CENTERS FOR DISEASE CONTROL

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MORBIDITY AND MORTALITY WEEKLY REPORT

Epidemiologic Notes and Reports

Dengue Type 4 Infections in U.S. Travelers to the Caribbean

Dengue type 4 infections have been confirmed in 2 U.S. travelers who recently returned from St. Barthelemy, a small island in the French West Indies. These are the first documentations of dengue type 4 ever reported in the Western Hemisphere.

On April 1, 1981, a Chicago resident had an acute febrile illness typical of classical dengue; symptoms included myalgia, headache, severe retro-orbital pain, and lower back pain. On April 4 he developed a diffuse rash over his torso. When acute- and convalescent-phase serum specimens collected on April 1 and April 14 were tested at CDC, there were diagnostic rises in hemagglutination-inhibition and complement-fixation titers to dengue type 4. The patient recovered completely after a few days.

When the laboratory diagnosis of dengue 4 was made in association with a travel history to the West Indies, the patient was contacted for additional information and a confirmatory serum specimen. This specimen also had dengue antibody titers similar to those of the convalescent-phase specimen.

The patient reported that he had traveled from Chicago to St. Barthelemy, stopping only for brief periods to change planes at the airports in San Juan, Puerto Rico, and St. Martin, West Indies. He stayed on St. Barthelemy from March 13 to March 27 and flew back to Chicago, again with only brief airport stops in St. Martin and San Juan. The patient stated that an outbreak of dengue was thought to be occurring on St. Barthelemy.

Serologic test results for other specimens from U.S. travelers that had recently been evaluated at CDC were reviewed to determine whether any other patients with a history of possible exposure in the Western Hemisphere had findings suggestive of dengue type 4 infection. Another patient, a Virginia resident who had traveled in the French West Indies, had an antibody pattern compatible with 1 or more previous dengue or other flavivirus infections. Results of tests of a second serum specimen obtained from the patient later in convalescence documented secondary dengue type 4 infection. The patient visited St. Barthelemy in April; he developed a typical dengue-like illness on April 17. The patient also recalled that residents of St. Barthelemy believed an outbreak of dengue was occurring.

The Pan American Health Organization and the Caribbean Epidemiology Center (CAREC) have been informed; they in turn have notified health officials throughout the Caribbean.

Reported by R Merrick, MD, Illinois Masonic Medical Center, Chicago; KT Reddi, MD, Chicago Dept of Health; BJ Francis, MD, State Epidemiologist, Illinois State Dept of Public Health; RS Brown, MD, Gloucester, Va.; JM Owens, MD, GB Miller, Jr, MD, State Epidemiologist, Virginia State Dept of Health; Vector-Borne Diseases Div, Virology Div, San Juan Laboratories, Center for Infectious Diseases, CDC.

Dengue – Continued

Editorial Note: Dengue type 4 frequently occurs in Southeast Asia, the South Pacific, and Africa. How it was introduced onto St. Barthelemy, a small and relatively remote island in the Caribbean, remains unknown. However, French health authorities have reported to CAREC that an outbreak of dengue-like illness has been observed on St. Barthelemy, beginning in February or March, but has since declined. In the absence of reports of an ongoing outbreak of dengue in the Caribbean, the risk that travelers to this area will acquire dengue is probably small.

Dengue types 2 and 3 have been present in the Caribbean at least since the 1960s. Dengue type 1 was first recognized in that area when an outbreak in Jamaica in 1977 was followed by numerous outbreaks on other Caribbean islands and in Central America. All these dengue types, as well as type 4, usually cause an illness that is clinically mild and typically of short duration.

Pneumocystis Pneumonia – Los Angeles

In the period October 1980-May 1981, 5 young men, all active homosexuals, were treated for biopsy-confirmed *Pneumocystis carinii* pneumonia at 3 different hospitals in Los Angeles, California. Two of the patients died. All 5 patients had laboratory-confirmed previous or current cytomegalovirus (CMV) infection and candidal mucosal infection. Case reports of these patients follow.

Patient 1: A previously healthy 33-year-old man developed *P. carinii* pneumonia and oral mucosal candidiasis in March 1981 after a 2-month history of fever associated with elevated liver enzymes, leukopenia, and CMV viruria. The serum complement-fixation CMV titer in October 1980 was 256; in May 1981 it was 32.* The patient's condition deteriorated despite courses of treatment with trimethoprim-sulfamethoxazole (TMP/SMX), pentamidine, and acyclovir. He died May 3, and postmortem examination showed residual *P. carinii* and CMV pneumonia, but no evidence of neoplasia.

Patient 2: A previously healthy 30-year-old man developed *P. carinii* pneumonia in April 1981 after a 5-month history of fever each day and of elevated liver-function tests, CMV viruria, and documented seroconversion to CMV, i.e., an acute-phase titer of 16 and a convalescent-phase titer of 28* in anticomplement immunofluorescence tests. Other features of his illness included leukopenia and mucosal candidiasis. His pneumonia responded to a course of intravenous TMP/SMX, but, as of the latest reports, he continues to have a fever each day.

Patient 3: A 30-year-old man was well until January 1981 when he developed esophageal and oral candidiasis that responded to Amphotericin B treatment. He was hospitalized in February 1981 for *P. carinii* pneumonia that responded to oral TMP/SMX. His esophageal candidiasis recurred after the pneumonia was diagnosed, and he was again given Amphotericin B. The CMV complement-fixation titer in March 1981 was 8. Material from an esophageal biopsy was positive for CMV.

Patient 4: A 29-year-old man developed *P. carinii* pneumonia in February 1981. He had had Hodgkins disease 3 years earlier, but had been successfully treated with radiation therapy alone. He did not improve after being given intravenous TMP/SMX and corticosteroids and died in March. Postmortem examination showed no evidence of Hodgkins disease, but *P. carinii* and CMV were found in lung tissue.

*Paired specimens not run in parallel.

Pneumonia – Continued

Patient 5: A previously healthy 36-year-old man with a clinically diagnosed CMV infection in September 1980 was seen in April 1981 because of a 4-month history of fever, dyspnea, and cough. On admission he was found to have *P. carinii* pneumonia, oral candidiasis, and CMV retinitis. A complement-fixation CMV titer in April 1981 was 128. The patient has been treated with 2 short courses of TMP/SMX that have been limited because of a sulfa-induced neutropenia. He is being treated for candidiasis with topical nystatin.

The diagnosis of *Pneumocystis* pneumonia was confirmed for all 5 patients antemortem by closed or open lung biopsy. The patients did not know each other and had no known common contacts or knowledge of sexual partners who had had similar illnesses. The 5 did not have comparable histories of sexually transmitted disease. Four had serologic evidence of past hepatitis B infection but had no evidence of current hepatitis B surface antigen. Two of the 5 reported having frequent homosexual contacts with various partners. All 5 reported using inhalant drugs, and 1 reported parenteral drug abuse. Three patients had profoundly depressed numbers of thymus-dependent lymphocyte cells and profoundly depressed *in vitro* proliferative responses to mitogens and antigens. Lymphocyte studies were not performed on the other 2 patients.

Reported by MS Gottlieb, MD, HM Schanker, MD, PT Fan, MD, A Saxon, MD, JD Weisman, DO, Div of Clinical Immunology-Allergy, Dept of Medicine, UCLA School of Medicine; I Pozalski, MD, Cedars-Mt. Sinai Hospital, Los Angeles; Field Services Div, Epidemiology Program Office, CDC.

