

# M M W R

## MORBIDITY AND MORTALITY WEEKLY REPORT

**International Notes**  
 169 Follow-up on Dengue — Mexico  
 178 Rift Valley Fever — Egypt  
 178 Quarantine Measures  
**Current Trends**  
 170 Surveillance of Childhood Lead Poisoning — United States  
**Epidemiologic Notes and Reports**  
 172 Fatal Chloroquine Ingestion — Georgia  
 177 Rabies in Pet Raccoons — South Carolina

International Notes

APR 17 1980

### Follow-up on Dengue — Mexico

ECC LIBRARY

ATLANTA GA 30333

A field study in Mexico, undertaken by the Mexican Ministry of Health and CDC in mid-February, has documented the presence of dengue in Tampico, a Gulf Coast city 300 miles south of the Texas border. The collaborative study was aimed at describing and quantitating dengue activity in selected areas of Mexico and correlating the incidence of disease with the abundance of the mosquito vector, *Aedes aegypti*.

The study involved serosurveys and household surveys in randomly selected households in Tampico and Merida, a city on the Yucatan Peninsula in southern Mexico. In Tampico, 13 of 198 single serum specimens had serologic evidence of recent dengue infection (reciprocal hemagglutination inhibition titers of  $\geq 640$  to 1 or more dengue virus types). In Merida, 29 of 125 single specimens also had serologic evidence compatible with recent infection. Most of these patients had had a dengue-like illness since October 1979.

Entomologic studies in the 2 cities revealed that 12%-27% of houses in 2 areas of Tampico and 18%-19% of houses in 2 areas of Merida had *A. aegypti* larvae. Adult *A. aegypti* were observed in both areas. This first portion of the study was conducted in February, during the relatively dry and cooler season in Mexico. Large increases in the mosquito populations are anticipated with the onset of the rainy season during the next few months.

In addition, type 1 dengue virus was isolated from a 49-year-old male resident of Merida. The specimen was obtained on February 22, on the fifth day of his clinical illness. This was the first dengue virus isolated from Mexico during the current outbreak.

*Reported by A Fujigaki L MD, L Cabrera C, MD, E Hernandez C, MD, Mexican Ministry of Health and Welfare; ML Zarate, PhD, Mexican Institute of Tropical Medicine; C Munoz B, MD, Merida Dept of Health; JM Atoche, MD, Merida Health Center; LE Santoyo, MD, Tampico Dept of Health; Bur of Tropical Diseases, San Juan Laboratories, Bur of Laboratories, Enteric and Neurotropic Viral Diseases Br, Viral Diseases Div, Bur of Epidemiology, CDC.*

**Editorial Note:** The isolation of dengue virus and the serologic results of the collaborative study confirm the presence of dengue in Mexico. Previous surveillance information from Mexico had suggested that dengue entered that country from Guatemala and Belize in November 1978 and that dengue activity had occurred in several of the southern states of Mexico during 1979 (1). Approximately 3,000 cases were reported in Mexico in 1979, and surveillance data indicated that Tampico was the northernmost city affected.

Because *A. aegypti* is widely distributed in Mexico, the Gulf Coast, and the southeast Atlantic states of this country, dengue may spread further through Mexico and may reach the continental United States; the likelihood and timing of such spread are unknown. CDC has sponsored workshops for epidemiologists, laboratorians, and vector personnel in the 10 southeastern states at risk for dengue. The purposes of these workshops were to discuss and better define the problem of potential dengue entry into the continental

*Dengue — Continued*

United States, to improve dengue diagnostic capabilities in those states, and to develop plans for clinical and vector surveillance and control activities. As a result, clinical surveillance has been established in the areas of highest risk, vector surveillance activities are underway in some areas, and the state laboratories are now strengthening their dengue diagnostic services.

*Reference*

1. MMWR 1980;28:75.

*Current Trends***Surveillance of Childhood Lead Poisoning — United States**

During the fourth quarter of fiscal year 1979 (July 1-September 30), 61 programs involved in lead poisoning prevention reported that 130,800 children were screened, and 11,122 (8.5%) were identified with lead toxicity (Tables 1 and 2). For the fiscal year, 464,751 pediatric screenings were reported. Seven percent (32,537) of the children screened were found to have evidence of lead toxicity—a 26.1% increase over fiscal year 1978. Similarly, the number screened increased by 16.8% over fiscal year 1978. These increases reflect the greater involvement of other child health programs in lead poisoning prevention as well as increased awareness of the problem.

The primary screening procedure was usually the erythrocyte protoporphyrin (EP) test, which also identifies children with iron deficiency. During fiscal year 1979, 4.1% (18,844) children were identified with iron deficiency (with or without frank anemia) and were referred for medical evaluation and care.

In the fourth quarter the slight increase in the proportion of children identified in screening risk classifications III and IV continued. The seasonal fluctuation noted each year—low ratios of children identified with lead toxicity in January through March—was again seen: only 5.6% of the children screened in that quarter were identified with lead toxicity. The highest yield was in the fourth quarter.

Coordinated pediatric management services were provided to 25,852 children during the fourth quarter. During this quarter 4,639 (17.9%) children had their diagnostic risk classifications reduced; 989 children (3.8%) increased in risk compared to the last time they were clinically evaluated.

*Reported by Environmental Health Services Div, Bur of State Services, CDC.*

**TABLE 1. Screening risk classifications for lead toxicity\***

Blood lead level ( $\mu\text{g}/\text{dl}$ )	Erythrocyte protoporphyrin ( $\mu\text{g}/\text{dl}$ whole blood)			
	<49	50-109	110-249	$\geq 250$
Not Done	I	†	†	†
<29	I	Ia	Ia	EPP+‡
30-49	Ib	II	III	III
50-69	§	III	III	IV
>70	§	§	IV	IV

\*As defined in the CDC statement, "Preventing Lead Poisoning in Young Children," April 1978.

†Blood lead necessary to estimate risk.

‡EPA+ = erythropoietic protoporphyria.

§Combination of results not generally observed in practice. If observed, retest with venous blood immediately.

