.

The secondary attack rate in Zaire was about 15%. In the Sudan secondary spread was 13%, tertiary spread 14%, and quaternary spread 9%. Transmission seemed to stop spontaneously after 4 generations, but in exceptional circumstances at least 8 generations were documented.

The disease was strongly suspected to be a zoonosis. Monkeys did not seem to play a role in these epidemics, but rodents or bats may have been the animal reservoir. The simultaneous appearance of the disease in 2 regions 1,500 km apart remains unexplained.

Laboratory Investigations: The virus grew on Vero cells

in tissue culture and was infectious for guinea pigs but not for baby mice. Blood specimens collected as early as the second day or as late as the thirteenth day were positive. Reciprocal indirect fluorescent antibody tests at CDC showed that the virus had no antigenic relationship to the strains of Marburg virus isolated in the Federal Republic of Germany and Yugoslavia in 1967 or to those isolated in South Africa in 1975.

Containment Measures: As soon as the high potential for person-to-person transmission was recognized, Sudanese and Zairian epidemiologists recommended that nursing staff be trained in isolation techniques, proper use of protective clothing (especially its removal), and disinfection of patients' excreta. Protective clothing consisted of gowns, caps, masks, gloves, and overshoes or boots. The efficacy of protective clothing was demonstrated when its shortage caused a recrudescence of cases in the Maridi hospital. Disposable material was used whenever available. Nondisposable clothing and instruments were immediately boiled or plunged into disinfectant before washing. A 10% hypochlorite solution of a reliable concentrate was used as a disinfectant. A bath was used to boil clothes, and a petrol drum made an improvised incinerator. Corpses were wrapped in sheets treated with disinfectant and immediately buried to avoid contact with community residents. Those handling corpses were protective clothing.

Reported by the World Health Organization in the Weekly Epidemiological Record 52:177-180, 1977.

Table I. Summary—Cases of Specified Notifiable Diseases: United States
(Cumulative totals include revised and delayed reports through previous weeks)

1 9	25th WE	EK ENDING		CUMULATIVE, FIRST 25 WEEKS				
DISEASE	June 25, 1977	June 26, 1976	MEDIAN 1972-1976	June 25, 1977	June 26, 1976	MEDIAN 1972-1976		
septic meningitis	90	55	55	995	921	937		
ucellosis	7	6	6	92	124	80		
nickenpox	4,294	3,246		148,437	138,393			
phtheria	3	5	2	49	112	112		
(Primary	18	33	29	302	377	409		
Post-Infectious	5	12	9	101	146	146		
(Type B	314	251	191	7,760	6,993	4, 536		
epatitis, Viral Type A	548	595	762	15,234	16,961	20,815		
Type unspecified	160	160	j= 102	4,431	4,222	1		
nlaria	18	6	6	200	171	137		
easles (rubeola)	1,294	1,158	723	47,996	31,110	21,939		
eningococcal infections, total	14	26	26	1,026	888	817		
Civilian	14	26	26	1,021	876	800		
Military	-	_	•	5	12	19		
umps	477	571	1,118	13,911	29,408	41,468		
rtussis	13	19		347	455			
ubella (German measles)	472	242	290	16,698	9,691	8.316		
tenus	1	-	1	24	20	33		
iberculosis	700	697		14,671	15.868			
Ilaremia	3	3	3	50	62	54		
phoid fever	5	5	6	171	155	155		
phus, tick-borne (Rky. Mt. spotted fever)	48	37	36	376	250	250		
enereal Diseases:								
Civilian	20,219	19,498		450,460	463.329			
Ganorrhea Military	475	343		12,695	13.853			
Syphilis, primary and secondary (Civilian	391	462		9,961	11.949			
Syphilis, primary and secondary (Military	4	14		143	167			
bies in animals	52	57	72	1,352	1,316	1,445		

	CUM.	
inthrex:	-	Poliomyelitis, total:
lotulism:*	68	Paralytic:
Congenital rubella syndrome:		Psittacosis:
.eprosy: NYC 1, Va. 1, Fla. 1, Cal. 2, Hawaii 1	59	Rabies in man:
.eptospirosis:	24	Trichinosis: Tex. 1
Plague: *.N. Mex. 1		Typhus, murine: Tax. 2

^{*}Delayed reports: Botulism: Idaho 1, Plague: N. Mex. 1

Table III Cases of Specified Notifiable Diseases: United States Weeks Ending June 25, 1977 and June 26, 1976 - 25th Week

