Follow-up on Reye Syndrome — United States

For the period December 1, 1979 through April 30, 1980, CDC received written reports of 304 patients with Reye syndrome that met the standard CDC case definition. The 304 cases were reported from 37 states and the District of Columbia. They were divided equally between males and females. Among 284 cases of known race, 94% were in whites, 3% in blacks, 3% in Hispanics, and 1% were in Asians or Pacific Islanders. Of the patients for whom symptoms were reported, 75% (204/273) had respiratory symptoms as part of their antecedent illness, 15% had diarrhea, and 15% had a varicella exanthem. Of 282 patients for whom the ages were reported, 71% (199) were between the ages of 5 and 14 years; 22% (62) were less than 4 years and 7% (21) were 15 years or older. The number of reported cases peaked in early to mid-February, approximately the same time as the peak in reports of isolations of influenza B viruses made by World Health Organization collaborating laboratories in the United States (Figure 1). There were 66 deaths among 287 cases in which the outcome was reported, for a case-fatality rate of 23%.

FIGURE 1. Reported Reye syndrome cases, by week of onset of prodrome, and influenza B isolates, by week of report, United States, November 30, 1979-April 25, 1980
Reye Syndrome — Continued

These current 1979-1980 surveillance data reveal a third nationwide outbreak of Reye syndrome epidemiologically associated with influenza B. Nationwide outbreaks of Reye syndrome have been reported previously in association with influenza B during the 1973-74 and 1976-77 influenza seasons, and with influenza A (H1N1) in the 1978-79 season (1-3).

In addition to certain viruses, several reports have suggested that other factors, such as medications or toxins, may contribute to the pathogenesis of this disease. Among toxins that have been implicated in some cases of Reye syndrome are isopropyl alcohol, pteridines, warfarin, and aflatoxins (4). Aspirin is one medication that has been mentioned frequently as a possible contributing factor in the pathogenesis of Reye syndrome, although it has been reported that aspirin toxicity and Reye syndrome may be differentiated on the basis of serum amino acid patterns (4-6). A recently reported study (7) conducted last year in Arizona of a cluster of 7 cases of Reye syndrome and 16 ill classmates demonstrated that the patients with Reye syndrome used salicylates during their prodromal illness more frequently (7/7) than their controls (8/16), (p <.05, 1 Tail Fisher Exact Test). All 7 patients with Reye syndrome had serologic evidence of recent influenza A (H1N1) infection; there were no serologic studies on the ill controls. Reported rates of salicylate use in Reye syndrome patients have ranged from 53% to 100%. However, with the exception of this study, no controlled studies of salicylate use have been previously reported. Further investigations are needed to more clearly define the possible role of salicylate use and toxins in the pathogenesis of Reye syndrome.

Reported by State and Territorial Epidemiologists, K Starko, MD, Acting State Epidemiologist, Arizona Dept of Health Services; and Enteric and Neurotropic Viral Diseases Br, Viral Diseases Div, Bur of Epidemiology, CDC.

Editorial Note: CDC continues to receive case-report forms on Reye syndrome cases with onset from December 1979 through April 1980. By early April, state health departments had informed CDC by telephone of 429 suspected cases, including the 304 confirmed ones reported above; it is estimated that approximately 85% to 90% of these will meet the CDC case definition. This definition requires that a patient have an acute non-inflammatory encephalopathy with 1) microvesicular fatty metaphorphosis of the liver confirmed by biopsy or autopsy, or 2) a serum glutamic oxaloacetic transaminase (SGOT), a serum glutamic pyruvic transaminase (SGPT), or serum ammonia (NH3) greater than 3 times normal. If cerebral spinal fluid is obtained, it must have < 8 leukocytes/mm^3. In addition, there should be no other more reasonable explanation for the neurologic or hepatic abnormalities.

References
2. MMWR 1978;27:15.
Follow-up on Mount St. Helens

The Mount St. Helens Technical Information Network, established through the Federal Coordinating Office of the Federal Emergency Management Agency (FEMA), has, to date, issued 33 Technical Information Bulletins (Table 1). The health bulletins in this series have been based primarily on the Mount St. Helens Volcano Health Reports, which are issued twice a week by CDC’s Chronic Diseases Division. Technical bulletins on other aspects of the volcanic eruptions—geology, agriculture, economics, ecology, and environment, among others—are prepared with the assistance of other agencies.