Lead Poisoning - Continued

TABLE 2. Results of screening in childhood lead poisoning control projects, United States, fourth quarter fiscal year 1979 (July 1 - September 30, 1979)

Programs	Number of children						Number of dwellings related to children with lead toxicity			
	Screened	With lead toxicity*				Receiving pediatric management	Identified with iron deficiency	Inspected	Found with lead	Reduced
		Requiring pediatric management			Classes III & IV					
		Total	Class II	Classes III & IV						
Bridgeport, Conn.	905	45	24	21	96	14	52	41	8	
Waterbury, Conn.	297	41	24	17	141	21	24	22	15	
Boston, Mass.	7,108	543	265	278	1,476	155	68	63	45	
Chelsea, Mass.†	96	15	14	1	6	5	5	5	5	
Lawrence, Mass.	1,630	122	79	48	284	28	122	114	101	
Lynn, Mass.‡	984	50	35	15	140	20	31	31	14	
Worcester, Mass.	1,089	56	33	23	274	33	45	45	47	
Rhode Island State	1,899	160	72	88	499	16	118	83	38	
REGION I TOTAL	14,008	1,037	546	491	2,818	293	465	404	273	
Cumulative FY 79	51,448	2,850	1,867	983		1,297	1,451	1,205	888	
Atlantic City, N.J.	568	29	9	20	56	19	24	20	23	
Camden, N.J.	894	149	125	24	538	98	145	89	33	
East Orange, N.J.	877	179	135	44	80	100	13	13	6	
Jersey City, N.J.	453	152	110	42	530	40	41	33	16	
Newark, N.J.	1,115	287	174	113	858	43	91	84	59	
Paterson, N.J.	870	181	107	74	728	162	118	108	85	
Plainfield, N.J.	604	36	29	7	190	75	27	17	8	
N.J. (other local programs)‡	1,057	110	68	42	NA	56	NA	NA	NA	
Erie Co., N.Y.	1,262	132	91	41	233	35	127	94	63	
Monroe Co., N.Y.	1,363	100	66	34	380	21	55	55	43	
New York City	27,383	2,297	1,503	794	2,462	1,868	408	274	119	
Onondaga Co., N.Y.	2,050	169	123	46	510	18	93	61	32	
Westchester Co., N.Y.	980	76	62	14	274	44	24	23	9	
REGION II TOTAL	39,476	3,897	2,602	1,295	6,839	2,579	1,166	871	496	
Cumulative FY 79	143,201	11,383	7,696	3,687		9,687	3,848	2,809	1,744	
Delaware State	1,117	65	42	23	339	42	38	36	7	
Washington, D.C.	4,542	153	110	43	1,021	399	217	49	3	
Baltimore, Md.	7,677	987	599	388	NA	332	127	119	86	
Allentown-Bethlehem, Pa.	604	9	7	2	19	12	13	12	1	
Chester, Pa.	614	12	10	2	261	11	15	15	3	
Philadelphia, Pa.	5,123	1,290	821	469	1,961	77	217	206	84	
Wilkes-Barre, Pa.	1,035	31	23	8	114	33	17	16	10	
York, Pa.	468	25	17	8	72	19	34	33	21	
Lynchburg, Va.	690	17	12	5	89	27	34	22	5	
Norfolk, Va.	1,008	28	19	9	305	10	44	28	24	
Portsmouth, Va.	574	23	16	7	141	57	24	18	14	
Richmond, Va.	1,548	62	38	24	154	9	93	73	14	
REGION III TOTAL	25,000	2,702	1,714	988	4,486	1,027	873	627	272	
Cumulative FY 79	80,814	6,891	4,652	2,239		2,531	3,313	2,442	1,341	
Augusta, Ga.	877	15	12	3	140	23	39	26	17	
Louisville, Ky.	2,236	85	56	29	453	3	145	132	133	
South Carolina State	1,298	56	39	17	224	34	67	43	26	
Memphis, Tenn.	612	40	32	8	161	19	15	12	63	
REGION IV TOTAL	5,023	196	139	57	978	79	266	213	239	
Cumulative FY 79	18,251	807	628	179		439	948	728	748	
Chicago, Ill.	11,250	949	593	356	2,692	25	677	308	352	
Ill. (other local programs)‡	1,344	75	45	30	75	3	8	7	0	
Kankakee, Ill.	484	16	12	4	48	90	4	2	0	
Rockford, Ill.	703	37	29	8	222	6	33	27	45	
Fort Wayne, Ind.	336	23	7	16	43	9	22	17	1	
Detroit, Mich.	4,290	271	176	95	638	19	171	130	107	
Grand Rapids, Mich.	1,044	21	13	8	30	9	28	23	18	
Wayne Co., Mich.	657	36	21	15	67	15	17	17	26	
Akron, Ohio	1,716	103	76	27	221	124	106	98	95	
Cincinnati, Ohio	2,574	131	93	38	956	109	84	19	17	
Cleveland, Ohio	3,508	348	193	155	638	61	91	58	37	
Beloit, Wis.	349	137	78	4	25	12	29	29	13	
Milwaukee, Wis.	1,321	137	78	59	330	32	103	90	112	
REGION V TOTAL	29,576	2,174	1,359	595	5,985	514	1,373	825	823	
Cumulative FY 79	108,669	7,448	4,906	2,542		2,993	5,051	2,747	2,644	
Arkansas State	2,540	154	97	57	412	89	123	103	74	
New Orleans, La.	3,281	149	103	46	886	76	95	75	57	
Houston, Tex.	5,501	37	21	6	437	94	15	9	15	
REGION VI TOTAL	8,322	340	231	109	1,737	259	233	187	146	
Cumulative FY 79	26,647	1,118	768	350		1,006	846	668	378	
Cedar Rapids-Linn Co., Iowa	1,012	14	7	7	47	13	16	16	7	
Davenport-Scott Co., Iowa	493	21	18	3	92	8	31	30	26	
Kansas City, Kan.†	1,787	29	16	13	59	15	5	1	0	
St. Louis, Mo.	3,698	669	350	319	2,490	NA	533	553	334	
Omaha-Douglas Co., Neb.	878	18	11	7	87	22	22	22	19	
Springfield, Mo.‡	65	1	1	0	0	65	3	3	1	
REGION VII TOTAL	7,933	752	403	349	2,775	123	610	625	387	
Cumulative FY 79	27,251	1,857	1,061	796		456	2,242	1,741	1,277	
Alameda Co., Calif.	409	3	3	0	40	15	4	4	2	
Los Angeles, Calif.	1,053	21	5	16	94	96	12	11	17	
REGION IX TOTAL	1,462	24	8	16	134	111	16	15	19	
Cumulative FY 79	6,470	183	108	75		435	212	121	119	
U.S. TOTAL	130,800	11,122	7,002	4,120	25,852	4,985	6,002	3,767	2,856	
Cumulative FY 79	464,751	32,537	21,686	10,851		18,844	17,911	12,461	9,139	

\* Screening Class II and Classes III & IV defined in CDC statement, "Preventing Lead Poisoning in Young Children," April 1978, and in Table 1, this article.  
 † Not cumulative.  
 ‡ Reporting program not receiving Lead Poisoning Prevention grant support.  
 § Estimated.  
 NA=Not available.

## Epidemiologic Notes and Reports

### Fatal Chloroquine Ingestion — Georgia

On February 13, 1980, a previously healthy, 14-month-old child was found at his parents' medicine box with an opened bottle of chloroquine phosphate (300 mg base/tablet), leftover from a supply prescribed for his parents as malaria chemoprophylaxis. The child ingested an estimated 1.8 gm base (180 mg/kg body weight).