	ASEPTIC	BRUCEL-	CHICKEN			Ε	NCEPHALIT	'IS	HEF	PATITIS, V	IRAL		
AREA REPORTING	MENIN- GITIS	LOSIS	CHICKEN-	DIPHT			Arthropod- Unspecified	Post In- fectious	Туре В	Туре А	Type Unspecified	MA	LARIA
	1977	1977	1977	1977	CUM. 1977	1977	1976	1977	1977	1977	1977	1977	CUM. 1977
UNITED STATES	90	7	4,294	3	49	18	33	5	314	548	160	18	200
NEW ENGLAND	2	1	470	-	-	-	1	-	12	11	9	-	8
Maine	_	=	5	-	_	-	-	-	1	2	-	-	-
New Hampshire	_	_	14	_	_	_	_	-	-	_	1	_	1
Vermont	1	1	284	_	-	-	-	_	3	2	7		2
Rhode Island	1	-	50	-	-	-	-	-	3	1	-	-	2
Connecticut	-	-	113	-	-	-	1	-	5	6	1	-	3
MIDDLE ATLANTIC	13	-	1,596	_	5	5	1	_	77	91	28	7	52
Upstate New York	3	_	1,374 172	-	5	2	1 -	_	19 17	16 15	3 5	3	14 24
New York City	9	_	NN	_		3	_	_	26	29	20	_	6
Pennsylvania	í	-	50	-	-	=	-	-	15	31	-	1	8
EAST NORTH CENTRAL	4	-	1,335		-	2	3 1	-	36 12	99 25	10	1	12
Ohio*	1	_	89 44	_	_	1	_		5	25 5	7	_	6
Illinois	_	_	457	_	_	_	1	-	4	24	<u>'</u>	_	1
Michigan	3	-	560	-	_	1	1	-	12	37	3	1	3
Wisconsin*	-	-	185	-	-	-	-	-	3	8	-	-	2
WEST NORTH CENTRAL	4	_	152	-	1_	1	-	-	18	34	1	1	16
Minnesota	_	_	2 1	-	-	_	_	-	6	12	_	_	4
lowa	_	_	76	_	1	1	_	_	5	8	_	_	8
North Dakota	_	_	6	_	_	_	_	_	_	2	_	_	-
South Dakota	_	_	2	-	-	-	-	-	1	_	-	-	1
Nebraska	1	-	3	-	-		-	_	1	3	-	-	_
Капѕаѕ *	3	-	62	-	-	-	-	-	5	5	1	1	3
SOUTH ATLANTIC	24	5	147	_	-	4	4	3	29	77	18	1	29
Delaware*	_	-	3 5	_	_	_	1	_	4	1 8	2	_	7
Maryland	_	_		_	_	_		_		_	-	_	i
Virginia	5	4	22	_	-	2	1	-	4	3	3	-	4
West Virginia*	-	-	42	-	-	-	-	-	1	6	-	-	1
North Carolina	5	_	NN	-	-	1	1 -	1	5	6	1	=	4
South Carolina Georgia	6	_	15	_	_	1	_	_	2	1 21	4		6
Florida#	8	1	60	-	-	-	1	2	13	31	8	1	6
EAST SOUTH CENTRAL	13	_	72	_	_	2	14	_	28	31	2	_	3
Kentucky	-	-	54	-	-	-	1	-	-	_	-	-	3
Теппессее	2	-	NN	-	-	-	-	-	12	10	1	-	_
Alabama	11	-	11 7	-	-	2	1 12	-	13 3	11 10	1 -	-	_
Mississippi	-	_	,	-	-	-	12	_	3	10			_
WEST SOUTH CENTRAL	12	1	87	-	1	2	3	-	19	50	12	1	10
Arkansas*	1	_	NN	_	_	_	1	-	3	8 4	ī	1	1
Louisiana Oklahoma	6	_	7	_	-	1	_	_	9	8	3	_	
Texas*	5	1	80	-	1	ī	2	-	6	30	8	-	9
MOUNTAIN	1	_	155	_	2	-	-	-	10	34	25	-	6
Montana	-	-	30	-	-	-	-	_	_	2	3	-	-
Idaho,	_	_	2	-	_	_	_	-	_	_	-	_	1
Wyaming Colorado	_	_	116	_	-	_	_	_	6	11	7	_	4
New Mexico*	_	_	1	_	1	_	_	_	ĭ	8	5	_	-
Arizona	-	-	พพิ	-	ī	-	-	-	1	9	1	-	1
Utah	1	-	4 2	-	_	-	-	_	2	3 1	9	-	-
		_				_	_						
PACIFIC	17	=	280 260	3 3	40 37	2	7 2	2	85 10	121 22	55 7	7	64
Oregon	2	-	-	-	-	-	-	-	7	7	3		1
California*	12	-	-	-	1	1	4	2	68	90	44	6	53
Alaska	3	=	1 19	-	2 -	1 -	1 -	-		2	<u>1</u>	1	2
Guam*	NA	NA	NA	NA	-	NA		115	NA 3	NA 2	NA 3	NA -	1
Puerto Rico	_	_	14	-	-	_		-	2	-	2	-	-
Virgin Islands	-	-	-	-	-		1,55	0.53	0.00	0.55		255	(50)