One of the bulletins, #30, details the management approaches to controlling dust exposure that are recommended by the National Institute for Occupational Safety and Health.

TABLE 1. Technical Information Bulletins on the Mount St. Helens volcanic eruptions

<table>
<thead>
<tr>
<th>Number</th>
<th>Title</th>
<th>Issue date (1980)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>The Nature of Mount St. Helens Ash</td>
<td>May 27</td>
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<tr>
<td>2.</td>
<td>Driving and Vehicle Maintenance in Heavy Ash Areas</td>
<td>May 30</td>
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<tr>
<td>3.</td>
<td>Precautions in Handling Volcanic Ash</td>
<td>May 27</td>
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<td>4.</td>
<td>Current Volcanic Hazards at Mount St. Helens, Washington</td>
<td>May 29</td>
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<tr>
<td>6.</td>
<td>Advice for Farmers from Washington State University — Tractors and Water Pumps</td>
<td>June 1</td>
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<tr>
<td>7.</td>
<td>Ash Particles and Home Clean-up Problems — Advice from the University of Idaho</td>
<td>May 30</td>
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<td>8.</td>
<td>Physical and Chemical Characteristics of the Mount St. Helens Deposits of May 18, 1980</td>
<td>June 2</td>
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<td>9.</td>
<td>Volcanic Ash Advice to Berry Growers</td>
<td>June 2</td>
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<td>10.</td>
<td>Center for Disease Control (CDC) Community Based Health Surveillance Program (Update)</td>
<td>June 3</td>
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<tr>
<td>11.</td>
<td>Poultry — Bees — Livestock</td>
<td>June 5</td>
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<tr>
<td>12.</td>
<td>Foodstuffs and Volcanic Ashfall</td>
<td>June 5</td>
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<td>13.</td>
<td>Research into the Free Crystalline Silica Content of Mount St. Helens Ash</td>
<td>June 6</td>
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<td>14.</td>
<td>Protecting Children from Volcanic Ash — Related Health Hazards</td>
<td>June 7</td>
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<td>15.</td>
<td>Volcanic Ash and Your Water Supply</td>
<td>June 7</td>
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<tr>
<td>16.</td>
<td>Health and Medical Update</td>
<td>June 8</td>
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<td>17.</td>
<td>Insurance Concerns</td>
<td>June 9</td>
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<tr>
<td>18.</td>
<td>Health and Medical Update</td>
<td>June 10</td>
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<td>19.</td>
<td>Controlling Blowing Dust from Volcanic Ash</td>
<td>June 16</td>
</tr>
<tr>
<td>20.</td>
<td>Health and Medical Update</td>
<td>June 16</td>
</tr>
<tr>
<td>21.</td>
<td>Aviation Considerations</td>
<td>June 20</td>
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<tr>
<td>22.</td>
<td>Electric/Electronic Protection — Commercial and Major Systems</td>
<td>June 20</td>
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<td>23.</td>
<td>Farm Equipment “Ash” Maintenance</td>
<td>June 21</td>
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<tr>
<td>24.</td>
<td>Vehicle Maintenance Guidelines</td>
<td>June 23</td>
</tr>
<tr>
<td>25.</td>
<td>Flood Hazard Reduction in the Vicinity of Mount St. Helens</td>
<td>June 25</td>
</tr>
<tr>
<td>26.</td>
<td>Volcanic Ash Effects on Municipal Water Supply and Sewage Treatment Plants</td>
<td>June 26</td>
</tr>
<tr>
<td>27.</td>
<td>Air Quality Monitoring Network for Volcanic Ash</td>
<td>June 26</td>
</tr>
<tr>
<td>28.</td>
<td>Volcanic Hazard Analysis</td>
<td>June 27</td>
</tr>
<tr>
<td>29.</td>
<td>Wildlife and Plant Community Impacts</td>
<td>June 27</td>
</tr>
<tr>
<td>30.</td>
<td>Management Approaches to Dust Exposure Control</td>
<td>June 28</td>
</tr>
<tr>
<td>31.</td>
<td>Economic Factors</td>
<td>June 28</td>
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<td>32.</td>
<td>Health Surveys and Analysis — Center for Disease Control (CDC) Surveillance Program (Update)</td>
<td>June 28</td>
</tr>
<tr>
<td>33.</td>
<td>Mount St. Helens Technical Information Network Closeout</td>
<td>July 1</td>
</tr>
</tbody>
</table>
Mount St. Helens — Continued