Editorial Note: *Pneumocystis* pneumonia in the United States is almost exclusively limited to severely immunosuppressed patients (*1*). The occurrence of pneumocystosis in these 5 previously healthy individuals without a clinically apparent underlying immunodeficiency is unusual. The fact that these patients were all homosexuals suggests an association between some aspect of a homosexual lifestyle or disease acquired through sexual contact and *Pneumocystis* pneumonia in this population. All 5 patients described in this report had laboratory-confirmed CMV disease or virus shedding within 5 months of the diagnosis of *Pneumocystis* pneumonia. CMV infection has been shown to induce transient abnormalities of *in vitro* cellular-immune function in otherwise healthy human hosts (*2,3*). Although all 3 patients tested had abnormal cellular-immune function, no definitive conclusion regarding the role of CMV infection in these 5 cases can be reached because of the lack of published data on cellular-immune function in healthy homosexual males with and without CMV antibody. In 1 report, 7 (3.6%) of 194 patients with pneumocystosis also had CMV infection; 40 (21%) of the same group had at least 1 other major concurrent infection (*1*). A high prevalence of CMV infections among homosexual males was recently reported: 179 (94%) of 190 males reported to be exclusively homosexual had serum antibody to CMV, and 14 (7.4%) had CMV viruria; rates for 101 controls of similar age who were reported to be exclusively heterosexual were 54% for seropositivity and zero for viruria (*4*). In another study of 64 males, 4 (6.3%) had positive tests for CMV in semen, but none had CMV recovered from urine. Two of the 4 reported recent homosexual contacts. These findings suggest not only that virus shedding may be more readily detected in seminal fluid than in urine, but also that seminal fluid may be an important vehicle of CMV transmission (*5*).

All the above observations suggest the possibility of a cellular-immune dysfunction related to a common exposure that predisposes individuals to opportunistic infections such as pneumocystosis and candidiasis. Although the role of CMV infection in the pathogenesis of pneumocystosis remains unknown, the possibility of *P. carinii* infection must be carefully considered in a differential diagnosis for previously healthy homosexual males with dyspnea and pneumonia.

Pneumonia — Continued

References

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Current Trends

Measles — United States, First 20 Weeks

During the first 20 weeks (through May 23) of 1981, a total of 1,532 cases of measles were reported in the United States (Table 1). This represents an 82% decrease from the 8,519 cases reported during this same period in 1980. If this trend continued throughout the year, fewer than 2,500 cases would be reported in 1981. The previous record low incidence for an entire calendar year was 13,430 cases (provisional total) reported in 1980.

TABLE 1. Measles — United States, May 23, 1981

Year	Week 20	Weeks 1-20
1981	135	1,532
1980	816	8,519
1970	1,950	27,955
1960	18,833	286,097

More than 100 measles cases have been reported each week since week 17 (May 2), ending 37 consecutive weeks during which fewer than 100 cases per week were reported. Nevertheless, the number of cases reported in the last 4 weeks are still record lows. The seasonal upswing in reported cases, which usually occurs in late winter and spring, has not yet occurred (Figure 1).

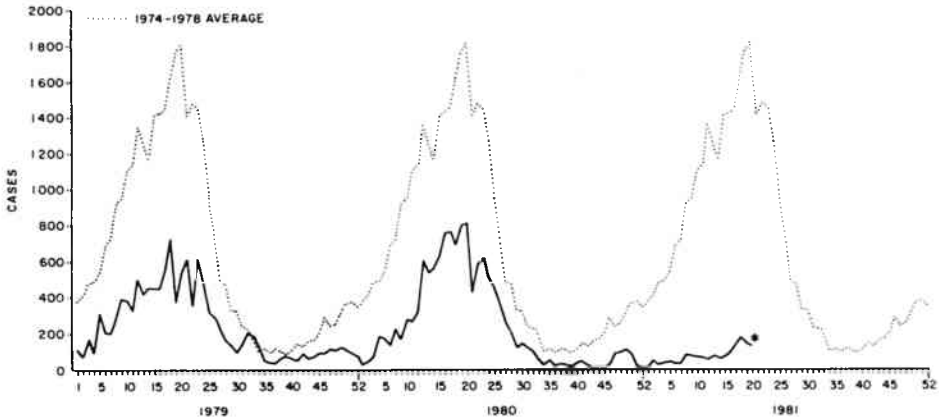
Seventeen states have not reported any measles cases in 1981. In contrast, only 5 states did not report any measles cases for the same period in 1980.

Reported by Surveillance and Assessment Br, Immunization Div, Center for Prevention Services, CDC.

Editorial Note: The reported incidence of measles in 1981 continues at record low levels, indicating that measles transmission has been interrupted in most areas of the United States. The goal of elimination of indigenous measles from the United States by October 1, 1982, is within reach, provided intensive control efforts are continued.

Measles - Continued

FIGURE 1. Measles incidence, United States, 1979-1981, and 1974-1978 average



*First 20 weeks.

Risk-Factor-Prevalence Survey — Utah

In September 1980, a survey of adults in Utah showed that levels of smoking and alcohol use were each >40% below the national level. Specifically, 19% of respondents in Utah reported smoking cigarettes, and 37% reported drinking alcohol, with 9% reporting that they had 5 or more drinks of alcohol more than once each month. This compares with an overall level for U.S. adults of 33% for smoking and 67% for alcohol use (Table 2) (*1-3*).

These data were obtained from a random sample of 500 adult Utah residents contacted through random-digit dialing.* Trained interviewers described to each person reached by telephone the purpose of the survey and asked if he/she would participate.

*Mountain Bell Telephone Company estimates that 95% of Utah households have a telephone.

TABLE 2. Risk prevalence for adults in Utah and entire United States, 1980

Risk factor	Percent reporting	
	Utah	United States
Tobacco use	18.5	33.0
Alcohol use	37.3	67.0
Lack of regular fitness program	69.9	65.0
Failure to use seat belts regularly	82.0	89.3
Excess weight	46.0	19.0

Risk Prevalence – Continued

A questionnaire for assessing behavior related to cardiovascular health, developed by the University of Utah's College of Health, and a cover letter were mailed to each participant. A multistage mail follow-up, including a final reminder by certified mail, generated a 92% (460) response rate.

In the same survey, 70% of adults in Utah reported that they did not have a regular physical fitness program, and 82% reported not wearing seat belts regularly—not substantially different from the percentages for the United States as a whole. Forty-six percent were overweight, contrasted with 19% for the entire United States. The report showed that the mean weight for males was 177.6 pounds, including a weight gain of almost 16 pounds since age 20. Females had a mean reported weight of 139.9 pounds, also including a net gain of almost 16 pounds since age 20. Nutritional data showed that 38% added salt to their food at most meals, 52% seldom took vitamins, and 27% drank whole milk instead of low-fat or skim milk.

Expected differences in tobacco and alcohol use were noted when data for Mormons and non-Mormons in Utah were compared. Of the respondents who identified themselves

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TABLE I. Summary – cases of specified notifiable diseases, United States

[Cumulative totals include revised and delayed reports through previous weeks.]