NN: Not notifiable NA: Not Available Delayed reports: Asep. Men.: Ohio add 1; Bruc.: Ark. add 1; Chickenpox: Calif. add 20, Guam add 1; Diph.: N. Mex. add 1; Enceph., psot: Fla. delete 1; Hep. B: W. Va. add 1, Fla. delete 2, Nev. add 7; Hep. A: Kans. delete 2, Del. add 2, W. Va. delete 1, Fla. delete 8, Nev. add 6; Hep. unsp.: Del. delete 2, Fla. delete 4, Tex. delete 4, Nev. add 3; Malaria: Wisc. add 1

MORBIDITY AND MORTALITY WEEKLY REPORT

Table III-Continued

Cases of Specified Notifiable Diseases: United States Weeks Ending June 25, 1977 and June 26, 1976 — 25th Week

	ME	ASLES (Rube	ola)	MENING	COCCAL IN	FECTIONS	M	JMPS	PERTUSSIS	RUB	ELLA	TETANU		
REPORTING AREA	1977	CUMU	LATIVE	1977	CUMUL	ATIVE	1977	CUM.	077 CUM.		1977	1977	CUM.	CUM.
	18//	1977	1976	1877	1977	1976	1877	1977	1377	1877	1977	1977		
UNITED STATES	1,294	47,996	31,110	14	1,026	888	477	13,911	13	472	16,698	24		
NEW ENGLAND	94 3	2,368 160	31 2 3	-	41 3	39	21	595 42	-	22	1,125 68	-		
Maine	14	505	7	_	3	3	1	89	-	1	235	- 1		
New Hampshire Vermont	2	291	3	-	4	3	100	5	_	-	63	-		
Massachusetts*	34	634	24	-	12	11	5	107	- 1	12	348	-		
Rhode Island	3	58	14	-	-	4	2	49	-	1	130			
Connecticut	38	720	261	-	19	18	13	303	-	8	281	=		
MIDDLE ATLANTIC	379	7,100	6,395	2	146	120	63	1,059	1	294	5,376	1		
Upstate New York	21 3 48	2,906 489	2,620 381	1 -	36 31	46 33	16 17	212 394	1 -	119	2,827 271	-		
New York City	39	180	570	1	29	17	23	311	_	89	1,742	1		
New Jersey Pennsylvania	79.		2,824	=	50	24	7	1 42	-	84	536	=		
EAST NORTH CENTRAL	191	9,556	13,195	2	101	112	156	4,812	2	43	3,403	1		
Ohio		941	489	-	35	46	7	620	-	7	1,071	-		
Indiana	38	4,185	2,786	-	7	. 5	4	255	-	4	876	-		
Illinois	84	1,324	1,395	-	19	12	44	797	-	16	278	-		
Michigan	34 35	846 2,260	5,364 3,161	1	27 13	41 8	73 28	1,671 1,469	2	11 5	826 352	1_		
Wisconsin*														
WEST NORTH CENTRAL	98	9.317	1,149	1	64	64	154	3,308	1	12	483	3		
Minnesota	45	2,584 4,236	386 36	_	21 5	14	-	5 1,241	-	7	16 156	1		
lowa	31 22	911	14	_	26	20	144	1,026	_	í	33	1		
Missouri	-	20	3	_	1	3	177	13	_		10	-		
North Dakota	_	51	2	_	4	2	_	55	1	_	17	_		
South Dakota Nebraska	-	192	54	-	1	4	_	55	_	-	_2	-		
Kansas *	-	1,323	654	1	6	13	10	909	-	4	249	1		
SOUTH ATLANTIC	68	4.006	1,774	2	219	177	14	595	3	18	1,509	8		
Delaware	-	22	124	-	3	2	-	95	-	-	23	-		
Maryland	-	343	671	-	15	16	1	44	-	58	5	-		
District of Columbia	40	1 2,344	7 473	ī	13	2 29	-	5 80	2	3	556	1		
Virginia	- 6	199	171	_	8	- 4	3	136	-	4	87	_		
West Virginia* North Carolina	_	50		1	54	33	ĩ	32	-	3	414	-		
South Carolina	2	145	4	_	22	31	_	10	_	-	206	-		
Georgia	9	718	-	-	37	16	-	13	-	-	47	1		
Florida*	11	184	324	-	67	44	9	180	1	8	171	6		
EAST SOUTH CENTRAL	53	1.790	741	1	116	77	14	718	1	11	1,869	2		
Kentucky	44	1.065	703	-	19	14	-	79	-	. 1	73	1		
Tennessee	8	621	23	-	31	34	11	421	1	10	1,681	1_		
Alabama	ī	76 28	15	1	45 21	2 1 8	1 2	191 27	-0	_	108 7			
										_				
WEST SOUTH CENTRAL	14	1,955	621	5 -	184	141	24	1,200 30	_	7	726	1		
Arkansas*	_	26 74	179	1	68	26	_	3ú	_	_	1 26	- i		
Cklahoma	_	52	281	-	11	18	1	445	_	1	27			
Texas*	14	1,803	161	4	96	90	23	695	-	6	672	2		
	57		4,901	_	37	27	5	546	2	4	323	1		
MOUNTAIN	48	2,361 1,127	199	_	2	3	2	7	-	1	12	-		
Montana	-	125	2,019	_	4	3	-	117	_	2	10	_		
Wyoming	_	13	3	_	i	<u>=</u>	_		-	_	2	1		
Colorado	-	476	225	-	1	5	-	246	-	-	226	-		
New Mexico	2	265	14	-	17	3	3	102	2	1	9	-		
Arizona	6	262	224	-	10	7	-	- 47	-	_	10	-		
Utah	1 -	6 87	2,154 63	-	1 1	4 2	_	67 7	-	_	47 7	=		
	340	9,543	2.022	1	118	131	3.4	1,078	3	41	1.00/			
PACIFIC	22	502	306	-	118	20	26	254	-	61 6	1,884 429	4		
Oregon	6	315	132	_	ií	13	4	192	1	2	98	-		
California	312	8,637	1,582	1	72	87	21	590	2	45	1,337	4		
Alaska*	-	55	_	-	18	9	-	25	_	-	1	-		
Hawaii	-	34	2	-	2	2	1	17	-	8	19	•		
Cuemt	NA.	4	9	_		_	NA	1	A1 A	AI A		-		
Guam*	NA 24	741	224		_	3	NA 36	504	NA 1	NA 6	6 29	7		