(NIOSH). This bulletin includes recommended chemical dust suppressants, methods of cleaning, administrative controls, equipment maintenance, emergency controls, and personal protective equipment, including the types of respirators that should be used for work in areas with low, medium, and high concentrations of volcanic dust.

Copies of these bulletins may be requested directly from FEMA, Mount St. Helens Technical Information Network, 1220 Main St., Vancouver, Washington 98660.

Reported by FEMA; NIOSH, and the Chronic Diseases Div, Bur of Epidemiology, CDC.

International Notes

Cholera — Spain

From July 16 to November 7, 1979, 267 cases of cholera were reported in 8 Spanish provinces—Melilla, Málaga, Barcelona, Granada, Córdoba, Sevilla, Ceuta, and Navarra. The first case was observed in Melilla on July 16.

In Málaga, there were 141 cases between August 6 and October 24. Eighty-three percent of the patients lived in or near the city. There were only a few cases in August, but many in September. The overall incidence among women was higher than among men,

(Continued on page 329)

<table>
<thead>
<tr>
<th>DISEASE</th>
<th>27TH WEEK ENDING</th>
<th>MEDIAN 1975-1979</th>
<th>CUMULATIVE, FIRST 27 WEEKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aseptic meningitis</td>
<td>87</td>
<td>25</td>
<td>89</td>
</tr>
<tr>
<td>Brucellosis</td>
<td>4</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Chickenpox</td>
<td>1,719</td>
<td>1,492</td>
<td>1,442</td>
</tr>
<tr>
<td>Diphtheria</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Encephalitis: Primary (arthropod borne &amp; unspec.)</td>
<td>9</td>
<td>9</td>
<td>14</td>
</tr>
<tr>
<td>Post-infectious</td>
<td>12</td>
<td>6</td>
<td>97</td>
</tr>
<tr>
<td>Hepatitis, Viral: Type B</td>
<td>295</td>
<td>258</td>
<td>256</td>
</tr>
<tr>
<td>Type A</td>
<td>418</td>
<td>460</td>
<td>483</td>
</tr>
<tr>
<td>Type unspecified</td>
<td>185</td>
<td>186</td>
<td>163</td>
</tr>
<tr>
<td>Malaria</td>
<td>31</td>
<td>25</td>
<td>38</td>
</tr>
<tr>
<td>Measles (rubella)</td>
<td>262</td>
<td>233</td>
<td>451</td>
</tr>
<tr>
<td>Meningococcal infections: Total</td>
<td>25</td>
<td>33</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>Civilian</td>
<td>Military</td>
<td>Civilian</td>
</tr>
<tr>
<td>Mumps</td>
<td>49</td>
<td>128</td>
<td>223</td>
</tr>
<tr>
<td>Pertussis</td>
<td>39</td>
<td>35</td>
<td>24</td>
</tr>
<tr>
<td>Rubella (German measles)</td>
<td>56</td>
<td>226</td>
<td>192</td>
</tr>
<tr>
<td>Tetanus</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Tuberculosis</td>
<td>465</td>
<td>434</td>
<td>539</td>
</tr>
<tr>
<td>Typhoid fever</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Typhus fever, tick-borne (Rky. Mt. spotted)</td>
<td>10</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Venerable diseases:</td>
<td>27</td>
<td>50</td>
<td>47</td>
</tr>
<tr>
<td>Gonorrhea:</td>
<td>17,598</td>
<td>18,105</td>
<td>18,643</td>
</tr>
<tr>
<td>Military</td>
<td>706</td>
<td>644</td>
<td>694</td>
</tr>
<tr>
<td>Syphilis, primary &amp; secondary:</td>
<td>376</td>
<td>317</td>
<td>352</td>
</tr>
<tr>
<td>Civilian</td>
<td>Military</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rabies in animals</td>
<td>99</td>
<td>89</td>
<td>58</td>
</tr>
</tbody>
</table>

