CENTERS FOR DISEASE CONTROL

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MMWR

MORBIDITY AND MORTALITY WEEKLY REPORT

International Notes

Dengue – Cuba

On June 28, 1981, the Ministry of Health of Cuba reported to the Pan American Health Organization that an epidemic of dengue was occurring in 4 provinces including Havana. The Ministry stated that between May 29 and June 28, 79,000 cases of dengue-like illness were reported, 61,000 from the city of Havana and Havana province. There have been 31 deaths (26 children and 5 adults) as a result of hemorrhage and shock. The virus was identified in Cuba as dengue type 2 by fluorescent antibody and neutralization testing. This type of dengue has not been reported from Caribbean countries other than Cuba in 1981. No hemorrhagic manifestations of dengue have been reported from other islands in the Caribbean.

Dengue type 4 has recently been detected in Dominica, St. Martin, St. Barthelemy, and Guadeloupe. Outbreaks on these islands have occurred in the period March-June 1981 (*1*).

Reported by Ministry of Health, Cuba; Pan American Health Organization, Washington, DC; Caribbean Epidemiology Centre, Trinidad, WI; Vector-Borne Diseases Div, Center for Infectious Diseases, Quarantine Div, Center for Prevention Services, CDC.

Editorial Note: Dengue has been endemic in the Caribbean for several years. However, at no time has dengue type 2 been associated with dengue hemorrhagic fever (DHF) or dengue shock syndrome (DSS) in this area. The diagnosis of these infrequent complications of dengue is based on the following criteria: 1) a positive tourniquet test (20 or more petechiae/in^2 of skin); 2) hemoconcentration (an increase above normal hematocrit of 20% or more); 3) thrombocytopenia (platelets less than 100,000/mm^3); 4) in the case of DSS, frank hypotension or narrowing of pulse pressure to $\leq$20 mm Hg. Hepatomegaly has frequently been associated with DSS cases in Southeast Asia.

Prompt treatment of patients with DSS, the most severe manifestation of DHF, with rapid volume replacement through intravenous electrolyte solutions, plasma, or plasma expanders can reduce the case-fatality ratio from 10%-20% to 3% or less. Attention should also be directed to correcting acid-base abnormalities.

Travelers to the Caribbean can reduce their risk of acquiring dengue by remaining in well-screened areas when possible. Outdoors, exposure to mosquitoes can be reduced by wearing clothing that adequately covers the arms and legs and by applying mosquito repellent.

Reference

1. CDC. Dengue type 4 infections in U.S. travelers to the Caribbean. MMWR 1981;30:249.

Surveillance Summary

Rocky Mountain Spotted Fever — United States, 1980

For the fourth year in a row, the incidence and numbers of cases of Rocky Mountain spotted fever (RMSF) in the United States have remained relatively constant. A provisional total of 1,156 cases of RMSF were reported to CDC for 1980. This number slightly exceeds the 1977 record total of 1,153, although the overall incidence based on 1980 census data was lower (0.51/100,000 population vs. 0.53/100,000) (Figure 1).

The South Atlantic states accounted for 709 (61.3%) of all reported cases. The incidence of RMSF was highest in North Carolina, which had 5.46/100,000 population (321 cases), followed by South Carolina (4.52/100,000; 141 cases), Oklahoma (2.55/100,000, 77 cases), Maryland (1.83/100,000; 77 cases), Virginia (1.80/100,000; 96 cases), Tennessee (1.33/100,000; 61 cases), and Georgia (1.10/100,000; 60 cases).

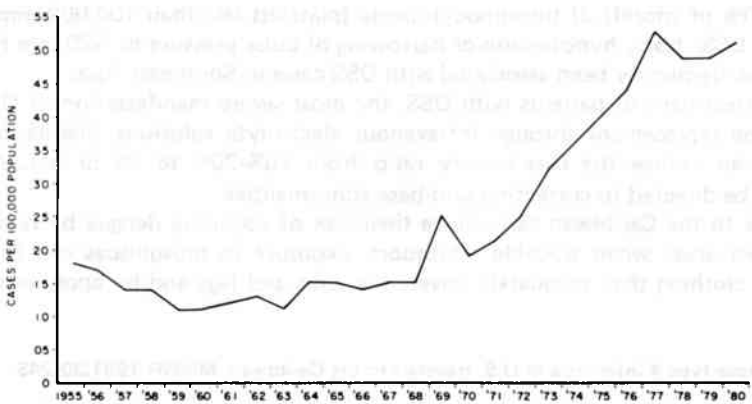
States submitted case-report forms on 924 (79.9%) of all the reported cases. Of these, 567 (61.4%) were confirmed by Weil-Felix agglutination, complement-fixation (CF), or micro-immunofluorescence (MIF) techniques. The age distribution (52.8% less than 20 years old), male/female ratio (1.75:1), and race (86.1% white) changed little from 1979. The case-fatality rate rose in 1980 from 3.1% to 4.7% (Figure 2), with the rate for blacks rising from 7.0% in 1979 to 10.7% in 1980.

The incidence of RMSF was highest in May and June; 94.7% of the patients became ill between April 1 and September 30.

Reported by Viral Diseases Div, Center for Infectious Diseases, CDC.

Editorial Note: Reported cases and incidence of RMSF have remained about the same since 1977, after a sustained climb from a low of 0.11/100,000 population in 1959 (*1*). Age, sex, race, and the locale of RMSF have changed little in the last several years. The case-fatality rate has fluctuated between 3% and 8% since 1970. The 1980 case-fatality rates for blacks and persons ≥40 years old are similar to the rates for the period 1975-78, suggesting that the low rates in 1979 were unusual. Persons at highest risk of death were

FIGURE 1. Rocky Mountain spotted fever, reported cases per 100,000, by year, United States, 1955-1980*



*1980 total is provisional.