NA: Not available
*Delayed reports: Measles: Mass. delete 3, Kans. delete 9, Ark. add 2, Tex. delete 2; Men. Inf.: Fla. delete 2, Alaska add 4; Mumps: Guam add 1; Rubella: Wisc. add 6, W. Va. add 3, Fla. delete 1, Ark. add 2

Table III-Continued Cases of Specified Notifiable Diseases: United States Weeks Ending June 25, 1977 and June 26, 1976 – 25th Week

TYPHUS-FEVER VENEREAL DISEASES (Civilian Cases Only) RARIES TYPHOID TULA-TUBERCULOSIS SYPHILIS (Pri. & Sec.) (RMSF) ANIMALS REPORTING AREA CUMULATIVE CUM CUMULATIVE CUM CUM CHM 700 14,671 376 20,219 450,460 UNITED STATES 463,329 9,961 11,949 1,352 11.543 12,372 NEW ENGLAND _ 1,077 NA NΑ Maine New Hampshire Vermont 5.038 5.852 Rhode Island 3.956 3.954 Connecticut 46,058 MIDDLE ATLANTIC 51.393 1.396 2.009 8,247 Upstate New York 18,776 22,833 New York City 1,269 New Jersey
Pennsylvania 7,691 7,794 _ R 12.120 12,519 2,299 4,197 72,863 EAST NORTH CENTRAL . . 69.668 Ohia 1.153 18.147 17.965 R 6.770 Indiana 6.121 1,631 23,126 26.299 15,837 15,463 6.437 6.366 1,054 WEST NORTH CENTRAL . . 23,507 23,899 4, 341 _ Minnesota 4,120 2.844 3.050 Missouri 9,960 9,404 _ North Dakota South Dakota _ 2,072 2.052 3.448 4.036 SOUTH ATLANTIC 3,315 5,192 110.665 113,120 2.859 3.590 1.501 1,421 14,103 15.298 District of Columbia . . . 7,334 7,854 11,494 12,032 1,612 1,485 16,362 16,302 _ 10,326 11,196 1.023 21,500 20,730 Georgia а 1,112 26,433 26,802 Florida 1.295 1.980 EAST SOUTH CENTRAL ... 40.011 41.613 Kentucky 5,432 5,258 15,914 16,357 Tennessee 11.892 11.229 7,436 8.106 WEST SOUTH CENTRAL . . 1.731 2.224 57,771 61.831 1,379 Arkansas * 4,531 5,952 Louisiana 8,514 9,081 Oklahoma 5,351 5,618 Texas 1.030 1.546 39,375 41,180 1.020 MOUNTAIN 18.021 18.483 ī Montana* Idaho Wyoming 4, 546 4,700 Colorado New Mexico 2,668 3,530 5,581 Arizona*........ 5,318 -1,013 2,154 1,660 PACIFIC 2.251 2.790 73.216 67,755 2.060 _ Washington ΝΔ 5,514 5,761 ΝΔ Oregon 5,077 5,154 California679 2.138 58,656 53,669 1.887 2.332 Alaska 2,381 1,874 Hawaii 1.297 1.588 NA NA NA ΝΔ Puerto Rico -_ 1,281 Virgin Islands*.......