Despite vomiting twice soon after the ingestion, within hours the child became increasingly lethargic and then unresponsive. On admission to the hospital the patient was hypotensive and apneic. His vital signs stabilized following intubation and administration of intravenous vasopressor agents.

On the second hospital day, the child's neurological condition deteriorated further, and a single volume exchange transfusion was performed. Although the procedure was well tolerated, no improvement in his clinical status was noted following the exchange. During the rest of his hospital course, the child had increasing respiratory insufficiency and cardiac failure. He died without regaining consciousness on the seventh hospital day.

Chloroquine concentrations in brain, liver, and kidney, determined at autopsy, were comparable to or in excess of levels reported in previous fatal intoxications (1).

Reported by L. Allen, MD, W. Plauth, MD, Eggleston Hospital, Emory Medical School, Atlanta, Georgia; Bur of Tropical Diseases, and Parasitic Diseases Div, Bur of Epidemiology, CDC.

(Continued on page 177)

TABLE I. Summary — cases of specified notifiable diseases, United States  
(Cumulative totals include revised and delayed reports through previous weeks.)

DISEASE	15th WEEK ENDING		MEDIAN 1975-1979	CUMULATIVE, FIRST 15 WEEKS		
	April 12, 1980	April 14, 1979*		April 12, 1980	April 14, 1979*	MEDIAN 1975-1979
Aseptic meningitis	47	45	41	891	724	535
Brucellosis	4	1	1	49	21	44
Chickenpox	5,869	7,687	6,020	81,903	97,833	87,076
Diphtheria	—	—	—	1	2	25
Encephalitis: Primary (arthropod-borne & unspec.)	7	9	11	164	131	178
Post-infectious	6	2	4	47	55	55
Hepatitis, Viral: Type B	374	304	304	4,631	3,950	4,259
Type A	520	527	592	7,661	8,533	9,554
Type unspecified	228	209	168	3,318	2,978	2,460
Malaria	30	5	5	386	108	93
Measles (rubeola)	639	459	1,115	4,538	4,938	8,866
Meningococcal infections: Total	79	68	46	990	1,016	651
Civilian	79	68	46	985	1,010	647
Military	—	—	—	5	6	6
Mumps	227	520	635	4,097	6,013	9,037
Pertussis	14	20	20	282	395	330
Rubella (German measles)	121	637	637	1,457	4,518	5,428
Tetanus	—	1	1	10	9	13
Tuberculosis	580	532	556	7,291	7,646	8,290
Tularemia	1	6	3	23	35	21
Typhoid fever	2	6	6	79	114	102
Typhus fever, tick-borne (Rky. Mt. spotted)	4	5	5	14	22	16
Venereal diseases:						
Gonorrhea: Civilian	17,505	16,606	16,967	269,640	272,910	266,386
Military	376	547	512	7,665	8,159	8,159
Syphilis, primary & secondary: Civilian	427	393	449	7,640	6,994	6,994
Military	8	7	7	110	92	92
Rabies in animals	149	142	62	1,548	1,110	739

TABLE II. Notifiable diseases of low frequency, United States

	CUM. 1980		CUM. 1980
Anthrax	—	Poliomyelitis: Total	2
Botulism (N.J. 1, N.C. 1)	12	Paralytic †	1
Congenital rubella syndrome (Mich. 1)	24	Psittacosis † (NYC 1, Calif. 1)	21
Leprosy † (Ups. NY 1, La. 1, Calif. 4)	46	Rabies in man	—
Leptospirosis †	13	Trichinosis † (Alaska 1)	11
Plague	—	Typhus fever, flea-borne (endemic, murine)	9

\* Delayed reports received for calendar year 1979 are used to update last year's weekly and cumulative totals.

† Delayed reports: Leprosy: Mo. +1 (1979); Leptospirosis: Va. +1 (1979); Polio, para.: Ill. +1 (1979); Psittacosis: Mo. +1 (1979); Trichinosis: Colo. +1 (1980).

TABLE III. Cases of specified notifiable diseases, United States, weeks ending April 12, 1980, and April 14, 1979 (15th week)

REPORTING AREA	ASEPTIC MENINGITIS	BRUCELLOSIS	CHICKENPOX	DIPHTHERIA		ENCEPHALITIS			HEPATITIS (VIRAL), BY TYPE			MALARIA	
	1980	1980	1980	1980	CUM. 1980	Primary		Post-infectious	B	A	Unspecified	1980	CUM. 1980
						1980	1979*						
UNITED STATES	47	4	5,869	-	1	7	9	6	374	520	228	30	386
NEW ENGLAND	-	-	816	-	-	-	1	-	9	7	5	1	27
Maine	-	-	141	-	-	-	-	-	1	-	-	-	5
N.H.†	-	-	44	-	-	-	-	-	-	2	-	-	2
Vt.	-	-	116	-	-	-	-	-	-	-	-	-	-
Mass.	-	-	236	-	-	-	-	-	1	4	5	1	15
R.I.	-	-	32	-	-	-	-	-	1	-	-	-	1
Conn.†	-	-	247	-	-	-	1	-	6	1	-	-	4
MID. ATLANTIC	5	-	415	-	1	3	1	-	52	41	17	5	62
Upstate N.Y.	1	-	181	-	-	-	1	-	10	10	5	1	8
N.Y. City	-	-	58	-	1	-	-	-	2	3	3	-	23
N.J.	2	-	NN	-	-	-	-	-	15	13	8	1	18
Pa.	2	-	136	-	-	3	-	-	25	15	1	3	13
E.N. CENTRAL	3	-	2,418	-	-	-	2	-	46	91	19	2	15
Ohio †	-	-	160	-	-	-	1	-	11	35	11	-	3
Ind.†	-	-	195	-	-	-	-	-	6	1	2	-	1
Ill.	-	-	624	-	-	-	-	-	15	29	3	2	5
Mich.	3	-	850	-	-	-	1	-	10	19	2	-	3
Wis.†	-	-	589	-	-	-	-	-	4	7	1	-	3
W.N. CENTRAL	2	-	534	-	-	-	-	1	12	13	5	-	12
Minn.	-	-	2	-	-	-	-	-	3	5	-	-	5
Iowa	-	-	264	-	-	-	-	-	-	-	-	-	2
Mo.	1	-	37	-	-	-	-	-	7	3	4	-	2
N. Dak.	-	-	8	-	-	-	-	-	-	-	-	-	-
S. Dak.	-	-	6	-	-	-	-	-	-	-	1	-	-
Nebr.	-	-	78	-	-	-	-	-	-	-	-	-	1
Kans.	1	-	139	-	-	-	-	1	2	5	-	-	2
S. ATLANTIC	11	1	631	-	-	2	2	3	76	52	34	3	38
Del.†	-	-	12	-	-	-	-	-	7	1	-	-	-
Md.	-	-	35	-	-	-	-	-	10	8	6	-	5
D.C.	-	-	-	-	-	-	-	-	-	-	-	-	1
Va.	1	-	27	-	-	-	2	-	8	1	5	-	12
W. Va.†	-	-	199	-	-	-	-	-	2	2	-	-	2
N.C.	1	-	NN	-	-	1	-	-	5	7	6	-	4
S.C.	-	-	74	-	-	1	-	-	5	-	-	-	2
Ge.	-	1	10	-	-	-	-	-	22	14	-	1	4
Fla.	9	-	274	-	-	-	-	3	17	19	17	2	8
E.S. CENTRAL	7	-	148	-	-	1	2	-	10	27	2	-	4
Ky.	2	-	75	-	-	1	-	-	3	8	2	-	2
Tenn.	2	-	NN	-	-	-	1	-	4	10	-	-	-
Ala.†	3	-	27	-	-	-	1	-	3	3	-	-	2
Miss.	-	-	46	-	-	-	-	-	-	6	-	-	-
W.S. CENTRAL	5	3	440	-	-	-	1	-	40	80	46	-	32
Ark.†	2	-	8	-	-	-	-	-	4	2	2	-	2
La.	-	-	NN	-	-	-	-	-	8	13	7	-	14
Okla.	1	-	-	-	-	-	-	-	4	17	5	-	7
Tex.	2	3	432	-	-	-	1	-	24	48	32	-	9
MOUNTAIN	-	-	102	-	-	-	-	1	10	49	31	-	19
Mont.	-	-	20	-	-	-	-	1	-	2	-	-	-
Idaho	-	-	1	-	-	-	-	-	-	7	-	-	-
Wyo.	-	-	-	-	-	-	-	-	-	-	-	-	2
Colo.†	-	-	81	-	-	-	-	-	2	5	2	-	8
N. Mex.	-	-	-	-	-	-	-	-	-	-	-	-	1
Ariz.	-	-	NN	-	-	-	-	-	5	27	23	-	7
Utah	-	-	-	-	-	-	-	-	-	3	-	-	-
Nev.	-	-	-	-	-	-	-	-	3	5	6	-	1
PACIFIC	14	-	365	-	-	1	-	1	119	160	69	19	177
Wash.	-	-	260	-	-	-	-	1	7	12	-	2	15
Oreg.	-	-	-	-	-	-	-	-	7	22	3	-	11
Calif.†	14	-	-	-	-	1	-	-	103	125	66	15	147
Alaska	-	-	-	-	-	-	-	-	-	1	-	-	1
Hawaii	-	-	105	-	-	-	-	-	2	-	-	2	3
Guam†	NA	NA	NA	NA	-	NA	-	-	NA	NA	NA	NA	-
P.R.†	3	-	16	-	-	-	-	-	3	13	8	-	1
V.I.†	NA	NA	NA	NA	-	NA	-	-	NA	NA	NA	NA	-
Pac. Trust Terr.	NA	NA	NA	NA	-	NA	-	-	NA	NA	NA	NA	-