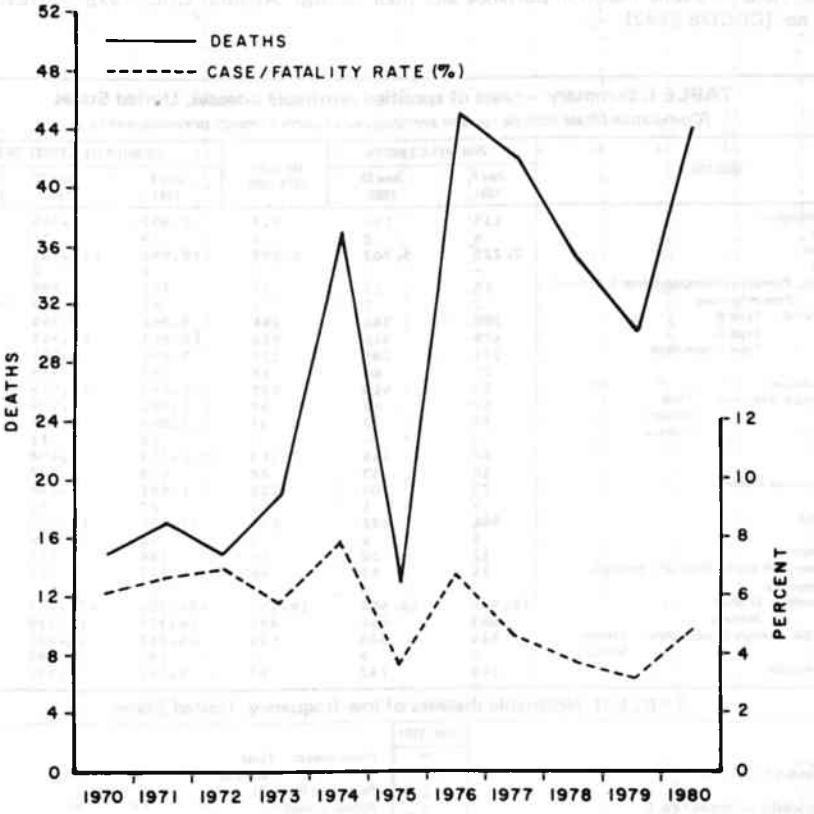
Rocky Mountain Spotted Fever – Continued

in the age group 30-39 years old (11.7%), again showing that while young people get RMSF, relatively more older adults die from it.

Reducing the mortality associated with RMSF requires early diagnosis of the presenting symptoms of fever, headache, rash, and myalgias in persons who have a history of possible tick exposure. Lack of known tick exposure, late onset of rash, and gastrointestinal complaints are more frequently associated with fatal cases (*2*). Serologic confirmation of the clinical diagnosis is not possible until day 10-14 of illness.

CDC has changed its case definition for RMSF in 1981 because new serologic methods have been developed and made available (*3*). A clinically compatible case with "diagnostic" titers obtained by Weil-Felix (Proteus OX-19 or OX-2) will only be considered a "probable" case. A clinically compatible case with diagnostic titers obtained by the more specific and sensitive complement fixation (CF), indirect fluorescent antibody (IFA), indirect hemagglutination (IHA), latex agglutination (LA), or microagglutination (MA) tests will be considered a "confirmed" case (*4,5*). Patients from whom the causative agent is isolated or who have positive fluorescent antibody staining of biopsy or autopsy specimens (which should be done only in laboratories experienced in these tech-

FIGURE 2. Rocky Mountain spotted fever, death-to-case ratio, United States, 1970-1980*



*Based on case-report form data; 1980 figure is preliminary.

Rocky Mountain Spotted Fever – Continued

niques) will still be considered to have "confirmed" cases.

Since ticks must be attached for several hours before they cause infection, the only preventive measure available for persons who are likely to be exposed to ticks is to check for them frequently. Ticks can be removed by pulling slowly and steadily with tweezers or fingers protected with facial tissue; by covering the tick for several minutes with petroleum jelly, finger-nail polish, or isopropyl alcohol to ease removal (*6*). Antiseptic should be applied to the bite site to prevent infection. If the tick was touched with bare hands while being removed, the hands should be washed thoroughly with soap and water, because tick secretions can be infective. Although a vaccine is currently being developed, it is not expected to become available in the near future.

References

1. CDC. Rickettsial disease surveillance. Report no. 1, 1975-1978. Atlanta: CDC, 1979. (DHEW publication no. [CDC]79-8379).
2. Hattwick MA, Retailliau H, O'Brian RJ, Slutzker M, Fontaine RE, Hanson B. Fatal Rocky Mountain spotted fever. JAMA 1978;240:1499-503.
3. CDC. Rickettsial disease surveillance. Report no. 2, 1979. Atlanta: CDC, 1981 (In press).
4. Hechemy KE. Laboratory diagnosis of Rocky Mountain spotted fever. N Engl J Med 1979;300: 859-60.
5. Philip RN, Casper EA, MacCormack JN, et al. A comparison of serologic methods for diagnosis of Rocky Mountain spotted fever. Am J Epidemiol 1977;105:56-67.
6. CDC. Ticks of public health importance and their control. Atlanta: CDC, 1978. (DHEW publication no. [CDC]78-8142).

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

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

DISEASE	26th WEEK ENDING		MEDIAN	CUMULATIVE, FIRST 26 WEEKS		
	July 4 1981	June 28 1980	1976-1980	July 4 1981	June 28 1980	MEDIAN 1976-1980
Aseptic meningitis	135	150	112	2,003	1,769	1,238
Brucellosis	6	2	3	79	84	84
Chickenpox	2,225	3,302	2,593	159,942	147,767	147,767
Diphtheria	–	–	2	3	2	44
Encephalitis: Primary (arthropod-borne & unspec.)	15	17	17	377	299	302
Post-infectious	2	2	4	45	100	107
Hepatitis, Viral: Type B	399	388	294	9,948	8,365	7,556
Type A	478	510	558	12,613	13,455	14,581
Type unspecified	231	205	174	5,654	5,501	4,427
Malaria	25	66	14	659	919	279
Measles (rubeola)	55	410	553	2,347	11,634	21,232
Meningococcal infections: Total	57	42	37	2,081	1,575	1,394
Civilian	57	42	37	2,069	1,564	1,338
Military	–	–	–	12	11	13
Mumps	50	116	319	2,714	6,498	12,019
Pertussis	15	33	28	498	557	557
Rubella (German measles)	33	108	183	1,461	2,864	9,893
Tetanus	–	1	1	27	30	30
Tuberculosis	506	632	633	13,361	13,304	14,302
Tularemia	9	6	3	96	76	63
Typhoid fever	12	10	10	234	181	181
Typhus fever, tick-borne (Rky. Mt. spotted)	74	87	46	510	405	357
Venereal diseases:						
Gonorrhea: Civilian	18,565	19,502	19,150	484,704	471,747	471,747
Military	603	564	443	14,334	13,320	13,493
Syphilis, primary & secondary: Civilian	515	520	416	14,823	12,907	11,992
Military	2	9	5	180	160	153
Rabies in animals	103	142	63	3,591	3,392	1,572