DISEASE	21st WEEK ENDING		MEDIAN 1976-1980	CUMULATIVE, FIRST 21 WEEKS		
	May 30 1981	May 24 1980		May 30 1981	May 24 1980	MEDIAN 1976-1980
Aseptic meningitis	73	47	53	1,376	1,262	810
Brucellosis	1	4	4	53	73	73
Chickenpox	6,275	5,716	6,070	136,231	121,133	124,026
Diphtheria	–	–	1	3	2	32
Encephalitis: Primary (arthropod-borne & unspec.)	9	9	9	282	234	234
Post-infectious	3	2	6	38	77	79
Hepatitis, Viral: Type B	319	281	284	7,643	6,474	6,085
Type A	444	415	561	9,861	10,789	11,894
Type unspecified	215	182	182	4,423	4,393	3,613
Malaria	28	49	18	510	652	198
Measles (rubeola)	186	494	1,396	1,743	9,013	16,021
Meningococcal infections: Total	63	54	51	1,812	1,346	1,177
Civilian	62	54	51	1,807	1,336	1,166
Military	1	–	1	5	10	8
Mumps	169	229	595	2,218	5,661	9,725
Pertussis	22	30	16	397	437	437
Rubella (German measles)	69	104	647	1,227	2,232	8,409
Tetanus	–	4	2	19	23	22
Tuberculosis	508	483	567	10,440	10,419	11,356
Tularemia	6	5	5	60	46	46
Typhoid fever	11	16	7	182	141	141
Typhus fever, tick-borne (Rky. Mt. spotted)	58	52	32	202	144	120
Venereal diseases:						
Gonorrhea: Civilian	16,602	16,041	18,426	383,841	378,075	378,075
Military	254	501	451	11,172	10,951	10,951
Syphilis, primary & secondary: Civilian	563	373	417	11,848	10,404	9,713
Military	13	2	7	146	137	128
Rabies in animals	117	157	76	2,809	2,628	1,218

TABLE II. Notifiable diseases of low frequency, United States

	CUM. 1981		CUM. 1981
Anthrax	–	Poliomyelitis: Total	–
Botulism (Calif. 1)	22	Paralytic	–
Cholera (Tex. 1)	1	Psittacosis (Mass. 1)	38
Congenital rubella syndrome	4	Rabies in man	–
Leprosy (N.Y. City 1, Calif. 4, P.R. 1)	83	Trichinosis	75
Leptospirosis (Fla. 1)	16	Typhus fever, flea-borne (endemic, murine) (Tex. 2)	10
Plague	4		

All delayed reports and corrections will be included in the following week's cumulative totals.

TABLE III. Cases of specified notifiable diseases, United States, weeks ending May 30, 1981 and May 24, 1980 (21st week)

REPORTING AREA	ASEPTIC MENINGITIS	BRUCELLOSIS	CHICKEN-POX	DIPHTHERIA		ENCEPHALITIS			HEPATITIS (VIRAL), BY TYPE			MALARIA	
						Primary		Post-infectious	B	A	Unspecified		
	1981	1981	1981	1981	CUM. 1981	1981	1980	1981	1981	1981	1981	1981	CUM. 1981
UNITED STATES	73	1	6,275	–	3	9	9	3	319	444	215	28	510
NEW ENGLAND	3	–	1,110	–	–	–	1	–	18	16	15	–	25
Maine	–	–	179	–	–	–	–	–	–	1	–	–	1
N.H.	–	–	69	–	–	–	–	–	–	1	–	–	3
Vt.	–	–	18	–	–	–	–	–	–	–	–	–	2
Mass.	–	–	427	–	–	–	–	–	2	7	7	–	12
R.I.	3	–	191	–	–	–	–	–	1	2	–	–	1
Conn.	–	–	226	–	–	–	1	–	15	5	8	–	6
MID. ATLANTIC	8	–	334	–	–	–	2	–	35	16	12	3	51
Upstate N.Y.	2	–	182	–	–	–	1	–	16	9	8	2	14
N.Y. City	1	–	130	–	–	–	–	–	19	7	4	–	19
N.J.	2	–	NN	–	–	–	1	–	NA	NA	NA	–	11
Pa.	3	–	22	–	–	–	–	–	NA	NA	NA	1	7
E.N. CENTRAL	2	1	2,614	–	–	2	3	1	30	41	15	3	20
Ohio	–	–	441	–	–	1	–	1	8	7	6	1	5
Ind.	–	–	351	–	–	–	–	–	7	19	5	–	6
Ill.	–	–	513	–	–	–	–	–	6	9	1	–	3
Mich.	2	1	709	–	–	1	3	–	9	5	3	2	6
Wis.	–	–	600	–	–	–	–	–	–	1	–	–	–
W.N. CENTRAL	1	–	675	–	–	–	–	1	18	14	8	–	13
Minn.	–	–	–	–	–	–	–	–	4	2	–	–	4
Iowa	1	–	132	–	–	–	–	1	1	2	–	–	2
Mo.	–	–	180	–	–	–	–	–	6	–	6	–	1
N. Dak.	–	–	73	–	–	–	–	–	–	1	–	–	1
S. Dak.	–	–	7	–	–	–	–	–	–	2	–	–	1
Nebr.	–	–	9	–	–	–	–	–	5	5	2	–	–
Kans.	–	–	274	–	–	–	–	–	2	2	–	–	4
S. ATLANTIC	12	–	540	–	1	3	2	1	95	61	34	3	57
Del.	–	–	10	–	–	–	1	–	1	3	–	–	–
Md.	1	–	76	–	–	1	–	–	11	4	8	1	8
D.C.	–	–	–	–	–	–	–	–	1	–	–	–	1
Va.	1	–	6	–	–	1	–	–	–	1	–	–	10
W. Va.	–	–	151	–	–	–	–	–	3	1	–	–	3
N.C.	3	–	NN	–	–	1	1	1	10	5	5	2	6
S.C.	–	–	25	–	–	–	–	–	4	3	2	–	1
Ga.	–	–	21	–	–	–	–	–	23	7	–	–	7
Fla.	7	–	251	–	1	–	–	–	42	37	19	–	21
E.S. CENTRAL	2	–	201	–	–	1	1	–	13	17	2	–	3
Ky.	1	–	179	–	–	–	–	–	–	1	–	–	–
Tenn.	–	–	NN	–	–	1	1	–	5	7	1	–	–
Ala.	1	–	20	–	–	–	–	–	4	1	1	–	2
Miss.	–	–	2	–	–	–	–	–	4	8	–	–	1
W.S. CENTRAL	27	–	217	–	–	1	–	–	34	70	49	3	36
Ark.	–	–	4	–	–	–	–	–	2	4	1	1	2
La.	1	–	NN	–	–	–	–	–	9	9	10	–	2
Okla.	6	–	–	–	–	–	–	–	8	6	1	–	3
Tex.	20	–	213	–	–	1	–	–	18	51	37	2	29
MOUNTAIN	2	–	70	–	1	–	–	–	6	32	25	1	16
Mont.	–	–	–	–	1	–	–	–	–	2	–	–	–
Idaho	–	–	–	–	–	–	–	–	–	2	–	–	–
Wyo.	–	–	–	–	–	–	–	–	2	1	1	–	–
Colo.	–	–	39	–	–	–	–	–	1	16	3	1	6
N. Mex.	–	–	1	–	–	–	–	–	2	3	–	–	1
Ariz.	–	–	NN	–	–	–	–	–	–	5	17	–	4
Utah	1	–	7	–	–	–	–	–	–	–	2	–	2
Nev.	1	–	23	–	–	–	–	–	1	3	2	–	3
PACIFIC	16	–	514	–	1	2	–	–	70	177	55	15	289
Wash.	–	–	441	–	–	–	–	–	5	10	5	–	17
Oreg.	–	–	2	–	–	–	–	–	6	18	1	–	8
Calif.	14	–	49	–	–	2	–	–	59	148	49	15	261
Alaska	2	–	10	–	1	–	–	–	–	–	–	–	1
Hawaii	–	–	12	–	–	–	–	–	–	1	–	–	2
Guam	NA	NA	NA	NA	–	NA	–	–	NA	NA	NA	NA	–
P.R.	–	–	41	–	–	–	–	–	2	12	8	–	4
V.I.	–	–	1	–	–	–	–	–	1	–	–	1	2
Pac. Trust Terr.	NA	NA	NA	NA	–	NA	–	–	NA	NA	NA	NA	–

NN: Not notifiable. NA: Not available.
All delayed reports and corrections will be included in the following week's cumulative totals.