NN: Not notifiable.  
 NA: Not available.  
 \*Delayed reports received for 1979 are not shown below but are used to update last year's weekly and cumulative totals.  
 †The following delayed reports will be reflected in next week's cumulative totals: Asep. mening.: Ind. +1, Ala. +2, Guam +1; Chickenpox: N.H. +16, Conn. +98, Wis. +93, Calif. +4, Guam +1, P.R. +1; Enceph. post: Ohio +1; Hep. B: Ohio -1, W.Va. +1; Hep. A: N.H. +2, W.Va. -1, Ark. +1, Colo. +5; Hep. unsp.: Del. -1, Ark. -1, Guam +7, V.I. +1; Malaria: Ind. +1.

TABLE III (Cont. 'd). Cases of specified notifiable diseases, United States, weeks ending April 12, 1980, and April 14, 1979 (15th week)

REPORTING AREA	MEASLES (RUBEOLA)			MENINGOCOCCAL INFECTIONS TOTAL			MUMPS		PERTUSSIS	RUBELLA		TETANUS
	1980	CUM. 1980	CUM. 1979*	1980	CUM. 1980	CUM. 1979*	1980	CUM. 1980	1980	1980	CUM. 1980	CUM. 1980
UNITED STATES	639	4,538	4,938	79	990	1,016	227	4,097	14	121	1,457	10
NEW ENGLAND	18	342	133	4	56	34	31	386	1	12	88	-
Maine †	-	19	4	-	2	1	24	174	-	6	37	-
N.H. †	2	160	5	-	4	4	-	10	-	2	19	-
Vt. †	16	147	24	-	19	2	-	-	-	-	-	-
Mass.	-	11	-	-	19	13	4	108	1	3	20	-
R.I.	-	2	100	-	5	-	1	13	-	1	3	-
Conn.	-	3	-	4	21	14	2	81	-	-	9	-
MID. ATLANTIC	194	1,117	408	18	165	140	13	488	2	20	137	2
Upstate N.Y.	43	286	231	5	60	49	10	50	2	15	79	1
N.Y. City	37	324	142	4	51	37	-	26	-	1	27	-
N.J.	36	207	24	4	31	37	3	61	-	3	26	-
Pa.	78	300	11	5	27	17	-	351	-	1	5	1
E.N. CENTRAL	189	743	1,025	2	100	103	115	1,603	3	42	373	-
Ohio †	56	109	4	-	30	40	57	654	-	-	2	-
Ind. †	14	44	86	1	16	22	9	98	3	15	137	-
Ill.	16	145	364	-	17	3	8	189	-	12	80	-
Mich.	14	166	366	1	29	28	29	528	-	6	95	-
Wis. †	89	279	201	-	8	10	12	174	-	9	59	-
W.N. CENTRAL	56	545	506	2	39	39	4	133	-	7	130	2
Minn.	50	379	238	-	11	6	-	5	-	-	18	1
Iowa	-	-	5	-	5	5	2	19	-	-	3	-
Mo.	-	58	247	-	12	20	-	51	-	3	32	-
N. Dak.	-	-	6	-	1	1	-	1	-	-	3	-
S. Dak. †	-	-	1	1	4	2	-	1	-	-	-	-
Nebr.	6	56	-	-	-	-	-	8	-	-	-	-
Kans. †	-	52	5	1	6	5	2	46	-	4	74	1
S. ATLANTIC	79	927	769	14	249	254	15	408	5	11	141	2
Del.	-	1	-	-	2	2	1	31	-	-	-	-
Md.	-	21	5	2	25	17	2	133	-	-	-	-
D.C.	-	-	-	1	1	-	-	2	-	-	-	-
Va.	16	173	66	-	17	37	3	39	-	3	12	1
W. Va.	1	9	38	-	6	3	1	47	-	2	11	-
N.C. †	2	39	51	3	47	36	1	62	-	3	37	-
S.C.	6	112	80	3	34	33	1	15	-	1	45	1
Ga.	37	381	90	3	55	39	-	-	4	-	-	-
Fla.	17	191	397	2	62	87	6	79	1	2	36	-
E.S. CENTRAL	5	111	65	13	101	80	10	577	1	3	56	-
Ky.	1	32	15	7	31	13	7	529	-	2	26	-
Tenn.	-	9	6	1	22	25	-	17	-	-	26	-
Ala.	1	16	34	3	29	20	1	9	-	-	3	-
Miss.	3	54	7	2	19	22	2	22	1	1	1	-
W.S. CENTRAL	49	338	574	20	114	176	15	130	-	8	51	-
Ark.	-	1	6	1	6	14	1	14	-	-	1	-
La. †	-	9	143	15	41	77	10	32	-	2	5	-
Okla.	45	239	3	-	9	16	-	-	-	-	1	-
Tex.	4	89	422	4	58	69	4	84	-	6	44	-
MOUNTAIN	11	51	106	1	30	41	5	107	-	3	42	-
Mont.	-	1	35	-	1	2	1	34	-	-	1	-
Idaho	-	-	3	-	3	3	1	11	-	1	8	-
Wyo.	-	-	-	-	1	-	-	-	-	-	-	-
Colo.	-	3	6	-	8	1	2	22	-	1	2	-
N. Mex.	1	2	21	-	6	3	-	-	-	-	6	-
Ariz.	5	46	21	-	4	25	-	13	-	-	9	-
Utah	5	37	13	-	1	3	-	22	-	1	15	-
Nev.	-	2	3	1	6	4	1	5	-	-	3	-
PACIFIC	38	324	1,346	5	132	149	19	265	2	15	439	4
Wash. †	-	107	705	1	19	23	2	81	-	3	32	-
Orng.	-	-	46	-	27	11	2	40	-	-	28	-
Calif.	38	211	534	4	84	108	14	137	2	12	378	4
Alaska	-	3	14	-	2	2	-	4	-	-	1	-
Hawaii	-	3	46	-	-	5	1	3	-	-	-	-
Guam †	NA	1	2	-	-	-	NA	3	NA	NA	-	-
P.R.	2	39	140	1	6	-	1	42	1	-	5	3
V.I.	NA	4	2	-	1	2	NA	1	NA	NA	-	-
Pac. Trust Terr.	NA	3	5	-	-	1	NA	1	NA	NA	1	-