TABLE II. Notifiable diseases of low frequency, United States

	CUM. 1981		CUM. 1981
Anthrax	–	Poliomyelitis: Total	–
Botulism (Idaho 1, Calif. 1)	31	Paralytic	–
Cholera	1	Psittacosis (Miss. 1)	58
Congenital rubella syndrome (Va. 1)	5	Rabies in man	–
Leprosy (N.Y. City 1, Ill. 1, Hawaii 4)	109	Trichinosis	91
Leptospirosis (Minn. 1)	20	Typhus fever, flea-borne (endemic, murine) (Tex. 4)	20
Plague	5		

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 July 4, 1981 and June 28, 1980 (26th 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	135	6	2,225	-	3	15	17	2	399	478	231	25	659
NEW ENGLAND	7	1	393	-	-	-	1	1	8	3	8	2	36
Maine	2	-	16	-	-	-	-	-	-	1	-	-	1
N.H.	-	-	8	-	-	-	-	-	-	-	-	-	3
Vt.	-	-	32	-	-	-	-	-	-	1	-	-	2
Mass.	-	1	161	-	-	-	1	-	2	-	8	2	19
R.I.	5	-	33	-	-	-	-	1	1	1	-	-	2
Conn.	-	-	143	-	-	-	-	-	5	-	-	-	9
MID. ATLANTIC	8	-	326	-	-	4	7	-	76	68	20	4	74
Upstate N.Y.	-	-	139	-	-	-	-	-	15	10	4	1	21
N.Y. City	2	-	185	-	-	2	1	-	23	20	3	3	26
N.J.	3	-	NN	-	-	1	1	-	20	18	11	-	19
Pa.	3	-	2	-	-	1	5	-	18	20	2	-	8
E.N. CENTRAL	10	-	782	-	-	-	3	-	44	35	16	2	30
Ohio	6	-	105	-	-	-	1	-	27	18	9	-	6
Ind.	2	-	70	-	-	-	2	-	-	2	3	-	6
Ill.	-	-	92	-	-	-	-	-	6	8	2	2	9
Mich.	2	-	228	-	-	-	-	-	8	7	1	-	9
Wis.	-	-	287	-	-	-	-	-	3	-	1	-	-
W.N. CENTRAL	7	1	248	-	-	-	-	-	31	20	15	-	19
Minn.	-	-	-	-	-	-	-	-	-	-	-	-	8
Iowa	1	-	52	-	-	-	-	-	1	1	2	-	2
Mo.	3	-	2	-	-	-	-	-	27	18	9	-	2
N. Dak.	-	-	4	-	-	-	-	-	-	-	-	-	1
S. Dak.	-	-	6	-	-	-	-	-	-	-	-	-	1
Nebr.	-	-	1	-	-	-	-	-	-	-	4	-	-
Kans.	3	1	183	-	-	-	-	-	3	1	-	-	5
S. ATLANTIC	31	1	230	-	1	3	3	1	73	70	35	3	75
Del.	-	-	9	-	-	-	-	-	-	-	2	-	1
Md.	5	-	87	-	-	1	1	-	16	10	11	1	16
D.C.	-	-	1	-	-	-	-	-	-	1	-	-	1
Va.	2	1	37	-	-	1	1	-	9	7	7	-	11
W. Va.	-	-	57	-	-	-	-	-	1	1	1	-	3
N.C.	3	-	NN	-	-	1	1	-	6	6	1	1	7
S.C.	-	-	5	-	-	-	-	-	2	1	1	-	1
Ga.	1	-	3	-	-	-	-	-	7	7	-	-	8
Fla.	20	-	31	-	1	-	-	1	32	37	12	1	27
E.S. CENTRAL	8	-	8	-	-	3	-	-	13	20	4	-	4
Ky.	-	-	6	-	-	1	-	-	1	8	2	-	-
Tenn.	5	-	NN	-	-	1	-	-	7	2	1	-	-
Ala.	3	-	1	-	-	1	-	-	2	6	1	-	3
Miss.	-	-	1	-	-	-	-	-	3	4	-	-	1
W.S. CENTRAL	24	1	130	-	-	3	-	-	40	51	56	3	46
Ark.	-	-	1	-	-	-	-	-	1	2	1	-	3
La.	6	-	NN	-	-	-	-	-	13	10	17	-	2
Okla.	1	-	-	-	-	1	-	-	8	4	1	-	4
Tex.	17	1	129	-	-	2	-	-	18	35	37	3	37
MOUNTAIN	4	1	31	-	1	1	-	-	19	40	23	-	22
Mont.	-	-	-	-	1	-	-	-	3	1	-	-	-
Idaho	-	-	-	-	-	-	-	-	-	5	-	-	-
Wyo.	-	-	-	-	-	-	-	-	-	-	-	-	-
Colo.	4	1	27	-	-	-	-	-	2	5	3	-	11
N. Mex.	-	-	-	-	-	-	-	-	2	8	2	-	1
Ariz.	-	-	NN	-	-	1	-	-	1	9	11	-	4
Utah	-	-	2	-	-	-	-	-	2	2	3	-	3
Nev.	-	-	2	-	-	-	-	-	9	10	4	-	3
PACIFIC	36	1	77	-	1	1	3	-	95	171	54	11	353
Wash.	3	-	49	-	-	-	-	-	-	5	-	1	19
Oreg.	2	-	1	-	-	-	1	-	4	8	-	-	9
Calif.	26	1	21	-	-	1	2	-	90	154	54	10	321
Alaska	-	-	1	-	1	-	-	-	1	4	-	-	1
Hawaii	5	-	5	-	-	-	-	-	-	-	-	-	3
Guam	NA	NA	NA	NA	-	NA	-	-	NA	NA	NA	NA	1
P.R.	-	-	36	-	-	-	-	-	9	11	6	1	9
V.I.	NA	NA	NA	NA	-	NA	-	-	NA	NA	NA	NA	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 July 4, 1981 and June 28, 1980 (26th 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	55	2,347	11,634	57	2,081	1,575	50	2,714	15	33	1,461	27
NEW ENGLAND	–	72	658	4	135	100	5	130	2	3	100	1
Maine	–	5	33	–	20	3	3	27	–	–	33	–
N.H.	–	4	326	–	12	5	1	15	1	2	35	–
Vt.	–	1	226	–	6	13	–	4	–	–	–	–
Mass.	–	54	49	1	33	35	–	39	–	–	20	–
R.I.	–	–	2	1	12	7	–	17	1	–	–	–
Conn.	–	8	22	2	52	37	1	28	–	1	12	1
MID. ATLANTIC	1	718	3,463	8	274	272	4	482	–	–	175	1
Upstate N.Y.	–	196	616	3	92	90	1	77	–	–	73	–
N.Y. City	1	53	1,046	–	45	71	3	56	–	–	46	1
N.J.	–	51	772	–	64	58	–	81	–	–	46	–
Pa.	–	418	1,029	5	73	53	–	268	–	–	10	–
E.N. CENTRAL	–	72	1,979	10	244	175	8	777	2	15	317	4
Ohio	–	15	250	4	88	65	3	116	–	1	1	–
Ind.	–	8	86	–	36	31	–	89	2	8	113	–
Ill.	–	21	298	5	62	27	1	152	–	4	75	–
Mich.	–	27	225	1	54	40	1	289	–	–	31	3
Wis.	–	1	1,120	–	4	12	3	131	–	2	97	1
W.N. CENTRAL	2	10	1,270	1	96	67	–	171	–	2	75	3
Minn.	2	6	1,039	–	33	18	–	6	–	–	6	2
Iowa	–	1	20	–	18	7	–	40	–	–	4	–
Mo.	–	1	63	–	28	30	–	27	–	–	3	1
N. Dak.	–	–	–	–	1	1	–	–	–	–	–	–
S. Dak.	–	–	–	–	4	4	–	1	–	–	–	–
Nebr.	–	1	81	–	–	–	–	3	–	–	1	–
Kans.	–	1	67	1	12	7	–	94	–	2	61	–
S. ATLANTIC	1	319	1,756	16	483	364	26	372	6	2	121	6
Del.	–	–	3	–	4	2	–	9	–	–	1	–
Md.	1	2	70	5	34	34	1	71	–	–	1	–
D.C.	–	1	–	–	1	1	–	1	–	–	–	–
Va.	–	6	294	3	61	32	25	106	1	1	6	–
W. Va.	–	8	7	–	19	13	–	59	–	–	20	–
N.C.	–	4	115	1	70	73	–	12	1	–	4	2
S.C.	–	–	139	1	64	47	–	9	–	–	8	1
Ga.	–	101	784	2	81	65	–	33	3	1	32	1
Fla.	–	197	344	4	149	97	–	72	1	–	49	2
E.S. CENTRAL	–	2	305	1	151	147	–	64	–	–	25	1
Ky.	–	–	51	–	43	47	–	31	–	–	14	–
Tenn.	–	–	148	–	43	42	–	20	–	–	10	–
Ala.	–	2	22	1	49	37	–	12	–	–	1	1
Miss.	–	–	84	–	16	21	–	1	–	–	–	–