TABLE III (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending May 30, 1981 and May 24, 1980 (21st week)

REPORTING AREA	MEASLES (RUBEOLA)			MENINGOCOCCAL INFECTIONS TOTAL			MUMPS		PERTUSSIS	RUBELLA		TETANUS
	1981	CUM. 1981	CUM. 1980	1981	CUM. 1981	CUM. 1980	1981	CUM. 1981	1981	1981	CUM. 1981	CUM. 1981
UNITED STATES	186	1,743	9,013	63	1,812	1,346	169	2,218	22	69	1,227	19
NEW ENGLAND	9	72	579	1	119	80	6	108	-	1	91	1
Maine	-	5	25	-	18	3	-	20	-	-	32	-
N.H.	-	5	275	-	12	5	3	13	-	-	24	-
Vt.	-	1	221	-	5	9	-	4	-	-	-	-
Mass.	8	54	37	-	28	27	3	33	-	1	25	-
R.I.	-	-	2	-	11	6	-	17	-	-	-	-
Conn.	1	7	19	1	45	30	-	21	-	-	10	1
MID. ATLANTIC	9	457	2,798	11	229	234	83	331	4	7	138	1
Upstate N.Y.	1	186	531	2	81	82	3	60	3	5	60	-
N.Y. City	6	36	747	5	34	66	3	38	-	1	32	1
N.J.	2	46	592	1	57	47	4	73	-	1	42	-
Pa.	-	189	928	3	57	39	73	160	1	-	4	-
E.N. CENTRAL	2	70	1,300	7	205	151	43	661	5	19	278	4
Ohio	-	15	154	4	71	59	17	105	-	-	-	-
Ind.	1	7	75	2	33	27	2	79	3	6	97	-
Ill.	-	20	208	-	49	19	13	122	2	1	63	-
Mich.	1	27	184	1	48	38	8	254	-	-	31	3
Wis.	-	1	679	-	4	8	3	101	-	12	87	1
W.N. CENTRAL	2	8	1,056	5	79	57	1	168	1	2	71	2
Minn.	1	4	834	1	28	15	-	5	1	-	6	1
Iowa	-	1	20	2	16	5	-	38	-	2	3	-
Mo.	1	1	61	1	20	26	1	27	-	-	3	1
N. Dak.	-	-	-	-	1	1	-	-	-	-	-	-
S. Dak.	-	-	-	1	3	4	-	1	-	-	-	-
Nebr.	-	1	80	-	-	-	-	3	-	-	1	-
Kans.	-	1	61	-	11	6	-	94	-	-	58	-
S. ATLANTIC	7	288	1,455	13	436	320	12	288	2	2	119	2
Del.	-	-	1	-	4	2	-	5	-	-	-	-
Md.	-	1	37	2	28	31	7	59	-	-	1	-
D.C.	-	2	-	-	1	1	-	-	-	-	-	-
Va.	-	3	237	1	52	27	-	63	-	-	7	-
W. Va.	-	7	7	-	17	11	-	54	-	-	17	-
N.C.	-	4	105	-	62	64	-	10	-	-	4	-
S.C.	-	-	132	5	58	41	1	7	-	1	7	1
Ga.	3	94	641	1	73	62	2	29	-	1	36	-
Fla.	4	177	295	4	141	81	2	61	2	-	47	1
E.S. CENTRAL	-	-	237	2	140	127	-	59	-	-	22	1
Ky.	-	-	42	-	42	44	-	27	-	-	12	-
Tenn.	-	-	113	-	40	30	-	19	-	-	10	-
Ala.	-	-	17	1	43	32	-	12	-	-	-	1
Miss.	-	-	65	1	15	21	-	1	-	-	-	-
W.S. CENTRAL	137	612	796	9	321	145	7	138	2	6	97	3
Ark.	-	-	13	-	20	12	-	-	-	-	1	1
La.	-	-	7	4	80	50	-	3	-	-	9	-
Okla.	-	6	671	-	25	13	-	-	-	-	-	1
Tex.	137	606	105	5	196	70	7	135	2	6	87	1
MOUNTAIN	-	24	194	2	61	51	3	82	4	1	54	1
Mont.	-	-	1	-	5	2	-	5	3	-	3	-
Idaho	-	1	-	-	3	3	-	4	1	-	2	-
Wyo.	-	-	-	-	-	2	-	1	-	-	1	-
Colo.	-	5	9	2	29	13	1	38	-	1	26	-
N. Mex.	-	5	9	-	4	6	-	-	-	-	2	-
Ariz.	-	3	133	-	12	8	-	12	-	-	11	1
Utah	-	-	39	-	4	2	2	11	-	-	3	-
Nev.	-	10	3	-	4	15	-	11	-	-	6	-
PACIFIC	20	212	598	13	222	181	14	383	4	31	357	4
Wash.	-	1	142	4	43	31	4	117	4	1	53	-
Oreg.	2	3	-	3	31	38	4	47	-	-	19	-
Calif.	18	206	446	6	140	110	6	206	-	30	280	4
Alaska	-	-	5	-	4	2	-	4	-	-	-	-
Hawaii	-	2	5	-	4	-	-	9	-	-	5	-
Guam	NA	1	4	-	-	1	NA	1	NA	NA	-	-
P.R.	18	174	62	3	8	7	4	70	-	-	3	-
V.I.	-	4	5	-	-	1	-	4	-	-	-	-
Pac. Trust Terr.	NA	-	5	-	-	-	NA	4	NA	NA	1	-

NA: Not available.
All delayed reports and corrections will be included in the following week's cumulative totals.

TABLE III (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending May 30, 1981 and May 24, 1980 (21st week)