NA: Not available

*Delayed reports: TB: Mich. delete 1, Wisc. delete 6, Kansas delete 1, N. Car. delete 6, S. Car. delete 2; Tularemia: Ariz. add 1; Typhoid fever: Ark. add 1; RMSF: Va. delete 1; GC: III. add 17 (1976) Nebr. delete 1, Nev. add 170 civ., add 5 mil, Guam add 2, V.I. add 3 (1977); Syphilis: III. delete 92 (1976), Miss. delete 1, Mont. add 1 (1977)

Table IV Deaths in 121 United States Cities* Week Ending June 25, 1977 - 25th Week

		А	LL CAUSE	s		Pneu-			A	LL CAUS		Pneu- monia	
REPORTING AREA	ALL AGES	65 Years and Over	45-64 Years	25-44 Years	Under 1 Year	monin and Influenza ALL AGES	REPORTING AREA	ALL AGES	65 Years and Over	45-64 Years	25-44 Years	Under 1 Year	and influenza ALL AGES
NEW ENGLAND	674	405	200	33	22	32	SOUTH ATLANTIC	1,062	604	301	75	48	44
Boston, Mass. ,	198	105	70	12	5	15	Atlanta, Ga	169	90	46	16	13	3
Bridgeport, Conn	30	21	5	1	1	3	Baltimore, Md	1 36	68	46	13	7	4
Cambridge, Mass	27 32	20 28	6 3	1	_	1 -	Charlotte, N. C	52 95	30 50	15 23	4 10	1 5	5 7
Fall River, Mass	67	35	22	4	5	2	Miami, Fla.	1 28	74	35	19	4	4
Lowell, Mass.	23	16	7	_	-	1	Norfolk, Va	54	25	21	5	1	3
Lynn, Mass.	25	17	6	1	1	1	Richmond, Va.	97	44	35	3	2	3
New Bedford, Mass	20	14	5	1	-	-	Savannah, Ga	31	21	5	4	1	2
New Haven, Conn	44	23	15	3	3		St. Petersburg, Fla	56	46	9	-	-	2
Providence, R.I.	66	31	24 3	2	5	5 1	Tampa, Fla	83	52 74	18 33	5 5	6	8 2
Somerville, Mass	13 37	9 21	11	1 5	-	i	Wilmington, Del	117 54	30	15	1	5	1
Springfield, Mass	39	27	11	-	_	2	William Grant Control of the Control	74	30	13	•	,	•
Worcester, Mass	53	38	12	2	1	_							
**DICE3(61, 141035	,,,	20	12	_	_	i	EAST SOUTH CENTRAL	6 61	374	188	41	24	25
							Birmingham, Ala.	1 07	58	33	8	- 6	1
MIDDLE ATLANTIC	2,836	1,736	737	190	99	125	Chattanooga, Tenn.	40	25	8	4	1	2
Albany, N. Y.	49	30	9	5	4	-	Knoxville, Tenn	39	26	6	5	-	1
Allentown, Pa	19	14	5	-	~	-	Louisville, Ky.	1 33	67	43	10	6	9
Buffalo, N. Y.	91	61	17	8	3	12	Memphis, Tenn	1 55	98	38	9	4	-
Camden, N. J.	31	17	12	1	1	2	Mubile, Ala	59	32	16	4	2	3
Elizabeth, N. J.	26	17	7	2	-	= =	Mantgamery, Als	35	21	. 8	-	3	2
Erie, Pa.	26	17	7	1	1	3	Nashville, Tenn	93	47	36	1	2	7
Jersey City, N. J.	46	31	12	1	*	-							
Newark, N. J	62	23	21	12	1	2	WEST SOUTH CENTRAL	1.164	440	201	0.2	E 4	22
	1,300	807	327	93	39	47	Austin, Tex	52	649 38	301	92 4	56	23 2
Paterson, N. J	44 514	26 297	11 140	1 33	6 26	25	Baton Rouge, La.	69	36	6 19	10	2	_
Pittsburgh, Pa	198	112	62	14	5	9	Corpus Christi, Tex	28	15	5	1	7	1
Reading, Pa.	32	22	7	2	_	2	Dallas, Tex.	1 86	100	46	15	12	â
Rochester, N. Y.	134	86	35	9	2	9	El Paso, Tex.	55	25	14	6	2	2