W.S. CENTRAL	33	828	903	8	356	179	1	158	1	3	125	5
Ark.	–	1	14	–	23	14	–	1	–	–	1	1
La.	–	–	11	1	87	66	–	3	–	–	9	2
Okla.	–	6	759	–	27	16	–	–	–	–	–	1
Tex.	33	821	119	7	219	83	1	154	1	3	115	1
MOUNTAIN	–	32	361	–	71	58	3	98	2	2	65	1
Mont.	–	–	1	–	6	2	–	5	1	–	4	–
Idaho	–	1	–	–	3	4	–	4	–	–	3	–
Wyo.	–	–	–	–	–	2	–	1	–	–	1	–
Colo.	–	8	17	–	31	14	1	40	–	1	27	–
N. Mex.	–	9	11	–	6	7	–	–	1	–	2	–
Ariz.	–	4	279	–	16	10	1	22	–	1	18	1
Utah	–	–	46	–	5	2	1	15	–	–	3	–
Nev.	–	10	7	–	4	17	–	11	–	–	7	–
PACIFIC	18	294	939	9	271	213	3	462	2	6	458	5
Wash.	–	1	166	1	52	38	–	129	1	–	60	–
Oreg.	–	3	–	4	42	39	–	55	–	–	30	–
Calif.	18	288	763	3	168	134	3	258	1	5	362	5
Alaska	–	–	5	1	5	2	–	5	–	–	–	–
Hawaii	–	2	5	–	4	–	–	15	–	1	6	–
Guam	NA	4	5	–	–	1	NA	6	NA	NA	1	–
P.R.	17	212	93	1	10	7	5	98	–	–	3	3
V.I.	NA	5	6	–	–	1	NA	4	NA	NA	1	–
Pac. Trust Terr.	NA	–	6	–	–	–	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 July 4, 1981 and June 28, 1980 (26th 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	506	13,361	96	12	234	74	510	18,565	484,704	471,747	515	14,823	12,907	3,591
NEW ENGLAND	24	384	1	–	12	–	5	430	11,935	12,038	11	324	277	13
Maine	–	23	–	–	1	–	–	22	590	695	–	2	4	7
N.H.	1	10	–	–	–	–	–	17	413	397	–	10	1	1
Vt.	1	12	–	–	–	–	–	6	206	283	–	13	3	–
Mass.	17	220	–	–	7	–	3	221	4,891	4,951	9	216	156	1
R.I.	–	21	–	–	–	–	–	20	622	727	1	19	15	–
Conn.	5	98	1	–	4	–	2	144	5,213	4,985	1	64	98	4
MID. ATLANTIC	91	2,181	10	2	41	–	9	2,528	56,999	50,809	73	2,238	1,868	35
Upstate N.Y.	12	364	10	–	6	–	2	393	9,582	9,312	–	207	153	26
N.Y. City	39	828	–	2	24	–	2	1,334	23,488	19,793	46	1,353	1,233	–
N.J.	33	501	–	–	7	–	3	357	10,919	9,288	7	290	235	5
Pa.	7	488	–	–	4	–	2	444	13,010	12,416	20	388	247	4
E.N. CENTRAL	54	1,760	1	–	14	–	17	1,543	72,812	72,576	14	963	1,223	461
Ohio	5	329	–	–	1	–	15	487	25,622	19,371	6	134	199	37
Ind.	–	148	–	–	–	–	2	150	6,663	6,884	2	105	95	39
Ill.	25	715	–	–	6	–	–	21	18,393	22,774	–	503	697	356
Mich.	24	479	1	–	5	–	–	645	15,641	16,453	6	174	183	4
Wis.	NA	89	–	–	2	–	–	240	6,493	7,094	–	47	49	25
W.N. CENTRAL	14	486	7	–	8	3	16	829	23,209	20,999	4	279	159	1,531
Minn.	2	86	–	–	2	–	–	158	3,653	3,510	–	101	56	275
Iowa	–	49	–	–	2	–	–	95	2,500	2,358	–	13	8	489
Mo.	11	209	6	–	1	2	10	473	10,758	8,940	4	142	77	124
N. Dak.	–	20	–	–	–	–	–	5	319	315	–	4	2	252
S. Dak.	–	36	–	–	1	–	–	10	645	667	–	2	2	168
Nebr.	1	16	1	–	1	1	2	23	1,760	1,718	–	3	6	112
Kans.	–	70	–	–	1	–	4	65	3,574	3,491	–	14	8	111
S. ATLANTIC	77	2,958	8	1	35	59	314	4,528	118,836	116,733	162	3,905	3,076	206
Del.	3	44	1	–	–	–	2	114	1,800	1,608	–	7	8	–
Md.	7	300	–	–	11	4	36	873	12,591	12,057	9	294	212	8
D.C.	9	181	–	–	1	–	–	325	7,475	8,200	19	330	209	–
Va.	8	301	–	–	1	12	44	281	10,803	10,245	–	347	282	34
W. Va.	3	99	–	–	4	–	4	57	1,780	1,494	–	9	12	9
N.C.	14	500	1	–	1	34	128	626	18,422	17,068	12	310	225	2
S.C.	–	275	2	–	–	3	63	585	11,312	11,342	9	261	169	14
Ga.	18	471	4	–	2	6	31	849	24,628	21,954	23	990	893	98
Fla.	15	787	–	1	15	–	6	818	30,025	32,765	90	1,357	1,066	41
E.S. CENTRAL	30	1,160	2	–	5	1	46	1,824	40,247	38,713	25	947	1,051	235
Ky.	–	309	2	–	–	–	2	148	5,096	5,718	–	44	75	67
Tenn.	9	372	–	–	1	1	33	560	15,141	13,687	10	374	423	131
Ala.	9	320	–	–	2	–	2	919	12,583	11,433	10	261	217	37
Miss.	12	159	–	–	2	–	9	197	7,427	7,875	5	268	336	–
W.S. CENTRAL	58	1,469	49	3	24	10	92	2,469	64,092	61,350	124	3,597	2,490	666
Ark.	8	149	24	1	1	1	16	264	4,533	4,580	–	67	80	92
La.	3	272	2	–	–	–	–	247	10,003	10,897	24	820	604	20
Okla.	6	167	13	–	3	4	59	194	6,825	6,091	–	84	52	126
Tex.	41	881	10	2	20	5	17	1,764	42,731	39,782	100	2,626	1,754	428
MOUNTAIN	25	383	15	1	18	1	10	741	19,213	18,120	13	384	304	106
Mont.	–	23	4	–	4	1	5	35	677	664	–	9	1	64
Idaho	–	6	2	–	–	–	2	27	807	857	–	15	9	–
Wyo.	–	6	1	–	–	–	2	9	422	532	1	8	7	5
Colo.	2	44	4	1	5	–	–	225	5,134	4,852	11	117	82	12
N. Mex.	1	69	1	–	–	–	–	67	2,090	2,277	1	72	51	16
Ariz.	13	170	–	–	9	–	–	246	5,985	4,864	–	80	107	7
Utah	8	27	2	–	–	–	–	41	905	837	–	14	7	–
Nev.	1	38	1	–	–	–	1	91	3,193	3,237	–	69	40	2
PACIFIC	133	2,580	3	5	77	–	1	3,673	77,361	80,409	89	2,186	2,459	338
Wash.	–	189	1	–	3	–	–	222	6,117	6,767	–	66	123	3
Oreg.	10	104	–	–	3	–	–	174	4,821	5,601	1	46	56	3
Calif.	120	2,184	2	5	71	–	1	3,169	63,052	64,436	88	2,031	2,180	319
Alaska	–	34	–	–	–	–	–	60	1,909	1,950	–	5	5	13
Hawaii	3	69	–	–	–	–	–	48	1,462	1,655	–	38	95	–
Guam	NA	7	–	NA	–	NA	–	NA	47	72	NA	–	4	–
P.R.	27	178	–	–	3	–	–	56	1,655	1,353	10	337	277	41
V.I.	NA	1	–	NA	2	NA	–	NA	92	108	NA	9	10	–
Pac. Trust Terr.	NA	32	–	NA	–	NA	–	NA	165	205	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 July 4, 1981 (26th week)