REPORTING AREA	TUBERCULOSIS		TULAREMIA	TYPHOID FEVER		TYPHUS FEVER (Tick-borne) (RMSF)		VENEREAL DISEASES (Civilian)						RABIES (in Animals)
								GONORRHEA			SYPHILIS (Pri. & Sec.)			
	1981	CUM. 1981	CUM. 1981	1981	CUM. 1981	1981	CUM. 1981	1981	CUM. 1981	CUM. 1980	1981	CUM. 1981	CUM. 1980	CUM. 1981
UNITED STATES	508	10,440	60	11	192	59	202	16,602	383,841	379,075	563	11,948	10,404	2,809
NEW ENGLAND	11	281	–	1	10	1	3	306	9,436	9,758	11	257	226	10
Maine	1	23	–	1	1	–	–	18	483	574	–	1	4	6
N.H.	1	3	–	–	–	–	–	9	346	317	2	9	1	1
Vt.	–	9	–	–	–	–	–	10	167	239	–	13	3	–
Mass.	3	152	–	–	7	–	2	70	3,764	4,017	9	165	127	1
R.I.	1	18	–	–	–	–	–	18	476	570	–	16	13	–
Conn.	5	76	–	–	2	1	1	181	4,200	4,041	–	53	78	2
MID. ATLANTIC	69	1,742	10	–	30	–	3	2,025	45,212	41,209	63	1,798	1,514	11
Upstate N.Y.	20	298	10	–	6	–	1	274	7,446	7,470	–	158	123	10
N.Y. City	17	652	–	–	18	–	2	996	18,248	16,237	38	1,095	990	–
N.J.	29	399	–	–	2	–	–	199	8,898	7,458	7	236	197	–
Pa.	3	393	–	–	4	–	–	556	10,620	10,044	18	309	204	1
E.N. CENTRAL	87	1,399	1	–	13	1	2	1,829	57,166	59,415	9	686	1,004	357
Ohio	16	249	–	–	–	1	2	426	21,058	16,029	–	109	163	26
Ind.	28	148	–	–	–	–	–	375	5,653	5,906	4	77	87	18
Ill.	24	561	–	–	6	–	–	287	12,765	18,645	–	319	557	286
Mich.	17	373	1	–	5	–	–	625	12,553	13,031	2	141	155	2
Wis.	2	68	–	–	2	–	–	116	5,137	5,804	3	41	42	25
W.N. CENTRAL	26	368	4	–	6	–	5	756	18,332	16,656	15	221	122	1,209
Minn.	6	56	–	–	2	–	–	107	2,903	2,921	5	83	41	213
Iowa	6	44	–	–	2	–	–	68	1,849	1,845	3	12	8	402
Mo.	5	160	3	–	1	–	2	314	8,402	6,906	4	104	63	100
N. Dak.	1	17	–	–	–	–	–	12	249	244	–	3	1	183
S. Dak.	2	30	–	–	1	–	–	19	525	505	–	2	1	136
Nebr.	–	9	1	–	–	–	–	90	1,445	1,389	–	3	3	91
Kans.	6	52	–	–	–	–	3	146	2,959	2,846	3	14	5	84
S. ATLANTIC	118	2,359	6	–	24	35	107	4,582	96,200	92,119	128	3,141	2,479	157
Del.	2	32	1	–	–	–	–	55	1,407	1,257	–	9	6	–
Md.	16	245	–	–	7	4	14	650	10,678	9,785	14	250	175	1
D.C.	5	148	–	–	1	–	–	238	6,051	6,613	3	267	170	–
Va.	–	230	–	–	1	3	14	276	8,640	7,950	6	291	219	26
W. Va.	–	75	–	–	3	–	2	79	1,455	1,220	–	9	10	9
N.C.	25	413	1	–	1	11	31	610	14,949	13,758	11	241	183	1
S.C.	10	220	2	–	–	10	32	492	9,167	8,846	8	218	126	12
Ga.	24	370	2	–	2	7	13	925	19,239	17,444	24	797	754	76
Fla.	36	626	–	–	9	–	1	1,257	24,614	25,246	62	1,061	836	32
E.S. CENTRAL	45	922	2	–	5	6	23	1,147	31,670	30,835	15	779	816	184
Ky.	11	244	2	–	–	–	2	242	4,095	4,481	4	39	62	53
Tenn.	15	306	–	–	1	5	14	531	12,059	10,862	2	308	332	108
Ala.	8	248	–	–	2	–	1	134	9,589	9,155	–	198	173	23
Miss.	11	124	–	–	2	1	6	240	5,927	6,337	9	234	249	–
W.S. CENTRAL	45	1,079	25	–	15	14	55	2,028	51,893	49,052	160	2,951	2,026	547
Ark.	7	108	15	–	–	–	12	192	3,642	3,559	–	55	67	78
La.	1	216	2	–	–	–	–	423	8,389	8,645	44	671	482	15
Okla.	2	125	6	–	3	14	36	281	5,424	4,880	4	74	33	96
Tex.	35	630	2	–	12	–	7	1,132	34,438	31,968	112	2,151	1,444	358
MOUNTAIN	17	306	10	5	15	1	4	551	15,472	14,716	35	314	218	64
Mont.	–	22	4	–	4	–	–	20	538	556	–	8	1	46
Idaho	–	5	2	–	–	–	1	43	673	671	1	4	8	–
Wyo.	2	4	1	–	–	1	2	13	344	408	–	4	7	2
Colo.	9	41	2	–	3	–	–	149	4,134	3,833	6	96	59	1
N. Mex.	1	60	–	–	–	–	–	23	1,684	1,854	7	67	41	10
Ariz.	5	127	–	5	8	–	–	147	4,810	4,151	18	69	62	3
Utah	–	16	1	–	–	–	–	22	721	681	–	9	5	–
Nev.	–	31	–	–	–	–	1	134	2,568	2,562	3	58	35	2
PACIFIC	90	1,984	2	5	64	–	–	3,378	58,460	64,315	127	1,701	1,999	270
Wash.	12	180	1	–	3	–	–	233	4,947	5,381	–	55	104	–
Oreg.	6	73	–	–	3	–	–	113	3,992	4,534	1	40	45	2
Calif.	70	1,647	1	5	58	–	–	2,897	46,851	51,461	125	1,570	1,776	255
Alaska	–	24	–	–	–	–	–	66	1,545	1,534	1	5	2	13
Hawaii	2	60	–	–	–	–	–	69	1,165	1,405	–	31	72	–
Guam	NA	–	–	NA	–	NA	–	NA	14	57	NA	–	2	–
P.R.	–	109	–	–	3	–	–	69	1,337	1,053	10	288	215	29
V.I.	–	1	–	–	1	–	–	9	57	83	–	3	10	–
Pac. Trust Terr.	NA	24	–	NA	–	NA	–	NA	144	171	NA	–	–	–

NA: Not available.
All delayed reports and corrections will be included in the following week's cumulative totals.

TABLE IV. Deaths in 121 U.S. cities,* week ending May 30, 1981 (21st week)