Schenectady, N. Y	20	14	5	-	1	1	Fort Worth, Tex.	74	42	20	6	2	1
Scranton, Pa.	44	30	10	2	-	1	Houston, Tex.	265	139	71	26	13	3
Syracuse, N. Y	86	48	27	3	7	-	Little Rack, Ark	54	31	13	2	4	2
Trenton, N. J.	39	28	7	2	2	5	New Orleans, La	94	56	28	4	2	-
Utica, N. Y.	39	29	9		-	1	San Antonio, Tex.	1 34	73	39	10	4	1
Yonkers, N. Y.	36	27	7	1	-	2	Shreveport, La Tulsa, Okla	61 92	39 55	16 24	4	2	1 3 5
EAST NORTH CENTRAL	2,235	1.304	585	162	92	40							
Akron, Ohio	91	63	15	5	4	_	MOUNTAIN	449	265	98	38	18	10
Canton, Ohio	42	29	10	-	2	1	Albuquerque, N. Mex	44	27	7	6	2	1
Chicago, III	543	286	152	51	32	9	Colorado Springs, Colo.	20	13	6	1	-	-
Cincinnati, Ohio	155	87	44	10	8	4	Denver, Cola	1 07	63	20	6	7	2
Cleveland, Ohio	187	103	59	17	2	1	Las Vegas, Nev	26	14	8	3	-	1
Columbus, Ohio	89	53	20	6	6	1	Ogden, Utah	19	16	2	_	-	2
Dayton, Ohio	104	69	23	8	2	2	Phoenix, Ariz.	112	58	33	8	1	1
Detroit, Mich.	282	147	95 9	23 3	9	3 1	Puebla, Cala	18	10 23	4	3	3	1
Evansville, Ind	33 42	18 26	12	-	2	3	Salt Lake City, Utah Tucson, Ariz	33 70	41	15	7	5	1
Fort Wayne, Ind.	25	14	6	3	1	_	ruesun, Alle	70	71	19	'	9	•
Grand Rapids, Mich	47	37	5	3	i	_							
Indianapolis, Ind.	156	94	34	9	10	3	PACIFIC	1,671	1,052	383	107	60	35
Madison, Wis	42	22	13	2	2	4	Berkeley, Calif	22	15	6	i	-	2
Milwaukee, Wis	109	72	30	2	3	3	Fresno, Calif	69	31	19	10	8	1
Peoria, III.	31	18	8	3	-	-	Glendale, Calif	32	25	6	-	_	-
Rackford, III	37	25	6	3	1	4	Honolulu, Hawaii	56	29	18	3	4	1
South Bend, Ind.	36	24	7	3	_	1	Long Beach, Calif	90	56	27	3	3	2
Toleda, Ohio	122	75	24	6	7	-	Los Angeles, Calif	5 30	321	119	41	20	6
Youngstown, Ohio	62	42	13	5	-	-	Oakland, Calif Pasadena, Calif	88 41	51 29	22 8	8	3 2	4
						_	Portland, Oreg.	1 26	80	32	6	3	-
NEST NORTH CENTRAL	699	417	178	38	33	15	Sacramento, Calif	52	34	14	1	2	1
Des Maines, Iowa	72	39	15	7	5	3	San Diego, Calif	1 05	70	20	. 7	2	2
Duluth, Minn	12	8	2	= -	-	-	San Francisco, Calif	1 63	109	31	11	7	1
	25	15	7	2	-	1	San Jose, Calif	56	39	7	8	-	4
Kansas City, Kans	129	80	35	2	9	2	Seattle, Wash	137	98	24	6	5	4
Kansas City, Kans Kansas City, Mo	2.0	10	- 11	4	1	1	Spokane, Wash	58	34	15	2	1	5 2
Kansas City, Kans Kansas City, Mo Lincoln, Nebr	28					-							
Kansas City, Kans Kansas City, Mo Lincoln, Nebr Minneapolis, Minn	82	51	18	4	6	2	Tacoma, Wash	46	31	15	-	-	
Kansas City, Kans Kansas City, Mo Lincoln, Nehr Minneapolis, Minn Omaha, Nehr	82 88	51 49	18 19	4 8	2	-	lacoma, Wash	46	31	15	-		
Kansas City, Kans	82 88 154	51 49 95	18 19 46	4 8 7	2	- 3				-	776	452	
Kansas City, Kans Kansas City, Mo Lincoln, Nebr Minneapolis, Minn Omaha, Nebr	82 88	51 49	18 19	4 8	2	-	TOTAL	11,451		-	776	452	349