REPORTING AREA	ALL CAUSES, BY AGE (YEARS)						P&I** TOTAL
	ALL AGES	>65	45-64	25-44	1-24	<1	
NEW ENGLAND	608	394	132	44	20	18	18
Boston, Mass.	168	96	38	17	8	9	–
Bridgeport, Conn.	49	34	9	2	4	–	1
Cambridge, Mass.	22	18	4	–	–	–	1
Fall River, Mass.	38	25	11	–	2	–	–
Hartford, Conn.	53	36	10	4	1	2	2
Lowell, Mass.	17	13	3	–	–	1	2
Lynn, Mass.	10	5	2	3	–	–	–
New Bedford, Mass	14	11	2	1	–	–	–
New Haven, Conn.	39	27	6	2	2	2	2
Providence, R.I.	65	41	16	4	1	3	6
Somerville, Mass.	11	7	4	–	–	–	–
Springfield, Mass.	34	22	8	4	–	–	1
Waterbury, Conn.	24	14	4	5	1	–	–
Worcester, Mass.	64	45	15	2	1	1	3
MID. ATLANTIC	2,636	1,713	581	184	73	85	86
Albany, N.Y.	45	26	13	1	1	4	2
Allentown, Pa.	22	16	6	–	–	–	–
Buffalo, N.Y.	100	68	19	5	4	4	12
Camden, N.J.	31	19	5	2	5	–	–
Elizabeth, N.J.	26	15	7	3	1	–	–
Erie, Pa.†	32	18	10	2	1	1	1
Jersey City, N.J.	46	31	12	2	1	–	–
N.Y. City, N.Y.	1,470	962	302	124	39	43	35
Newark, N.J.	47	25	15	3	1	3	1
Paterson, N.J.	18	12	4	2	–	–	1
Philadelphia, Pa.	418	248	114	28	10	18	22
Pittsburgh, Pa.†	45	28	13	1	1	2	1
Reading, Pa.	36	30	4	1	1	–	2
Rochester, N.Y.	85	58	14	4	5	4	5
Schenectady, N.Y.	30	22	7	1	–	–	1
Scranton, Pa.†	37	27	8	–	–	2	1
Syracuse, N.Y.	76	53	14	3	3	3	1
Trenton, N.J.	25	18	6	–	–	1	1
Utica, N.Y.	20	15	4	1	–	–	–
Yonkers, N.Y.	27	22	4	1	–	–	–
E.N. CENTRAL	1,921	1,126	500	142	77	76	34
Akron, Ohio	42	27	10	1	3	1	1
Canton, Ohio	32	21	6	3	2	–	–
Chicago, Ill.	489	273	132	40	24	20	6
Cincinnati, Ohio	129	75	33	8	5	8	–
Cleveland, Ohio	123	62	36	11	6	8	3
Columbus, Ohio	133	73	43	11	2	4	3
Dayton, Ohio	86	53	22	6	2	3	–
Detroit, Mich.	224	130	50	26	6	12	4
Evansville, Ind.	35	22	8	2	2	1	2
Fort Wayne, Ind.	38	19	11	2	3	3	1
Gary, Ind.	17	7	5	3	2	–	–
Grand Rapids, Mich	43	27	11	3	–	2	1
Indianapolis, Ind.	125	78	34	6	4	3	2
Madison, Wis.	48	34	11	1	1	1	5
Milwaukee, Wis.	104	63	29	5	2	5	–
Peoria, Ill.	23	12	8	–	3	–	1
Rockford, Ill.	36	22	10	2	–	2	2
South Bend, Ind.	29	20	8	–	1	–	1
Toledo, Ohio	112	77	21	9	4	1	2
Youngstown, Ohio	53	31	12	3	5	2	1
W.N. CENTRAL	652	422	147	36	17	30	28
Des Moines, Iowa	41	27	7	5	1	1	–
Duluth, Minn.	31	20	7	–	–	4	1
Kansas City, Kans.	26	12	8	4	2	–	1
Kansas City, Mo.	112	72	23	6	3	8	3
Lincoln, Nebr.	27	18	7	1	1	–	4
Minneapolis, Minn.	86	57	16	6	4	3	3
Omaha, Nebr.	76	53	18	3	–	2	4
St. Louis, Mo.	156	92	43	9	2	10	9
St. Paul, Minn.	51	38	9	–	3	1	–
Wichita, Kans.	46	33	9	2	1	1	3