REPORTING AREA	ALL CAUSES, BY AGE (YEARS)						P&I** TOTAL
	ALL AGES	≥65	45-64	25-44	1-24	<1	
NEW ENGLAND	614	414	137	29	20	14	38
Boston, Mass.	151	89	43	8	4	7	19
Bridgeport, Conn.	54	36	10	2	5	1	2
Cambridge, Mass.	26	17	8	1	–	–	3
Fall River, Mass.	23	19	4	–	–	–	–
Hartford, Conn.	47	32	9	2	2	2	3
Lowell, Mass.	38	28	6	3	1	–	–
Lynn, Mass.	23	17	5	1	–	–	2
New Bedford, Mass.	27	22	3	2	–	–	–
New Haven, Conn.	38	22	8	3	4	1	1
Providence, R.I.	53	33	15	2	2	1	3
Somerville, Mass.	5	3	1	1	–	–	–
Springfield, Mass.	33	18	12	1	1	1	–
Waterbury, Conn.	39	31	7	1	–	–	3
Worcester, Mass.	57	47	6	2	1	1	2
MID. ATLANTIC	2,590	1,730	582	156	64	58	96
Albany, N.Y.	47	32	8	5	1	1	–
Allentown, Pa.	23	17	6	–	–	–	1
Buffalo, N.Y.	150	95	37	7	6	5	6
Camden, N.J.	38	22	11	3	2	–	2
Elizabeth, N.J.	29	19	9	1	–	–	2
Erie, Pa.†	19	10	6	3	–	–	1
Jersey City, N.J.	46	25	16	1	1	3	1
N.Y. City, N.Y.	1,397	972	282	88	33	22	46
Newark, N.J.	70	29	19	8	3	11	2
Paterson, N.J.	35	21	10	2	1	1	2
Philadelphia, Pa.	291	192	68	18	6	7	13
Pittsburgh, Pa.†	49	30	14	4	–	1	–
Reading, Pa.	30	21	6	2	1	–	–
Rochester, N.Y.	116	79	25	4	6	2	7
Schenectady, N.Y.	23	15	7	–	1	–	–
Scranton, Pa.†	39	28	8	1	–	2	3
Syracuse, N.Y.	100	62	29	5	1	3	4
Trenton, N.J.	40	25	12	1	2	–	2
Utica, N.Y.	16	10	4	2	–	–	4
Yonkers, N.Y.	32	26	5	1	–	–	–
E.N. CENTRAL	1,982	1,219	484	130	63	85	60
Akron, Ohio	60	46	9	2	–	3	1
Canton, Ohio	41	28	9	2	2	–	4
Chicago, Ill.	509	283	141	40	15	30	16
Cincinnati, Ohio	96	59	27	6	4	–	7
Cleveland, Ohio	159	89	41	12	6	11	2
Columbus, Ohio	90	51	25	9	4	1	3
Dayton, Ohio	97	63	18	7	8	1	1
Detroit, Mich.	229	134	59	19	7	10	1
Evansville, Ind.	35	31	4	–	–	–	3
Fort Wayne, Ind.	46	31	9	–	4	2	6
Gary, Ind.	24	10	7	5	1	1	–
Grand Rapids, Mich.	50	31	13	3	–	3	1
Indianapolis, Ind.	116	67	29	6	6	7	2
Madison, Wis.	24	16	5	1	1	1	–
Milwaukee, Wis.	121	94	18	3	1	5	–
Peoria, Ill.	41	27	4	4	1	5	4
Rockford, Ill.	36	28	6	1	–	1	3
South Bend, Ind.	49	34	14	1	–	–	2
Toledo, Ohio	102	59	32	5	3	3	4
Youngstown, Ohio	57	38	14	4	–	1	–
W.N. CENTRAL	565	377	119	29	13	27	30
Des Moines, Iowa	51	35	12	3	1	–	2
Duluth, Minn.	20	14	4	1	–	1	2
Kansas City, Kans.	27	17	7	–	2	1	1
Kansas City, Mo.	90	60	19	3	2	6	6
Lincoln, Nebr.	21	15	4	2	–	–	2
Minneapolis, Minn.	85	61	10	6	2	6	5
Omaha, Nebr.	70	51	13	1	2	3	2
St. Louis, Mo.	109	63	33	7	2	4	6
St. Paul, Minn.	48	36	7	1	1	3	1
Wichita, Kans.	44	25	10	5	1	3	3
S. ATLANTIC	1,104	641	280	95	42	45	30
Atlanta, Ga.	128	71	31	21	3	2	1
Baltimore, Md.	231	139	52	25	8	6	5
Charlotte, N.C.	62	28	20	5	4	5	5
Jacksonville, Fla.	93	59	19	8	5	2	4
Miami, Fla.	91	49	31	4	3	4	2
Norfolk, Va.	42	29	10	–	–	3	1
Richmond, Va.	62	28	20	3	3	8	1
Savannah, Ga.	49	27	14	3	4	1	3
St. Petersburg, Fla.	76	61	7	4	1	3	3
Tampa, Fla.	70	44	18	6	–	2	3
Washington, D.C.	163	80	52	16	7	8	2
Wilmington, Del.	37	26	6	–	4	1	–
E.S. CENTRAL	571	339	137	43	17	35	33
Birmingham, Ala.	78	45	19	6	2	6	–
Chattanooga, Tenn.	52	35	10	5	1	1	5
Knoxville, Tenn.	44	28	9	6	1	–	1
Louisville, Ky.	89	54	21	4	5	5	14
Memphis, Tenn.	134	79	31	10	1	13	6
Mobile, Ala.	48	27	11	2	4	4	3
Montgomery, Ala.	45	26	9	5	–	5	2
Nashville, Tenn.	81	45	27	5	3	1	2
W.S. CENTRAL	1,035	588	275	84	46	42	32
Austin, Tex.	36	21	9	5	1	–	5
Baton Rouge, La.	23	12	8	2	–	1	–
Corpus Christi, Tex.	28	17	5	2	2	2	–
Dallas, Tex.	173	100	38	15	7	13	2
El Paso, Tex.	49	28	17	2	–	2	2
Fort Worth, Tex.	75	47	23	2	3	–	6
Houston, Tex.	187	93	53	20	13	8	2
Little Rock, Ark.	52	26	16	6	–	4	3
New Orleans, La.	126	68	39	14	5	–	1
San Antonio, Tex.	147	85	36	10	8	8	8
Shreveport, La.	71	42	17	5	4	3	2
Tulsa, Okla.	68	49	14	1	3	1	1
MOUNTAIN	619	369	136	46	50	18	13
Albuquerque, N.Mex.	97	41	22	15	17	2	2
Colo. Springs, Colo.	25	13	4	2	6	–	2
Denver, Colo.	99	66	19	11	–	3	3
Las Vegas, Nev.	78	38	24	6	8	2	1
Ogden, Utah	15	7	6	1	–	1	1
Phoenix, Ariz.	141	99	28	3	9	2	2
Pueblo, Colo.	27	20	4	1	–	2	1
Salt Lake City, Utah	51	27	11	4	4	5	1
Tucson, Ariz.	86	58	18	3	6	1	–
PACIFIC	1,597	1,043	346	101	54	51	59
Berkeley, Calif.	13	9	1	1	–	2	–
Fresno, Calif.	77	58	9	5	3	2	5
Glendale, Calif.	22	18	4	–	–	–	1
Honolulu, Hawaii	51	33	10	3	2	3	3
Long Beach, Calif.	85	56	16	6	6	1	2
Los Angeles, Calif.	465	279	118	33	18	15	14
Oakland, Calif.§	85	53	18	7	3	4	3
Pasadena, Calif.	40	31	7	–	–	2	2
Portland, Oreg.	113	78	25	6	–	4	4
Sacramento, Calif.	52	39	8	2	–	3	3
San Diego, Calif.	131	79	33	7	6	6	3
San Francisco, Calif.	127	87	29	5	4	2	1
San Jose, Calif.	134	82	32	13	3	4	8
Seattle, Wash.	107	78	19	4	4	2	4
Spokane, Wash.	52	36	9	6	1	–	3
Tacoma, Wash.	43	27	9	3	4	1	3
TOTAL	10,677††	6,720	2,496	713	369	375	391

*Mortality data in this table are voluntarily reported from 121 cities in the United States, most of which have populations of 100,000 or more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

**Pneumonia and influenza

†Because of changes in reporting methods in these 3 Pennsylvania cities, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

††Total includes unknown ages.

§Data not available this week. Figures are estimates based on average percent of regional totals.

Risk Prevalence — Continued

as Mormons, 15% reported smoking, as did 29% of non-Mormon respondents. A comparable difference was observed in the alcohol consumption reported: 25% of Mormons and 73% of non-Mormons reported drinking alcohol within the past month. The cultural patterns of tobacco and alcohol consumption reported in this survey are consistent with those of an earlier study in Utah, which showed that 8% and 38% of Mormons and non-Mormons, respectively, used tobacco, and that 16% and 62% of Mormons and non-Mormons, respectively, used alcohol (*4*).

Reported by the Utah Statewide Risk Reduction Program; RE Johns, Jr, MD, State Epidemiologist, Utah State Dept of Health; Center for Health Promotion and Education, CDC.

Editorial Note: This survey shows that health-risk-prevalence levels for individual states may differ from those for the nation as a whole, thus emphasizing the need for such data on a state-by-state basis. It should be noted that some differences in the data described here may be attributed to basic differences in survey instruments and in demographic data for various states.