NA: Not available.

\*Delayed reports received for 1979 are not shown below but are used to update last year's weekly and cumulative totals.

†The following delayed reports will be reflected in next week's cumulative totals: Measles: Maine -15, N.H. +1, Vt. +1, Wis. -2, Guam +1; Men. inf.: Ohio +8, Ind. +1, S.Dak. -1, Kans. -1, N.C. -1, La. +5, Wash. +1; Mumps: Maine +15, La. +9.

TABLE III (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending April 12, 1980, and April 14, 1979 (15th week)

REPORTING AREA	TUBERCULOSIS		TULA-REMIA	TYPHOID FEVER		TYPHUS FEVER (Tick-borne) (RMSF)		VENEREAL DISEASES (Civilian)						RABIES (in Animals)
	1980	CUM. 1980	CUM. 1980	1980	CUM. 1980	1980	CUM. 1980	GONORRHEA			SYPHILIS (Pri. & Sec.)			CUM. 1980
								1980	CUM. 1980	CUM. 1979*	1980	CUM. 1980	CUM. 1979*	
UNITED STATES	580	7,291	23	2	79	4	14	17,505	269,640	272,910	427	7,640	6,994	1,548
NEW ENGLAND	15	214	-	-	5	-	1	425	7,016	7,219	14	226	127	12
Maine	2	15	-	-	-	-	-	10	419	475	2	3	1	11
N.H.	-	3	-	-	-	-	-	11	249	243	-	-	8	-
Vt.	-	7	-	-	-	-	-	10	193	130	1	2	-	-
Mass.	9	105	-	-	3	-	1	188	2,837	2,869	9	147	80	1
R.I.	3	28	-	-	1	-	-	27	417	403	2	10	3	-
Conn.	1	56	-	-	1	-	-	179	2,901	2,899	-	64	35	-
MID. ATLANTIC	72	1,297	1	1	20	1	2	2,152	29,283	29,216	74	1,043	1,107	2
Upstate N.Y.	3	245	-	1	5	-	-	426	5,245	4,528	4	83	85	-
N.Y. City	43	471	1	-	8	-	-	550	11,487	11,214	49	673	750	-
N.J.	11	281	-	-	3	1	1	753	5,237	5,632	12	138	150	2
Pa.	15	300	-	-	4	-	1	423	7,314	7,842	9	149	122	-
E.N. CENTRAL	74	991	1	-	7	-	-	2,341	43,213	42,100	37	833	963	208
Ohio†	19	169	-	-	1	-	-	990	11,563	11,816	6	115	189	11
Ind.	11	118	-	-	-	-	-	178	4,207	3,453	3	69	49	27
Ill.	26	375	-	-	3	-	-	604	13,824	13,225	26	396	586	123
Mich.†	16	266	1	-	2	-	-	454	9,347	9,814	2	221	106	-
Wis.	2	63	-	-	-	-	-	115	4,272	3,792	-	32	33	47
W.N. CENTRAL	13	236	8	-	1	-	2	654	11,833	13,080	3	78	94	437
Minn.	-	35	1	-	-	-	-	97	2,085	2,282	1	30	29	47
Iowa	1	20	4	-	-	-	-	48	1,257	1,732	-	3	13	89
Mo.	7	112	2	-	-	-	2	323	5,020	5,455	2	42	34	107
N. Dak.	-	7	-	-	-	-	-	22	171	217	-	-	-	41
S. Dak.	-	14	-	-	1	-	-	9	357	438	-	-	-	101
Nebr.	-	12	1	-	-	-	-	72	993	870	-	2	2	16
Kans.	5	36	-	-	-	-	-	83	1,950	2,086	-	1	16	36
S. ATLANTIC	113	1,637	7	1	18	1	3	3,524	65,273	65,736	122	1,839	1,730	105
Del.	1	23	-	-	1	-	-	47	909	1,011	-	5	11	-
Md.	29	211	1	-	2	-	-	331	6,745	7,916	4	135	119	-
D.C.	4	83	-	-	3	-	-	216	4,816	4,086	6	131	127	-
Va.†	7	182	-	-	3	-	-	401	5,529	6,290	14	163	171	-
W. Va.	4	67	-	-	2	-	-	37	835	943	-	4	25	3
N.C.	16	294	2	-	1	-	2	484	10,051	9,978	4	133	154	-
S.C.†	11	133	-	1	2	1	1	473	6,259	5,709	9	92	87	18
Ga.	18	214	4	-	-	-	-	676	11,782	12,535	47	546	451	59
Fla.†	21	430	-	-	4	-	-	859	18,347	17,268	38	630	585	25
E.S. CENTRAL	77	694	1	-	2	1	2	1,873	21,838	23,346	46	608	460	92
Ky.†	23	153	-	-	1	-	-	203	3,148	3,127	3	36	49	44
Tenn.	21	209	1	-	-	1	2	688	7,876	8,143	8	234	185	44
Ala.	16	204	-	-	1	-	-	549	6,106	7,033	13	126	96	4
Miss.	17	126	-	-	-	-	-	433	4,708	5,043	22	212	130	-
W.S. CENTRAL	57	687	1	-	2	1	4	2,120	35,039	35,870	67	1,417	1,184	484
Ark.	1	56	1	-	-	1	2	168	2,602	2,851	4	55	38	68
La.†	2	141	-	-	-	-	-	454	5,979	6,207	15	326	261	4
Okla.	1	64	-	-	-	-	1	259	3,460	3,197	5	23	22	79
Tex.	53	426	-	-	2	-	1	1,239	22,998	23,615	43	1,013	863	333
MOUNTAIN	20	207	2	-	5	-	-	811	10,534	10,631	4	181	107	38
Mont.	-	9	-	-	1	-	-	NA	369	580	NA	-	6	3
Idaho	-	9	1	-	-	-	-	50	522	473	-	12	7	-
Wyo.	-	13	-	-	-	-	-	40	312	273	-	7	3	-
Colo.	-	20	-	-	1	-	-	91	2,647	2,875	1	47	34	-
N. Mex.	7	41	-	-	1	-	-	91	1,389	1,333	2	28	19	10
Ariz.	10	96	1	-	1	-	-	287	2,966	2,946	-	62	19	25
Utah	2	7	-	-	1	-	-	31	509	509	-	5	2	-
Nev.	1	12	-	-	-	-	-	147	1,820	1,642	1	20	17	-
PACIFIC	139	1,328	2	-	19	-	-	3,605	45,611	45,712	60	1,415	1,222	170
Wash.†	10	109	-	-	-	-	-	287	3,539	4,074	-	92	81	-
Oreg.	-	55	-	-	-	-	-	189	3,269	2,936	-	32	64	-
Calif.	129	1,143	2	-	19	-	-	3,009	37,142	36,425	59	1,240	1,048	131
Alaska†	-	7	-	-	-	-	-	62	1,063	1,526	1	3	5	39
Hawaii	-	14	-	-	-	-	-	58	598	751	-	48	24	-
Guam†	NA	8	-	NA	-	NA	-	NA	25	29	NA	-	-	-
P.R.	3	35	-	-	-	-	-	60	770	554	3	159	157	15
V.I.†	NA	-	-	NA	-	NA	-	NA	40	46	NA	7	-	-
Pac. Trust Terr.	NA	7	-	NA	-	NA	-	NA	94	132	NA	-	-	-