REPORTING AREA	ALL CAUSES, BY AGE (YEARS)						P&I** TOTAL
	ALL AGES	>65	45-64	25-44	1-24	<1	
S. ATLANTIC	998	561	256	86	37	56	29
Atlanta, Ga.	151	91	37	16	5	2	2
Baltimore, Md.	145	88	37	13	2	5	3
Charlotte, N.C.	64	30	18	9	4	1	4
Jacksonville, Fla.	88	50	21	6	4	7	1
Miami, Fla.	94	48	22	12	1	11	2
Norfolk, Va.	47	23	16	3	2	3	4
Richmond, Va.	63	28	20	6	4	5	1
Savannah, Ga.	33	15	12	4	1	1	1
St. Petersburg, Fla.	82	65	13	1	2	1	4
Tampa, Fla.	58	34	12	5	1	6	4
Washington, D.C.	100	50	26	8	8	8	3
Wilmington, Del.	73	39	22	3	3	6	–
E.S. CENTRAL	553	341	135	29	27	21	28
Birmingham, Ala.	81	44	22	4	6	5	–
Chattanooga, Tenn.	44	29	9	4	2	–	2
Knoxville, Tenn.	39	29	8	–	2	–	2
Louisville, Ky.	35	23	9	1	–	2	4
Memphis, Tenn.	143	85	39	8	5	6	6
Mobile, Ala.	68	49	10	2	5	2	5
Montgomery, Ala.	46	31	9	2	3	1	4
Nashville, Tenn.	97	51	29	8	4	5	5
W.S. CENTRAL	1,134	651	281	104	61	37	30
Austin, Tex.	29	18	11	–	–	–	1
Baton Rouge, La.	50	27	11	7	2	3	1
Corpus Christi, Tex.	29	20	3	1	4	1	–
Dallas, Tex.	203	108	49	18	19	9	1
El Paso, Tex.	33	23	8	1	–	1	2
Fort Worth, Tex.	84	53	19	6	5	1	4
Houston, Tex.	268	147	71	27	16	7	–
Little Rock, Ark.	67	37	18	5	4	3	6
New Orleans, La.	147	80	35	21	5	6	1
San Antonio, Tex.	125	89	25	6	5	–	8
Shreveport, La.	33	17	11	3	–	2	2
Tulsa, Okla.	66	32	20	9	1	4	4
MOUNTAIN	554	350	128	40	17	19	24
Albuquerque, N. Mex	83	52	23	5	2	1	8
Colo. Springs, Colo.	30	19	7	2	2	–	5
Denver, Colo.	81	58	11	4	2	6	4
Las Vegas, Nev.	70	37	19	8	3	3	1
Ogden, Utah	21	14	6	–	1	–	–
Phoenix, Ariz.	116	76	26	10	1	3	–
Pueblo, Colo.	32	20	7	3	1	1	2
Salt Lake City, Utah	53	32	15	2	3	1	1
Tucson, Ariz.	68	42	14	6	2	4	3
PACIFIC	1,473	935	331	101	56	49	60
Berkeley, Calif.	16	12	3	1	–	–	1
Fresno, Calif.	55	35	15	4	–	1	3
Glendale, Calif.	19	12	4	3	–	–	1
Honolulu, Hawaii	35	19	11	2	2	1	1
Long Beach, Calif.	79	47	27	2	1	2	3
Los Angeles, Calif.	426	272	87	32	24	10	18
Oakland, Calif. §	85	55	18	6	3	3	3
Pasadena, Calif.	17	13	1	1	1	1	2
Portland, Oreg.	127	85	26	6	5	5	1
Sacramento, Calif.	58	35	11	6	3	3	5
San Diego, Calif.	101	58	26	9	7	1	4
San Francisco, Calif	122	80	27	6	3	6	2
San Jose, Calif.	122	76	27	10	6	3	10
Seattle, Wash.	124	80	29	6	–	9	4
Spokane, Wash.	52	37	10	1	–	4	1
Tacoma, Wash.	35	19	9	6	1	–	1
TOTAL	10,529††	6,493	2,491	766	385	391	337