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Surveillance of Childhood Lead Poisoning — United States

During the first quarter of fiscal year 1981, 64 childhood lead-poisoning prevention programs reported that 126,049 children were screened and 6,707 were identified with lead toxicity (Table 3). There were 19,909 children reported to be under pediatric management, i.e., continuing medical care and environmental epidemiologic services, for lead toxicity.

As of December 31, 1980, environmental epidemiologic investigations to identify the source of lead toxicity had been conducted for 14,481 (73%) of the 19,909 children under pediatric follow-up. Lead-paint hazards were identified for 13,076 (90%) of them, and for 8,878 (68%) of these, the probable source of exposure was reduced. During the quarter, the health status of 4,381 (22%) of the children improved, and they were placed in a lower diagnostic-risk classification.

Reported by the Environmental Health Services Div, Center for Environmental Health, CDC.

Lead Poisoning — Continued

TABLE 3. Results of screening in childhood lead-poisoning prevention programs, United States, first quarter fiscal year 1981 (October 1-December 31, 1980)

Programs	Number of children						Number of dwellings related to children with lead toxicity		
	Screened	With lead toxicity*							
		Requiring pediatric management			Receiving pediatric management	Identified with iron deficiency	Inspected	Found with lead	Reduced
		Total	Class II	Classes III & IV					
Bridgeport, Conn.	1,436	26	18	8	131	35	32	32	10
Waterbury, Conn.	595	19	13	6	171	32	36	34	29
Boston, Mass.	5,341	266	166	100	923	145	101	99	53
Lawrence, Mass.	1,104	88	70	18	320	60	98	89	72
Worcester, Mass.	1,324	25	20	5	140	11	20	20	24
Rhode Island State	1,839	93	45	48	547	79	33	27	9
REGION I TOTAL	**11,639**	**517**	**332**	**185**	**2,232**	**362**	**320**	**301**	**197**
Atlantic City, N.J.	300	47	20	27	39	1	27	21	28
Camden, N.J.	715	56	29	27	379	54	72	49	22
East Orange, N.J.	489	32	13	19	168	122	22	17	12
Jersey City, N.J.	691	146	100	46	186	67	55	46	54
Long Branch, N.J.	286	15	12	3	42	38	20	18	19
Newark, N.J.	2,111	293	216	77	831	120	74	73	79
Paterson, N.J.	949	93	70	23	705	93	143	124	66
Plainfield, N.J.	770	15	11	4	114	40	34	26	10
N.J. (other local progs.)†	615	146	75	71	NA	44	NA	NA	NA
Erie Co., N.Y.	2,109	94	70	24	225	8	45	10	60
Monroe Co., N.Y.	1,431	110	77	33	173	39	70	57	53
New York City	29,061	1,538	1,079	459	2,522	1,864	508	305	122
Onondaga Co., N.Y.	1,650	52	38	14	322	73	99	89	34
Westchester Co., N.Y.	1,174	32	19	13	254	58	50	39	36
REGION II TOTAL	**42,351**	**2,669**	**1,829**	**840**	**5,960**	**2,621**	**1,219**	**874**	**595**
Delaware State	1,273	43	28	15	278	49	53	26	35
Washington, D.C.	3,049	54	37	17	NA	263	35	34	9
Baltimore, Md.	1,598	157	99	58	310	39	62	58	49
Allentown-Bethlehem, Pa.	527	7	6	1	20	61	5	5	1
Chester, Pa.	493	13	10	3	143	5	10	10	14
Philadelphia, Pa.	5,263	951	588	363	2,463	56	198	186	103
Wilkes-Barre, Pa.	600	16	13	3	99	11	42	25	12
York, Pa.	99	6	4	2	27	9	17	6	15
Lynchburg, Va.	357	10	8	2	70	19	14	6	6
Newport News, Va.	975	29	14	15	27	12	27	25	1
Norfolk, Va.	919	20	15	5	294	27	47	38	19
Portsmouth, Va.	454	11	7	4	140	19	15	0	1
Richmond, Va.	1,360	23	14	9	152	38	40	35	20
REGION III TOTAL	**16,967**	**1,340**	**843**	**497**	**4,023**	**608**	**565**	**454**	**285**
Augusta, Ga.	620	22	16	6	100	32	24	17	13
Louisville, Ky.	2,572	54	35	19	400	113	94	85	85
Cabarrus Co., N.C.	160	5	3	2	11	0	3	2	0
South Carolina State	3,423	35	21	14	331	6	32	25	39
Memphis, Tenn.	2,487	18	9	9	144	23	21	15	3
REGION IV TOTAL	**9,262**	**134**	**84**	**50**	**986**	**174**	**174**	**144**	**140**
Chicago, Ill.	10,415	723	401	322	NA	30	640	214	406
Ill. (other local progs.)†	1,605	58	38	20	37	15	41	33	4
Kankakee, Ill.	354	12	9	3	43	50	9	8	0
Madison Co., Ill.	461	24	14	10	44	28	4	1	4
Rockford, Ill.	480	5	4	1	104	14	8	7	34
Waukegan-Lake Co., Ill.	713	8	6	2	42	24	15	14	5
Fort Wayne, Ind.	179	7	7	0	77	10	11	7	4
Detroit, Mich.	5,340	347	265	82	489	35	317	179	191
Wayne Co., Mich.	492	13	10	3	64	25	9	7	3
St. Paul, Minn.†	2,107	15	5	10	15	NA	2	0	0
Akron, Ohio	1,257	50	50	0	190	152	44	40	52
Cincinnati, Ohio	1,944	28	16	12	245	106	130	20	20
Cleveland, Ohio	3,204	175	116	59	682	376	74	31	16
Beloit, Wis.	164	3	3	0	25	8	6	6	6
Milwaukee, Wis.	1,142	777	49	28	355	29	134	89	78
REGION V TOTAL	**29,857**	**1,545**	**993**	**552**	**2,412**	**902**	**1,444**	**656**	**823**
Arkansas State	2,786	45	28	17	183	107	54	35	54
Louisiana State	2,297	8	4	4	23	0	9	7	2
New Orleans, La.	2,727	43	25	18	689	47	62	48	94
Houston, Tex.	1,390	13	4	9	191	49	13	11	3
REGION VI TOTAL	**9,200**	**109**	**61**	**48**	**1,086**	**203**	**138**	**101**	**153**
Cedar Rapids-Linn Co., Iowa	799	14	8	6	72	16	12	12	19
Davenport-Scott Co., Iowa	459	9	6	3	66	3	9	6	1
St. Louis, Mo.	2,443	332	202	130	2,833	NA	597	384	581
Springfield, Mo.†	228	9	4	5	11	5	9	7	9
Omaha-Douglas Co., Neb.	909	24	17	7	133	14	56	42	21
REGION VII TOTAL	**4,838**	**388**	**237**	**151**	**3,115**	**44**	**683**	**451**	**631**
Alameda Co., Calif.	529	0	0	0	39	21	2	2	1
Los Angeles, Calif.	1,406	5	1	4	56	86	60	14	10
REGION IX TOTAL	**1,935**	**5**	**1**	**4**	**95**	**107**	**62**	**16**	**11**
U.S. TOTAL	**126,049**	**6,707**	**4,380**	**2,327**	**19,909**	**5,021**	**4,605**	**2,997**	**2,835**

*Screening Class II and Classes III & IV defined in CDC Statement, "Preventing Lead Poisoning in Young Children," April 1978.
†Reporting program not receiving Lead Poisoning Prevention grant support.
NA = Not available.