TABLE II. Notifiable diseases of low frequency, United States

<table>
<thead>
<tr>
<th>DISEASE</th>
<th>CUM. 1980</th>
<th>CUM. 1980</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthrax</td>
<td>-</td>
<td>7</td>
</tr>
<tr>
<td>Botulism (Calif. 2)</td>
<td>25</td>
<td>5</td>
</tr>
<tr>
<td>Cholera</td>
<td>8</td>
<td>40</td>
</tr>
<tr>
<td>Congenital rubella syndrome</td>
<td>36</td>
<td>Rabies in man</td>
</tr>
<tr>
<td>Leprosy (Wis. 1, Calif. 6)</td>
<td>97</td>
<td>Typhus fever, flea-borne endemic, murine (Tex. 3)</td>
</tr>
<tr>
<td>Leptospirosis (N.C. 1, Ark. 1)</td>
<td>30</td>
<td>65</td>
</tr>
<tr>
<td>Plague (N. Mex. 1, Calif. 1)</td>
<td>6</td>
<td>32</td>
</tr>
</tbody>
</table>

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 5, 1980, and July 7, 1979 (27th week) |
|-----------------------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| REPORTING AREA | ASEP TIC NEU NITIS | BRUCELLOSIS | CHICKEN POX | DIPHTHERIA | ENCEPHALITIS | HEPATITIS (VIRAL), BY TYPE | MALARIA |
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TABLE III (Cont’d). Cases of specified notifiable diseases, United States, weeks ending July 5, 1980, and July 7, 1979 (27th week)