*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.

Tuberculosis — United States, 1980

In 1980, 27,749 cases of tuberculosis were reported to CDC. This represents an increase from 1979 of 80 cases (0.3%). It is only the second time since 1953, the year in which all states began using standardized formats to report tuberculosis morbidity data to the U.S. Public Health Service, that the number of reported cases rose.* The case rate in 1980 was 12.3/100,000 population, 2.4% lower than in 1979 (Table 1).

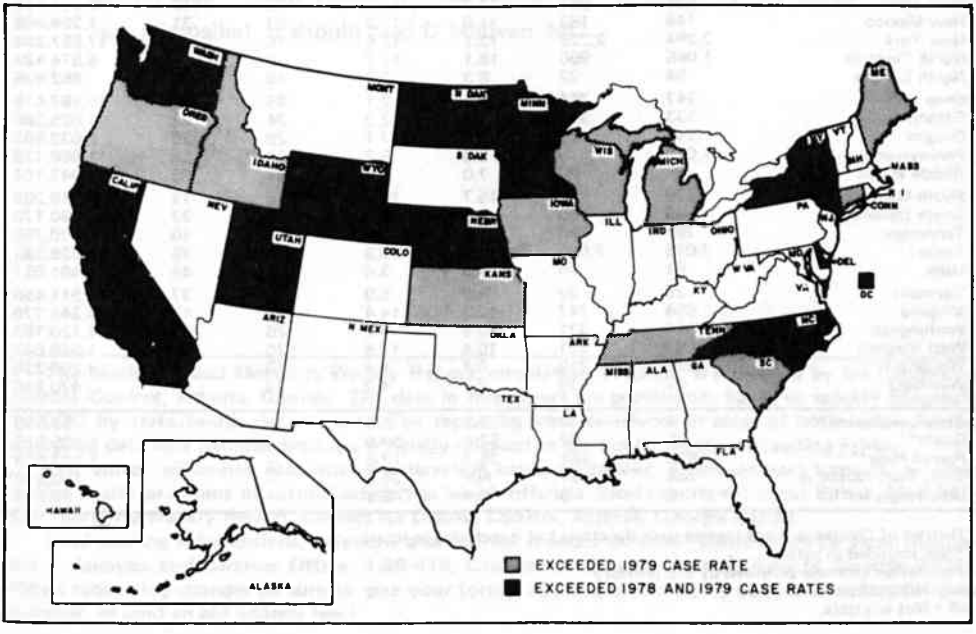
Case rates for the 50 states ranged from 19.0/100,000 in Alaska to 2.4/100,000 in New Hampshire. The case rate rose in 20 states and the District of Columbia. As in recent years, case rates were higher in the southern than in the northern half of the country (Table 1); however, states with increased case rates were more common in the northern half of the country (Figure 3).

Reported by Tuberculosis Control Div, Center for Prevention Services, CDC.

Editorial Note: Over the past 26 years, the number of reported cases and case rates have continued to decrease about 4% and 5%, respectively, each year. In view of this steady pattern of progress in controlling tuberculosis, the 0.3% increase in cases and 2.4% decline in case rate in 1980 stand in contrast. The leveling off of the downward trend has now continued for 3 years. The decline in cases and case rate in 1979 was also smaller than usual (3.0% and 3.8%, respectively), and the provisional number of reported cases so far in 1981 exceeds the number reported during the equivalent period in 1980. One factor slowing the downward trend is the number of Indochinese refugees in the United States who have tuberculosis. A survey of tuberculosis among Indochinese refugees in 1980 has recently been conducted to determine the epidemiologic features of this factor; the results are pending.