International Notes

Quarantine Measures

The following changes should be made in the "Supplement-Health Information for International Travel," Morbidity and Mortality Weekly Report, Vol. 29, June 1980:

ANGOLA
Yellow fever - Delete all information. Insert: None. ALSO on page 10 delete code. Insert: None.

BANGLADESH
Yellow fever
Africa: Insert: Niger
Americas: Delete: Canal Zone.
Smallpox - Delete note. Insert: None. ALSO on page 10 delete *. Insert: None.

BENIN
Yellow fever - Delete note. ALSO on page 10 delete *.

BOLIVIA
Yellow fever - Delete code. Insert: A certificate is required from travelers going to and arriving from: Africa: All countries. Americas: Brazil, Colombia, French Guiana, Guyana. A certificate is required for all travelers going to Santa Cruz de la Sierra, Bolivia. Central America: All countries. Caribbean: All countries. ALSO on page 10 delete code. Insert *.

BRAZIL
Yellow fever - After code insert >1 yr. Delete note. ALSO on page 10 delete *.
Poliomyelitis - Vaccination is required of children 3 months to 6 years of age (a) when a visa is needed for entry, and (b) when the child is a national of Brazil.

BURMA
Yellow fever - After code insert >1 yr.

CAMEROON, UNITED REPUBLIC OF
Yellow fever - Delete note. ALSO on page 11 delete *.

CHAD
Yellow fever - Delete all information. Insert: None. ALSO on page 11 delete code. Insert: None.

INSERT: **CHANNEL ISLANDS**
Cholera, yellow fever, and *smallpox:* None. ALSO insert on page 11.

CHINA, REPUBLIC OF
Delete all information. Insert: No vaccinations are required. ALSO on page 11 delete all information. Insert: None.

CHRISTMAS ISLAND
Yellow fever - Delete note. ALSO on page 11 delete *.

COOK ISLANDS
Cholera - Delete code. Insert: None. ALSO on page 11 delete code. Insert: None.

CYPRUS
Yellow fever - Delete all information. Insert: None. ALSO on page 11 delete all information. Insert: None.

DJIBOUTI
Smallpox - Delete code. Insert: None. ALSO on page 12 delete code. Insert: None.

DOMINICAN REPUBLIC
Cholera and *yellow fever* - Delete: None. Insert code II. ALSO on page 12 delete: None. Insert code II.

ECUADOR
Smallpox - Delete all information. Insert: None. ALSO on page 12 delete *. Insert: None.

EGYPT
Yellow fever - Americas: Delete Canal Zone.

ETHIOPIA
Yellow fever - Change code to II. ALSO on page 12 change code to II.

Quarantine Measures — Continued

FIJI
Cholera - Delete: None. Insert code II. ALSO on page 12 delete: None. Insert code II.
Yellow fever - Delete: by air. ALSO on page 12 delete *.

GAMBIA
Cholera - Delete all information. Insert: None. ALSO on page 12 delete code. Insert: None.
Yellow fever - After code insert >1 yr.

GHANA
Yellow fever - Delete note. Insert: A certificate is required ALSO from travelers who within the preceding 7 days have been in the endemic zones (see pp. 77-78). ALSO on page 13 insert *.

GILBERT ISLANDS - Delete all information. ALSO on page 13 delete all information.

GRENADA
Yellow fever - Delete note. Insert: None. ALSO on page 13 delete *. Insert: None.

GUINEA-BISSAU
Yellow fever - Change code to II. ALSO on page 13 change code to II. Change first sentence of note to: A certificate is required ALSO from travelers arriving from:
Africa: Delete: Cameroon, United Republic of. Insert: Djibouti, Equatorial Guinea, Mauritania.
Americas: Delete: Belize, Costa Rica, Guatemala, Honduras, Nicaragua. Insert: Guyana.
Smallpox - Delete note. Insert: None. ALSO on page 13 delete *. Insert: None.

GUYANA
Yellow fever
Africa - Insert: Ivory Coast.

IRAN
Yellow fever - Delete note. ALSO on page 13 delete *.

JORDAN
Delete note. ALSO on page 14 delete *.

KUWAIT
Yellow fever - Delete all information. Insert: None. ALSO on page 14 delete code. Insert: None.
Smallpox - Delete all information. Insert: None. ALSO on page 14 delete *. Insert: None.

LAO PEOPLE'S DEMOCRATIC REPUBLIC
Cholera - Delete code. Insert: None. ALSO on page 14 delete code. Insert: None.

LEBANON
Yellow fever - Delete: by air. ALSO on page 14 delete *.

LESOTHO
Cholera - Delete: None. Insert code II. ALSO on page 14 delete: None. Insert code II.

LIBERIA
Yellow fever - Change code to II >1 yr. Insert: A certificate is required ALSO from travelers arriving from countries in the endemic zones (see pp. 77-78). ALSO on page 14 change code to II *.

MADAGASCAR
Smallpox - Delete code. Insert: None. ALSO on page 14 delete code. Insert: None.

NEW HEBRIDES
Delete all information. Name has been changed to **VANATU**. ALSO on page 15 delete New Hebrides.

NIGER
Cholera - Delete all information. Insert code I. ALSO on page 15 change code to I.

NIUE
Cholera - Delete code. Insert: None. ALSO on page 16 delete code. Insert: None.

OMAN
Yellow fever - Delete code. Insert: None. ALSO on page 16 delete code. Insert: None.

PANAMA
Smallpox - Delete all information. Insert: None. ALSO on page 16 delete *. Insert: None.

Quarantine Measures — Continued

PAPUA NEW GUINEA
Cholera - Delete all information. Insert: None. ALSO on page 16 delete code. Insert: None.

PARAGUAY
Cholera - Delete: None. Insert code II. ALSO on page 16 delete: None. Insert code II.
Yellow fever - Insert >6 mos.

PITCAIRN ISLAND
Cholera - Delete: None. Insert code II. ALSO on page 16 delete: None. Insert code II.
Yellow fever - Delete: by air. ALSO on page 16 delete *.

POLAND
Smallpox - Delete all information. Insert: None. ALSO on page 16 delete *. Insert: None.

PORTUGAL
Yellow fever - Change 6 months to 1 year.

RWANDA
Yellow fever - Delete >1 yr.

RYUKYU ISLANDS
Delete all information concerning *cholera, yellow fever,* and *smallpox.* Insert: None. ALSO on page 16 delete all information concerning *cholera, yellow fever,* and *smallpox.* Insert: None.

SEYCHELLES
Cholera and *yellow fever* - Delete all information. Insert: None. ALSO on page 17 delete codes. Insert: None.

SOLOMON ISLANDS
Yellow fever - Delete: by air. ALSO on page 17 delete *.

SYRIAN ARAB REPUBLIC
Yellow fever - Delete: None. Insert code II. ALSO on page 17 delete: None. Insert code II.

TOGO
Yellow fever - Change code to II. Delete note. ALSO on page 17 change code to II. Delete *.

INSERT: **VANATU** (formerly New Hebrides). ALSO insert on page 18.
Cholera - None.
Yellow fever - None.
Smallpox - None.
Malaria: Areas with risk. All except Port Vila, Luganville, and Futuna Island; Risk in urban areas: Yes; Months of risk: All; Areas with known chloroquine-resistant *P. falciparum:* None. ALSO on page 18 under malaria risk insert: Yes *.

VIET NAM
Yellow fever - Delete: by air. ALSO on page 18 delete *.

ZAMBIA
Cholera - Delete >1 yr.

ZIMBABWE
Smallpox - Delete all information. Insert: None. ALSO on page 18 delete *. Insert: None.

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