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

The Morbidity and Mortality Weekly Report, circulation 67,500, 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, Attn.: Editor, Morbidity and Mortality Weekly Report, Atlanta, Georgia 30333.

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St. Louis Encephalitis — Texas, Mississippi

The first documented case of human infection with St. Louis encephalitis (SLE) virus for 1977 has been reported from Dallas, Texas. The patient, an 89-year-old man living in the city, had onset of illness on June 10, becoming disoriented, febrile, and tremulous. Pleocytosis was shown in cerebrospinal fluid obtained from lumbar punctures on 2 occasions, and he had a hemagglutination-inhibition antibody titer of 1:640 in serum drawn on June 15. His condition has improved, and he was scheduled for release on June 28.

In May, 2 of the 10 sentinel chicken flocks maintained for SLE surveillance in Dallas showed evidence of infection with SLE virus. The flocks were at separate locations in the city, but neither was near the patient's home. The regular mosquito larviciding program in Dallas has been supplemented by increased ultra-low-volume adulticiding, and efforts to eliminate breeding containers around homes have

been intensified. Studies to isolate SLE virus from mosquitoes and studies to demonstrate antibodies in wild birds are in progress.

The Mississippi State Board of Health has also reported evidence of low, but widespread, levels of SLE activity. In June, juvenile sparrows bled near Clarksdale, Greenwood, Hattiesburg, and Jackson were found to have antibodies to the virus,

Reported by JP Luby, MD, University of Texas; EL Berry, MD, L Freeman, JT Gentry, and JR Williams, MD, Dallas Environmental and Health Depts; Linda Chandler, RN, and CR Webb, Jr, MD, State Epidemiologist, Texas State Dept of Health Resources; DL Blakey, MD, State Epidemiologist, and J McMillan, Mississippi State Board of Health.

Editorial Note: This is the earliest laboratory-documented case of human infection with SLE virus ever reported in Dallas and may be the earliest reported in the United States.

Plague — Arizona, Colorado, New Mexico

Four cases of human bubonic plague have thus far been reported to CDC for 1977. Two cases were acquired in New Mexico, 1 in Colorado, and 1 in Arizona (Table 1). Two cases have had secondary pneumonic involvement.

TABLE 1. Reported confirmed cases of plague, United States, 1977

Case Age		Sex Onset		Outcome	County	State	
1	38	М	Feb	R*	Moffat	co	
2	3	М	June	R	McKinley	NM	
3	23	F	June	R	Coconino	ΑZ	
4	43	М	June	R	Rio Arriba	NM	

^{*}Recovered or recovering

The case history of patient 3 is of particular interest because she apparently acquired her infection from her pet cat. On June 13 the 23-year-old woman had onset of fever and malaise. On June 15 she developed a sore throat and marked right anterior cervical swelling. She was admitted to a hospital that day, where blood cultures were made and penicillin therapy was initiated.

Because of marked cervical edema and tracheal displacement, a surgical exploration to drain a suspected abscess was undertaken early on June 16. A single large necrotic lymph node was found, but no abscess was noted. A nasotracheal tube was inserted to prevent further compromise of her airway.

On June 16, she was placed on carbenicillin, but later that day blood cultures were found to contain a gramnegative coccobacillus, and she was started on amikacin therapy.

On June 17, she had X-ray evidence of bilateral pulmonary infiltrates, right pleural effusion, and dry cough. Plague was suspected, and her therapy was changed to streptomycin and tetracycline. Methylprednisolone therapy was also begun.

On June 18, the organism isolated in the initial blood cultures was presumptively identified as *Yersinia pestis* by CDC. Cultures of the cervical lymph node also yielded *Y. pestis*.

The patient's illness was further complicated by disseminated intravascular coagulation on June 19. She developed cutaneous ecchymoses at the base of her neck and right upper thorax, melena, and hematuria. Pertinent laboratory

findings included increased partial thromboplastin and prothrombin times, elevated levels of fibrin split products, a platelet count of 78,000/mm³, a hemoglobin of 8.1 gm%, and a hematocrit of 25%. She subsequently became stable and is clinically improving, with reversal of the abnormal clotting factors.

Epidemiologic investigation revealed that the patient, her husband, and 6-year-old daughter first noted illness in their pet cat on June 6. The animal was uncoordinated, drooled at the mouth, and coughed up blood. The cat was handled by all 3 family members, but only the parents held the cat by the nape of the neck and peered into its mouth. The cat was last seen by the family on June 11 or 12. It was later found dead by the father, and *Y. pestis* was isolated from its tissues. Investigations into the source of infection for the cat are continuing.

Sixty-seven potential contacts of the patient were placed on temperature surveillance and antibiotic prophylaxis. Of these, 19 were considered to be close contacts of the patient after she developed pneumonia and before she was placed in isolation; 20 others were in contact with her during her untreated pharyngeal involvement, and 28 had minimal contact. Four contacts who complained of a sore throat had throat cultures taken before antibiotics were administered; all were negative. No secondary cases were identified.

Reported by W Green, MD, G Gorman, MD, Flagstaff; JM Counts, DrPH, State Epidemiologist, F Marks, BS, Arizona State Dept of Health Services; TM Vernon, MD, State Epidemiologist, Colorado Dept of Health; JM Mann, MD, Acting State Epidemiologist, New Maxico Health and Social Services Dept; Plague Br, Vector-Borne Diseases Div, Bur of Laboratories; and Bacterial Zoonoses Br, Bacterial Diseases Div, Bur of Epidemiology, CDC.

Editorial Note: The transmission of *Y. pestis* to humans by domestic cats is rare, with only 1 such instance reported in the literature (1). At least 1 instance of plague acquired from wild felines has also been documented in the United States (2).