NA: Not available.  
 \*Delayed reports received for 1979 are not shown below but are used to update last year's weekly and cumulative totals.  
 †The following delayed reports will be reflected in next week's cumulative totals: TB: Mich. -1, Fla. -1, Ky. -1, La. +9, Wash. -1, Alaska +9, Guam +2; T. Fever: Ohio +1, Va. -1; GC: La. +1, Wash. +232, Guam +1 civ. +4 mil. V.I. +6 civ; Syphilis: Mich. -106, Wash. -19 civ. -3 mil; An. rabies: S.C. +1, Fla. +3.

TABLE IV. Deaths in 121 U.S. cities,\* week ending  
April 12, 1980 (15th week)

REPORTING AREA	ALL CAUSES, BY AGE (YEARS)					P & I** TOTAL	REPORTING AREA	ALL CAUSES, BY AGE (YEARS)					P & I** TOTAL
	ALL AGES	>65	45-64	25-44	<1			ALL AGES	>65	45-64	25-44	<1	
<b>NEW ENGLAND</b>	708	471	154	34	24	55	<b>S. ATLANTIC</b>	1,269	752	341	95	43	64
Boston, Mass.	189	112	47	15	7	14	Atlanta, Ga.	150	76	41	15	11	5
Bridgeport, Conn.	38	20	10	1	1	4	Baltimore, Md.	340	199	94	31	8	15
Cambridge, Mass.	22	19	1	2	-	-	Charlotte, N.C.	53	37	7	5	3	3
Fall River, Mass.	26	23	3	-	-	1	Jacksonville, Fla.	132	78	39	3	3	7
Hartford, Conn.	58	36	16	3	1	4	Miami, Fla.	106	55	33	12	4	5
Lowell, Mass.	21	17	4	-	-	2	Norfolk, Va.	58	34	18	2	4	7
Lynn, Mass.	10	13	3	-	-	2	Richmond, Va.	84	53	21	7	2	4
New Bedford, Mass.	27	22	1	1	1	2	Savannah, Ga.	38	25	11	2	-	5
New Haven, Conn.	80	55	18	2	4	1	St. Petersburg, Fla.	102	77	18	5	1	5
Providence, R.I.	68	38	21	4	5	7	Tampa, Fla.	66	41	14	4	3	4
Somerville, Mass.	11	10	-	-	-	1	Washington, D.C.	78	43	25	5	3	2
Springfield, Mass.	39	23	10	2	2	5	Wilmington, Del.	62	34	20	4	1	2
Waterbury, Conn.	39	26	11	1	-	4							
Worcester, Mass.	68	51	9	3	3	10							
							<b>E.S. CENTRAL</b>	695	387	206	51	19	29
<b>MID. ATLANTIC</b>	2,718	1,766	638	166	70	111	Birmingham, Ala.	138	76	37	14	4	2
Albany, N.Y.	43	25	10	2	4	1	Chattanooga, Tenn.	63	39	13	4	2	3
Allentown, Pa.	27	19	8	-	-	-	Knoxville, Tenn.	46	31	10	4	-	-
Buffalo, N.Y.	120	76	43	3	1	6	Louisville, Ky.	79	38	23	13	3	3
Camden, N.J.	35	22	12	1	-	-	Memphis, Tenn.	144	68	56	7	3	12
Elizabeth, N.J.	32	25	6	1	-	2	Mobile, Ala.	67	36	22	4	1	-
Erie, Pa.†	40	26	7	2	3	1	Montgomery, Ala.	56	38	15	-	1	4
Jersey City, N.J.	54	33	15	2	2	-	Nashville, Tenn.	102	61	30	5	5	5
Newark, N.J.††	63	28	17	6	5	3							
N.Y. City, N.Y.	1,619	1,051	369	119	34	61	<b>W.S. CENTRAL</b>	1,362	758	342	111	61	50
Paterson, N.J.	25	10	7	5	1	1	Austin, Tex.	58	41	13	4	-	3
Philadelphia, Pa.†	248	161	59	15	9	12	Baton Rouge, La.	27	9	12	3	1	3
Pittsburgh, Pa.†	21	12	7	1	1	-	Corpus Christi, Tex.	48	30	10	3	-	4
Reading, Pa.	33	29	1	-	-	-	Dallas, Tex.	188	104	41	16	14	3
Rochester, N.Y.	116	84	24	2	5	12	El Paso, Tex.	54	30	16	4	2	4
Schenectady, N.Y.	26	20	4	-	-	1	Fort Worth, Tex.	95	55	21	8	6	5
Scranton, Pa.†	22	15	7	-	-	-	Houston, Tex.	295	133	84	33	14	6
Syracuse, N.Y.	109	74	24	4	4	7	Little Rock, Ark.	76	50	11	4	6	5
Trenton, N.J.	29	22	6	1	-	2	New Orleans, La.	240	140	57	21	14	-
Utica, N.Y.	24	14	8	1	1	1	San Antonio, Tex.	130	76	35	11	3	6
Yonkers, N.Y.	26	20	4	1	-	1	Shreveport, La.	41	30	10	-	-	1
							Tulsa, Okla.	102	60	32	4	1	10
<b>E.N. CENTRAL</b>	2,332	1,396	619	147	93	61	<b>MOUNTAIN</b>	635	411	143	42	22	34
Akron, Ohio	43	30	6	5	2	-	Albuquerque, N. Mex.	60	36	15	1	5	5
Canton, Ohio	58	36	13	5	2	1	Colo. Springs, Colo.	42	28	10	4	-	2
Chicago, Ill.	538	291	162	33	35	8	Denver, Colo.	126	85	26	10	2	11
Cincinnati, Ohio	123	73	37	5	3	7	Las Vegas, Nev.	66	35	18	9	1	3
Cleveland, Ohio	216	124	60	15	10	1	Ogden, Utah	26	19	3	2	1	3
Columbus, Ohio	143	76	47	5	9	7	Phoenix, Ariz.	133	78	32	12	7	2
Dayton, Ohio	115	75	26	2	2	6	Pueblo, Colo.	21	15	5	1	-	2
Detroit, Mich.	232	134	67	18	9	4	Salt Lake City, Utah	59	39	13	2	4	1
Evansville, Ind.	55	39	8	6	1	4	Tucson, Ariz.	102	76	21	1	2	5
Fort Wayne, Ind.	72	46	14	9	1	4							
Gary, Ind.	31	16	7	6	2	-							
Grand Rapids, Mich.	53	36	13	2	1	2	<b>PACIFIC</b>	1,662	1,085	371	113	49	58
Indianapolis, Ind.	155	83	46	10	7	2	Berkeley, Calif.	20	10	9	1	-	-