*Excluding 1975 when changes occurred in the criteria for counting cases.

FIGURE 3. States with an increase in tuberculosis case rates, United States, 1980



Tuberculosis – Continued

TABLE 1. Tuberculosis cases and case rates, by state, 1980 and 1979

State	Tuberculosis cases		Case rate per 100,000 population		Rank according to rate		Population 1980 census
	1980	1979	1980	1979	1980	1979	
United States	27,749	27,669	12.3	12.6	–	–	226,504,825
Alabama	663	644	17.0	17.1	6	9	3,890,061
Alaska	76	90	19.0	22.2	1	3	400,481
Arizona	342	417	12.6	17.0	19	11	2,717,866
Arkansas	369	382	16.1	17.5	9	8	2,285,513
California	4,279	3,642	18.1	16.0	4	14	23,668,562
Colorado	135	170	4.7	6.1	43	36	2,888,834
Connecticut	173	169	5.6	5.4	38	38	3,107,576
Delaware	76	63	12.8	10.8	17	25	595,225
District of Columbia*	341	324	53.5	49.4	–	–	637,651
Florida	1,647	1,628	16.9	18.4	7	4	9,739,992
Georgia	849	929	15.5	18.2	11	5	5,464,265
Hawaii	127	311	13.2	34.0	15	1	965,000
Idaho	33	21	3.5	2.3	46	49	943,935
Illinois	1,352	1,540	11.8	13.7	22	18	11,418,461
Indiana	429	509	7.8	9.4	32	27	5,490,179
Iowa	91	74	3.1	2.5	48	48	2,913,387
Kansas	108	104	4.6	4.4	44	43	2,363,208
Kentucky	570	635	15.6	18.0	10	6	3,661,433
Louisiana	577	647	13.7	16.1	14	13	4,203,972
Maine	58	56	5.2	5.1	41	39	1,124,660
Maryland	610	648	14.5	15.6	13	15	4,216,446
Massachusetts	452	476	7.9	8.3	31	30	5,737,037
Michigan	1,168	1,052	12.6	11.4	18	24	9,258,344
Minnesota	237	190	5.8	4.7	36	41	4,077,148
Mississippi	458	553	18.2	22.8	2	2	2,520,638
Missouri	466	500	9.5	10.3	27	26	4,917,444
Montana	27	39	3.4	5.0	47	40	786,690
Nebraska	44	30	2.8	1.9	49	50	1,570,006
Nevada	44	54	5.5	7.7	39	33	799,184
New Hampshire	22	25	2.4	2.8	50	47	920,610
New Jersey	906	933	12.3	12.7	20	19	7,364,158
New Mexico	146	153	11.2	12.3	23	21	1,299,968
New York	2,294	2,229	13.1	12.6	16	20	17,557,288
North Carolina	1,066	990	18.1	17.7	3	7	5,874,429
North Dakota	54	22	8.3	3.3	30	46	652,695
Ohio	747	764	6.9	7.1	35	34	10,797,419
Oklahoma	333	352	11.0	12.2	24	22	3,025,266
Oregon	218	179	8.3	7.1	29	35	2,632,663
Pennsylvania	1,015	1,076	8.6	9.2	28	28	11,866,728
Rhode Island	66	80	7.0	8.6	34	29	947,154
South Carolina	520	483	16.7	16.5	8	12	3,119,208
South Dakota	49	55	7.1	8.0	33	32	690,178
Tennessee	791	748	17.2	17.1	5	10	4,590,750
Texas	2,075	2,090	14.6	15.6	12	16	14,228,383
Utah	61	46	4.2	3.4	45	45	1,461,037
Vermont	25	29	4.9	5.9	42	37	511,456
Virginia	654	747	12.2	14.4	21	17	5,346,279
Washington	424	321	10.3	8.2	26	31	4,130,163
West Virginia	203	221	10.4	11.8	25	23	1,949,644
Wisconsin	252	210	5.4	4.4	40	42	4,705,335
Wyoming	27	19	5.7	4.2	37	44	470,816
American Samoa**	2	2	6.2	6.4	–	–	32,395
Guam**	55	62	52.0	54.5	–	–	105,816
Puerto Rico**	820	464	25.7	13.5	–	–	3,187,570
Trust Terr. Pacific Is.**	NA	31	NA	26.6	–	–	120,510†
U.S. Virgin Is.**	8	8	8.4	8.3	–	–	95,214

*District of Columbia is not ranked with the states but is included in totals.
**Not included in totals.
†Population estimate provided by the territory.
(–) = Not ranked.
NA = Not available.

Clarification, Vol. 30, No. 16

p194. The article "Guinea Worm (Dracunculiasis) and the International Water Supply and Sanitation Decade" stated that 3 WHO regions have a rural population of 786 million people who are still unserved by safe drinking water. An estimated 10-48 million cases of dracunculiasis occur each year in this population, which represents between 1.3% and 6.2% of the total rural population in these regions. The true population at risk of this disease is not known exactly but probably represents a small subset of the 786 million. Dracunculiasis is not spread from person to person but tends to localize and recur in areas where the infected crustacean contaminates water supplies.

Since those at highest risk of acquiring infection one year are presumably the same persons who were infected the previous year (as a result of drinking contaminated surface water) and since the usual duration of each infection is slightly more than 1 year, the most efficient action to interrupt transmission of the disease would be to provide safe drinking water to currently affected villages as rapidly as possible.

Addendum, Vol. 30, No. 25

p305. In the article "Kaposi's Sarcoma and *Pneumocystis* Pneumonia Among Homosexual Men — New York City and California," in line 7 of the credits, A Brown, MD, Sloan-Kettering Memorial Institute, should be added.

Erratum, Vol. 30, No. 25

p305. In the article "Kaposi's Sarcoma and *Pneumocystis* Pneumonia Among Homosexual Men — New York City and California," in line 7 of the credits, one name was misspelled. It should read D Mildvan, MD.

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