<table>
<thead>
<tr>
<th>REPORTING AREA</th>
<th>MEASLES (RUBEOLA)</th>
<th>MENINGOCOCCAL INFECTIONS TOTAL</th>
<th>MUMPS</th>
<th>PERTUSSIS</th>
<th>RUBELLA</th>
<th>TETANUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNITED STATES</td>
<td>262 11,852 10,687</td>
<td>25 1,584 1,636</td>
<td>49 6,545</td>
<td>39</td>
<td>56</td>
<td>2,957 31</td>
</tr>
<tr>
<td>NEW ENGLAND</td>
<td>1 653 276</td>
<td>- 92 81</td>
<td>2 535</td>
<td>-</td>
<td>1 196</td>
<td>-</td>
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<tr>
<td>Mass.</td>
<td>- 33 15</td>
<td>- 6 4</td>
<td>1 282</td>
<td>-</td>
<td>- 66</td>
<td>-</td>
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<tr>
<td>N. H.</td>
<td>- 316 29</td>
<td>- 6 8</td>
<td>- 19</td>
<td>-</td>
<td>- 30</td>
<td>-</td>
</tr>
<tr>
<td>Vt.</td>
<td>- 226 116</td>
<td>- 13 5</td>
<td>1 7</td>
<td>-</td>
<td>- 3</td>
<td>-</td>
</tr>
<tr>
<td>Mass.</td>
<td>1 50 13</td>
<td>- 31 27</td>
<td>- 117</td>
<td>-</td>
<td>1 73</td>
<td>-</td>
</tr>
<tr>
<td>R. I.</td>
<td>2 102</td>
<td>- 7 4</td>
<td>2 20</td>
<td>-</td>
<td>- 5</td>
<td>-</td>
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<tr>
<td>Conn.</td>
<td>- 24 3</td>
<td>- 32 33</td>
<td>- 90</td>
<td>-</td>
<td>- 13</td>
<td>-</td>
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<tr>
<td>MID. ATLANTIC</td>
<td>73 3,542 1,246</td>
<td>5 287 238</td>
<td>5 733</td>
<td>6</td>
<td>4</td>
<td>457 3</td>
</tr>
<tr>
<td>Upstate N. Y.</td>
<td>24 641 553</td>
<td>3 94 86</td>
<td>2 88</td>
<td>2</td>
<td>2</td>
<td>164 1</td>
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<td>N. Y. City</td>
<td>37 1,083 623</td>
<td>- 75 62</td>
<td>2 69</td>
<td>-</td>
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<td>83 1</td>
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<tr>
<td>N. J.</td>
<td>NA 777 53</td>
<td>1 58 58</td>
<td>1 91</td>
<td>-</td>
<td>-</td>
<td>65</td>
</tr>
<tr>
<td>Pa.</td>
<td>12 1,061 37</td>
<td>1 60 32</td>
<td>- 425</td>
<td>4</td>
<td>-</td>
<td>145 1</td>
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<tr>
<td>E. N. CENTRAL</td>
<td>90 2,075 2,825</td>
<td>2 176 165</td>
<td>11 2,549</td>
<td>2</td>
<td>8</td>
<td>727 3</td>
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<tr>
<td>Ohio</td>
<td>29 279 226</td>
<td>- 69 64</td>
<td>3 1,041</td>
<td>2</td>
<td>-</td>
<td>4 1</td>
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<td>Ind.</td>
<td>- 8 167</td>
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<td>- 59</td>
<td>2</td>
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<td>-</td>
<td>-</td>
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<td>2 42 45</td>
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<td>-</td>
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<td>-</td>
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<tr>
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<td>-</td>
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<td>-</td>
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<td>-</td>
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<td>107 1</td>
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<td>-</td>
<td>4</td>
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<td>D.C.</td>
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<td>- 3</td>
<td>-</td>
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<td>Va.</td>
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<tr>
<td>N. C.</td>
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<td>49 2</td>
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<td>1</td>
<td>61 1</td>
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<td>- 21 32</td>
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<td>-</td>
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<td>2 178 266</td>
<td>2 227</td>
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<td>2</td>
<td>102 7</td>
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<tr>
<td>Ark.</td>
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<td>- 18 7</td>
<td>- 20</td>
<td>-</td>
<td>-</td>
<td>3 1</td>
</tr>
<tr>
<td>La.</td>
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<td>- 66 101</td>
<td>1 64</td>
<td>-</td>
<td>-</td>
<td>9 1</td>
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<td>Okla.</td>
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<td>- 16 23</td>
<td>-</td>
<td>-</td>
<td>1 4</td>
<td></td>
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<tr>
<td>Tex.</td>
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<td>2 81 119</td>
<td>1 143</td>
<td>3</td>
<td>1</td>
<td>86 5</td>
</tr>
<tr>
<td>MOUNTAIN</td>
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<td>1 162</td>
<td>5</td>
<td>-</td>
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<tr>
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<td>- 2 6</td>
<td>- 47</td>
<td>-</td>
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<tr>
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<td>- 15</td>
<td>-</td>
<td>-</td>
<td>17</td>
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<tr>
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<td>- 3</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Colo.</td>
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<td>- 12 4</td>
<td>1 61</td>
<td>1</td>
<td>-</td>
<td>5</td>
</tr>
<tr>
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<td>- - 3</td>
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<td>Ariz.</td>
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<td>1 77 31</td>
<td>NA 276</td>
<td>NA</td>
<td>NA</td>
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<td>- 2 8</td>
<td>- 26</td>
<td>-</td>
<td>-</td>
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<tr>
<td>Nev.</td>
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<td>- 12 9</td>
<td>- 9</td>
<td>1</td>
<td>-</td>
<td>4</td>
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<td>2 216 241</td>
<td>11 652</td>
<td>7</td>
<td>33</td>
<td>792 8</td>
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<tr>
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<td>1 116</td>
<td>1</td>
<td>-</td>
<td>67</td>
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<td>Ore.</td>
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<td>- 37 16</td>
<td>- 51</td>
<td>-</td>
<td>1</td>
<td>48</td>
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<td>1 135 172</td>
<td>10 265</td>
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<td>29</td>
<td>662 8</td>
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<tr>
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<td>- 13 5</td>
<td>- 11 17</td>
<td>1</td>
<td>-</td>
<td>10</td>
</tr>
<tr>
<td>Hawaii</td>
<td>- 6 62</td>
<td>- 1 8</td>
<td>- 9</td>
<td>-</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Guam</td>
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<td>- 1 1</td>
<td>NA 7</td>
<td>NA</td>
<td>NA</td>
<td>-</td>
</tr>
<tr>
<td>P. R.</td>
<td>NA 84 293</td>
<td>- 7 3</td>
<td>NA 111</td>
<td>NA</td>
<td>NA</td>
<td>11 7</td>
</tr>
<tr>
<td>V. I.</td>
<td>NA 6 4</td>
<td>- 1 3</td>
<td>NA 2</td>
<td>NA</td>
<td>NA</td>
<td>-</td>
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<tr>
<td>Pac. Trust Terr.</td>
<td>NA 6 6</td>
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<td>NA 13</td>
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</tbody>
</table>