Madison, Wis.	26	17	5	2	1	1	Fresno, Calif.	53	38	6	6	1	5
Milwaukee, Wis.	154	109	35	6	3	2	Glendale, Calif.	24	16	4	2	-	-
Peoria, Ill.	43	26	11	4	1	3	Honolulu, Hawaii	66	37	17	6	4	3
Rockford, Ill.	46	31	9	4	1	3	Long Beach, Calif.	106	66	25	7	7	2
South Bend, Ind.	59	43	14	2	-	5	Los Angeles, Calif.	419	287	83	32	5	10
Toledo, Ohio	102	67	22	6	3	1	Oakland, Calif.	65	40	14	4	6	4
Youngstown, Ohio	63	44	17	2	-	-	Pasadena, Calif.	23	19	3	1	-	1
							Portland, Oreg.	109	70	25	3	7	1
<b>W.N. CENTRAL</b>	690	454	162	29	19	27	Sacramento, Calif.	58	62	26	4	4	7
Des Moines, Iowa	58	38	18	1	1	2	San Diego, Calif.	130	77	34	9	4	4
Duluth, Minn.	32	27	5	-	-	2	San Francisco, Calif.	141	96	34	8	2	1
Kansas City, Kans.	40	25	9	3	1	1	San Jose, Calif.	165	115	32	11	3	5
Kansas City, Mo.	117	74	24	7	5	8	Seattle, Wash.	150	90	41	14	-	9
Lincoln, Nebr.	32	20	10	1	-	4	Spokane, Wash.	51	35	9	3	2	3
Minneapolis, Minn.	90	66	18	1	2	2	Tacoma, Wash.	42	27	9	2	4	3
Omaha, Nebr.	67	47	13	3	3	-							
St. Louis, Mo.	128	71	39	8	2	2							
St. Paul, Minn.	70	52	11	3	1	-							
Wichita, Kans.	56	34	15	2	4	6	<b>TOTAL</b>	12,071	7,480	2,976	788	400	489

\*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 4 Pennsylvania cities, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

††Data not available this week. Figures are estimates based on average percent of regional total.

### *Chloroquine Ingestion – Continued*

**Editorial Note:** Chloroquine has proven to be a remarkably safe drug when utilized for malaria prophylaxis and therapy (dosage range: 5-15 mg/kg body weight). In the concentrations taken by this child, chloroquine has been well documented to produce seizures and cardiovascular collapse. Death generally occurs within hours of the ingestion (2). In a recent review of side effects and toxicity of chloroquine by the World Health Organization, accidental poisoning in young children was examined (3). Available published reports (1961-1978) detail 25 cases in children aged 17 months to 6 years, who accidentally swallowed toxic or fatal doses of chloroquine. In the 5 children who survived, either the dose was relatively small or remedial measures were instituted very rapidly. In almost all of the cases, the amount of chloroquine ingested was either unknown or could be only roughly estimated.

Chloroquine is highly soluble and is rapidly absorbed from the gastrointestinal tract. Most of the absorbed chloroquine is bound in tissues, and neither dialysis nor exchange transfusion is effective in clearing the drug from the body.

Health care providers should be aware of this potential hazard and urge their patients to put chloroquine in safekeeping when there are young children in the home.

#### *References*

1. DaMaio VJM, Henry LD. Chloroquine poisoning. *South Med J* 1974;67:1031.
2. McCann WP, Perisohn R, Palmisano PA. Fatal chloroquine poisoning in a child: experience with peritoneal dialysis. *Pediatrics* 1975;55:536-8.
3. Weniger H. Review of side effects and toxicity of chloroquine. Geneva: World Health Organization, 1979:906.

### **Rabies in Pet Raccoons – South Carolina**

Two rabid raccoons recently cost the state of South Carolina approximately \$10,000 because of their contact with at least 25 people.

In the spring of 1979, a Beaufort County family picked up several raccoon kits along the side of the road. The family kept 1 of the young raccoons as a pet.

When the raccoon attained adult size, it began to show signs of illness, including sudden aggressiveness that resulted in bites and scratches of family members. Finally, on July 9, the animal was submitted to the South Carolina Department of Health and Environmental Control laboratories for rabies examination. The diagnosis of rabies was confirmed.

Many family members and friends had come in contact with the raccoon. Twelve were judged to have been potentially exposed and were treated with a total of 110 cc of human rabies immune globulin (HRIG).