In the Arizona case, it is presumed that the patient first acquired pharyngeal infection with cervical lymph node involvement as the result of droplet transmission from her pet cat. The temporal development of pneumonia indicates that this was a secondary complication.

Plague — Continued

This case report is illustrative of the delays frequently encountered in the diagnosis of plague pneumonia and the resulting potential for development of secondary primary pneumonic cases. In the period 1975 to date, 10 of 40 plague patients reported in the United States had secondary pneumonia. Only 1 was placed in isolation before pneumonia developed. About 800 contacts of plague patients with confirmed or suspected pneumonia in this time period

were given prophylactic antimicrobial therapy; no secondary cases, however, have occurred.

References

- 1. Issacson M, Levy D, Te BJ, et al: Unusual cases of human plague in Southern Africa. S Afr Med J 4:2109-2113, 1973
- 2. Poland JD, Barnes AM, Herman JJ; Human bubonic plague from exposure to a naturally infected wild carnivore. Am J Epidemiol 97:332-337, 1973

Fatal Malaria Associated with a Camera Safari to Kenya and Tanzania

On January 23, 1977, a 51-year-old man was admitted to a Baltimore hospital with a history of malaise, anorexia, and jaundice, and for the past 6 days recurrent chills, fever, and diaphoresis. One month before admission, he had taken part in a "camera" safari to Kenya and Tanzania. He had not taken antimalarial prophylaxis.

On admission he was alert, but jaundiced. His temperature was 99.4°F orally, his pulse was 120/minute, and his blood pressure was 100/70 mmHg. His liver was palpable, 2 cm below the right costal margin, but his spleen was not palpable. Other physical findings were within normal limits.

Laboratory data showed normal hemoglobin, hematocrit, white blood cell count, electrolyte values, chest roent-genogram, and urinalysis, but a thin blood smear revealed *Plasmodium falciparum*.

The patient was started on hydroxychloroquine and quinine orally, but on the second hospital day, his temperature rose to 105 F, and he became increasingly lethargic and hypotensive. His blood pressure stabilized after vigorous intravenous fluid therapy, but his hematocrit dropped from 40% (recorded on admission) to 26%. Fibrinogen and fibrin split products were reduced. He was given packed red blood cells and fresh frozen plasma. Over the next 2 days he became oliquric and developed generalized edema, and on the fourth hospital day, because of his increasing abdominal girth, he underwent abdominocentesis. This disclosed grossly bloody fluid with a hematocrit of 39%. The following day he developed pulmonary edema, requiring intubation and positive end-expiratory pressure ventilation. An exploratory laparotomy revealed 3 to 4 liters of grossly bloody peritoneal fluid and a ruptured spleen, which was removed. Peritoneal dialysis was started on the fifth hospital day. The patient's renal failure and pulmonary edema gradually began to resolve, but on the the afternoon of the eighth hospital day, his temperature rose to 102 F, his blood pressure fell to 50/30 mmHg, and he had a cardiac arrest. Despite attempts at resuscitation, he died.

No parasites were seen in blood smears taken on the day of death, but *Pseudomonas aeruginosa* was isolated from a blood culture. Postmortem examination revealed hemorrhagic necrotizing pneumonia in both lungs, from which *P. aeruginosa* and *Staphylococcus aureus* were isolated, congestion of the sinusoids of the liver and capillaries of the spleen with parasitized erythrocytes and malaria pigment, hemoglobinuric nephrosis, and acute tubular necrosis. *Reported by F Farra, MD, VR Hrehorovich, MD, B Kasimis, MD, M, State Epidemiologist, Maryland Dept of Health and Mental Hygiene; and Parasitic Diseases Div, Bur of Epidemiology, CDC.*

Editorial Note: During the past 15 years a marked increase has been noted in the number of cases of malaria imported into the United States from Kenya and Tanzania. In the 10-year period 1962 to 1971, 23 such cases were reported to CDC, while from 1972 to 1976, 40 were reported. Since the World Health Organization has not noted a resurgence of malaria in eastern Africa, it seems most likely that the increased number of imported cases is due to increased tourism in these areas or better reporting.

There is no transmission of malaria in Nairobi, Kenya, and the risk of acquiring the disease is low in the Central, Rift Valley, Eastern, Nyanza, Western, and Coast Provinces. In other areas of Kenya, however, and in Tanzania, the risk of acquiring malaria is greater. Thus, persons taking part in safaris to these 2 countries are exposed to malaria during at least part of their visit and should take medication to prevent malaria. Chloroquine phosphate, 500 mg orally (300 mg base) once a week beginning 1 week before arrival and continuing for 6 weeks after departure from the malarious area is the regimen of choice. Chloroquine-resistant strains of *P. falciparum* have *not* been documented in Africa.

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