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 5, 1980, and July 7, 1979 (27th week)

<table>
<thead>
<tr>
<th>Reporting Area</th>
<th>Tuberculosis</th>
<th>Typhus Fever</th>
<th>Typhoid Fever</th>
<th>Venerable Diseases (Civilian)</th>
<th>Rabies (Animals)</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>460</td>
<td>14,032</td>
<td>66</td>
<td>10,186</td>
<td>27,405</td>
</tr>
<tr>
<td></td>
<td></td>
<td>27</td>
<td>17,598</td>
<td>489,358</td>
<td>492,891</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>376</td>
<td>13,316</td>
<td>12,309</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3,398</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### NEW ENGLAND
- **New England**: 388
- **Maine**: 29
- **N.H.**: 6
- **Vt.**: 11
- **Mass.**: 212
- **R.I.**: 42
- **Conn.**: 88

#### MIDDLE ATLANTIC
- **New Jersey**: 2,311
- **N.Y. City**: 19
- **Pa.**: 26
- **W.V.**: 15
- **N.J.**: 33
- **Mich.**: 622
- **Ohio**: 10
- **Md.**: 33

#### EASTERN CENTRAL
- **Ohio**: 1,007
- **Ind.**: 210
- **III.**: 728
- **Ohio**: 10
- **Mo.**: 238
- **Ill.**: 22
- **W. Va.**: 26
- **Pa.**: 26

#### SOUTHERN CENTRAL
- **Tenn.**: 1,522
- **Ky.**: 2,296
- **Tenn.**: 1,439
- **Miss.**: 25
- **Ky.**: 2,124
- **Ark.**: 9
- **Tenn.**: 1,263
- **Tenn.**: 2

#### SOUTHWESTERN CENTRAL
- **Tex.**: 1,312
- **Ky.**: 1,296
- **Okla.**: 16
- **N.M.**: 3
- **N.M.**: 4
- **Okla.**: 2
- **Tex.**: 43

#### SOUTHERN
- **S. Atlantic**: 104
- **Del.**: 3
- **Md.**: 1,005
- **Va.**: 12
- **Va.**: 5
- **S.C.**: 15
- **Ga.**: 388
- **S.C.**: 16

#### NORTH CENTRAL
- **W.N. Central**: 45
- **Mich.**: 276
- **N. Dak.**: 125
- **Ohio**: 13
- **Ind.**: 210
- **Iowa**: 8
- **N. Dak.**: 1
- **Iowa**: 3

#### WESTERN CENTRAL
- **W.S. Central**: 61
- **Neb.**: 3
- **Neb.**: 3
- **Neb.**: 4
- **Neb.**: 5
- **Neb.**: 3
- **Neb.**: 2
- **Neb.**: 4

#### WESTERN
- **Mont.**: 7
- **Idaho**: 1
- **Wyo.**: 15
- **Colo.**: 4
- **Nev.**: 1
- **Mont.**: 7
- **Idaho**: 1
- **Wyo.**: 9

#### PACIFIC
- **Wash.**: 82
- **Oreg.**: 3
- **Calif.**: 68
- **Alaska**: 6
- **Hawaii**: 3
- **Wash.**: 82
- **Oreg.**: 3
- **Colo.**: 4

#### OTHER
- **Guam**: NA
- **Pu.**
- **Pac. Trust Terr.**: 26
- **Guam**: NA
- **Pu.**
- **Pac. Trust Terr.**: 26
- **Guam**: NA
- **Pu.**