Community awareness about the rabid raccoon led to the discovery that another raccoon, although not from the same litter, had bitten members of another family. Because the animal had escaped, 6 persons underwent antirabies treatment. They received 138 doses of vaccine and 69 cc of HRIG. All treated contacts have remained healthy.

The total cost to the state of the biologics used in these episodes was \$5,538, and a conservative estimate of the cost of administration was \$2,070. An ambulance kept on standby while patients were undergoing treatment cost an additional \$966. To the total, actually documented, cost of \$8,574 must be added certain costs that can only be estimated, such as the time and effort of laboratory personnel, the district medical director, staff members in environmental sanitation, the state epidemiologist, state health department staff, involved families, and contacts.

*Reported by RL Parker, DVM, and FC McCaleb, MD, South Carolina State Dept of Health and Environmental Control, in Preventive Medicine Quarterly 1980;3:5-7, and CDC's Veterinary Public Health Notes, February 1980.*

*Rabies — Continued*

**Editorial Note:** Rabies continues to be a problem in South Carolina. In fiscal year 1979, 138 of the 177 reported cases in animals were in raccoons. The number of specimens submitted for rabies examination doubled last year and is increasing at an even faster rate this year.

The area of the state in which rabies is occurring has also expanded. Several years ago, rabies in raccoons was focused in a small area along the Savannah River; now it is found throughout the state.

*International Notes***Rift Valley Fever — Egypt**

In 1977, Rift Valley fever (RVF) was recognized in Egypt for the first time (1). Isolation of RVF virus in 1978 and again in 1979 suggests this disease may be endemic in that country. This is the northernmost extension of the disease, which previously had been confined to sub-Saharan Africa. The disease has also long been endemic in most of eastern and southern Africa.

RVF affects primarily livestock—sheep, goats, cattle, and camels—and humans. Transmission to humans is most likely to occur through contact with infected livestock, especially in butchering or similar close handling of animal carcasses. Mosquito-bite transmission is also believed to be an important means of spread, and airborne transmission or other routes are possible.

In humans, the disease usually presents as an influenza-like illness with muscle and joint pains, fever, headache, chills, and retro-orbital pain. Acute illness usually lasts for 2-3 days, followed by 5-7 days of convalescence. In some cases (less than 1%), severe illness may develop; encephalitis, retinopathy, and extensive hemorrhagic manifestations have been described. The fatality rate in severely ill patients may exceed 50%.

The risk of infection to travelers in endemic areas is believed to be quite low. However, a case of RVF was reported in 1979 in a Canadian tourist, who spent 5 days in an endemic area near Nairobi and Mombasa, Kenya (2). This is the only case of RVF reported in a casual visitor, despite considerable tourist traffic into infected areas. Given the apparent low risk of infection for tourists, recommendations against travel to infected areas do not appear to be needed. Travelers can reduce the risk of exposure by avoiding contact with livestock and minimizing exposure to mosquito bites. No vaccine is commercially available for immunization of humans against Rift Valley fever.

*Reported by Respiratory and Special Pathogens Br, Viral Diseases Div, Bur of Epidemiology, CDC.*

**References**

1. MMWR 1978;27:113.
2. MMWR 1979;28:607.

**Quarantine Measures**

The following changes should be made in the Supplement, "Health Information for International Travel," MMWR, Vol. 28, July 1979:

**QATAR**

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

*Yellow fever* - Under code insert > 1 yr.

*Smallpox* - Delete code. Insert: None. ALSO on page 16 delete code. Insert: None.

*Quarantine Measures — Continued***RHODESIA**

*Smallpox* - Delete code. Insert: A certificate is required ONLY for stay of > 3 months. ALSO on page 16 delete code. Insert \*.

**RYUKYU ISLANDS**

*Smallpox* - Delete code. Insert: None. ALSO on page 16 delete code. Insert: None.

**SAUDI ARABIA**

Delete all information. Insert:

*Cholera* - None.

*Yellow fever* - III

*Smallpox* - None. ALSO on page 17 delete \*. Insert: None.

**SIERRA LEONE**

*Yellow fever* - Delete code. Insert: A certificate may be required from travelers leaving Sierra Leone. ALSO on page 17 delete code. Insert \*.

**SINGAPORE**

*Yellow fever* - Delete all information. Insert code III > 1 yr. Insert: A certificate is required ALSO from travelers arriving from or transiting countries in the endemic zones (see pp. 62-63). ALSO on page 17 change code to III\*.

*Smallpox* - Delete code. Insert: None. ALSO on page 17 delete code. Insert: None.

**SOMALIA**

*Cholera* - Delete: None. Insert code II. ALSO on page 17 delete: None. Insert code II.

*Smallpox* - Delete code. Insert: None. ALSO on page 17 delete code. Insert: None.

**SUDAN**

*Yellow fever* - Change code to II. Insert: A certificate is required ALSO from travelers arriving from countries in the endemic zones (see pp. 62-63). A certificate may be required from travelers leaving Sudan. ALSO on page 17 change code to II\*.

**SYRIAN ARAB REPUBLIC**

*Cholera* - Delete code. Insert: None. ALSO on page 17 delete code. Insert: None.

*Smallpox* - Delete all information. Insert: None. ALSO on page 17 delete code. Insert: None.

**TUVALU**

*Cholera* - Delete: None. Insert code II. ALSO on page 18 delete: None. Insert code II.

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

**UNITED ARAB EMIRATES**

*Cholera* - Delete: None. Insert code II. ALSO on page 18 delete: None. Insert code II.

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

**VIET NAM**

*Cholera* - Delete: None. Insert code II. ALSO on page 18 delete: None. Insert code II.

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

**YEMEN**

*Cholera* - Delete all information. Insert: None. ALSO on page 18 delete code. Insert: None.

*Smallpox* - Delete code. Insert: None. ALSO on page 18 delete code. Insert: None.

---

The Morbidity and Mortality Weekly Report, circulation 88,700, 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.

Send mailing list additions, deletions, and address changes to: Center for Disease Control, Attn: Distribution Services, GSO, 1-SB-36, Atlanta, Georgia 30333. When requesting changes be sure to give your former address, including zip code and mailing list code number, or send an old address label.

**U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE  
PUBLIC HEALTH SERVICE / CENTER FOR DISEASE CONTROL  
ATLANTA, GEORGIA 30333 OFFICIAL BUSINESS**

Director, Center for Disease Control  
William H. Foege, M.D.  
Director, Bureau of Epidemiology  
Philip S. Brachman, M.D.  
Editor  
Michael B. Gregg, M.D.  
Managing Editor  
Anne D. Mather, M.A.  
Mathematical Statistician  
Keewhan Chol, Ph.D.

Postage and Fees Paid  
U.S. Department of HEW  
HEW 396



HCA55 MILLSMA0007537921SXXX  
MRS MARY ALICE MILLS  
DIRECTOR, LIBRARY  
BLDG 1-4007