### Notes
- **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 5, 1980 (27th week)

<table>
<thead>
<tr>
<th>REPORTING AREA</th>
<th>ALL CAUSES, BY AGE (YEARS)</th>
<th>P &amp; I** TOTAL</th>
</tr>
</thead>
<tbody>
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<td></td>
<td>ALL AGES</td>
<td>&gt;65</td>
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<td>103</td>
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<tr>
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<td>17</td>
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<tr>
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<td>16</td>
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<tr>
<td>Hartford, Conn.</td>
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<td>32</td>
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<tr>
<td>Lowell, Mass.</td>
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<td>14</td>
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<tr>
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<td>14</td>
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<tr>
<td>New Bedford, Mass.</td>
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<td>17</td>
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<tr>
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<td>41</td>
<td>26</td>
</tr>
<tr>
<td>Providence, R.I.</td>
<td>64</td>
<td>38</td>
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<tr>
<td>Somerville, Mass.</td>
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<td>5</td>
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<tr>
<td>Springfield, Mass.</td>
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<td>Camden, N.J.</td>
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<tr>
<td>Wichita, Kan.</td>
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**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. Figures are estimates based on average percent of regional totals.
Cholera — Continued

mainly due to the large number of cases in females over 54 years old. The disease was not serious in most instances: mild and asymptomatic cases predominated, and the case-fatality ratio was low.

Because there were relatively few cases over a long period in Málaga, water as a vehicle of transmission was considered to play a minor role. In addition, in those parts of the city where a high incidence was observed, the chlorination of water was satisfactory. Only 2 small outbreaks were attributed to water with severe fecal contamination. Vegetables were also ruled out as a major vehicle, because those eaten in Málaga were imported from other provinces where cholera cases had not been reported.

Fish was considered to be the major vehicle of infection for several reasons: 1) many cases occurred among persons who had eaten fish, 2) the coastline at Málaga and the neighboring areas, which is used for fishing, is very polluted; there is a virtual absence of sewage-treatment plants in this area; 3) cases occurred in other parts of the province where fish from Málaga was sold; 4) samples examined at the public health laboratory revealed gross fecal contamination; 5) this fish is often eaten raw and uncleaned; 6) the lower socioeconomic groups were mainly affected, and these groups eat more fish in August and September because of its low price during those months.


Epidemiologic Notes and Reports

Imported Poliomyelitis — Oregon

On February 20, 1980, a 62-year-old woman from Oregon developed fever, myalgias, and weakness, especially in her back, thighs, shoulders, and hips. Two weeks earlier, while on a trip to Mexico, she had developed upper respiratory tract symptoms.

Laboratory evaluation showed a normal white blood cell (WBC) count, a cerebral spinal fluid with 10 WBC/mm³, a protein level of 154 mg/dl, and a negative bacterial culture. Serologic studies showed a 4-fold rise in neutralization antibodies to type 3 poliovirus, and a stool specimen was positive for type 3 poliovirus (1).

Preliminary evidence indicated that the virus was non-vaccine-like. The patient denied any history of vaccination for poliomyelitis or any contact with a vaccine recipient.

In June—more than 60 days after onset—the patient still had residual weakness of the lower motor neuron type. Further strain-characterization studies are pending.

Reported by P Goodall, MD, Portland, Oregon; JA Googins, MD, State Epidemiologist, Oregon Dept of Human Resources; Enteric Virology Br, Virology Div, Bur of Laboratories, Enteric and Neurotropic Viral Diseases Br, Viral Diseases Div, Field Services Div, Bur of Epidemiology, CDC.

Editorial Note: This case of paralytic poliomyelitis has 2 unusual features. First, the patient is one of the oldest cases of poliomyelitis on record. Only 7% of all reported paralytic poliomyelitis cases from 1969-1979 were 40 years of age or older. Second, non-vaccine-like type 3 poliovirus infection is very uncommon in the United States. Only 1 of 28 (3.6%) of all type 3 polioviruses isolated from 1969-1979 at CDC were classified as non-vaccine-like by the modified Wecker technique (2).

CDC recommends that all travelers to areas or countries where poliomyelitis is endemic or epidemic should have an up-to-date vaccination status for poliomyelitis, including a booster, if indicated (3).
Poliomyelitis — Continued

References

Current Trends

Urban Rat Control — United States, January-March 1980

During the second quarter of fiscal year 1980, 65 reporting urban rat control programs identified 981 environmentally improved blocks (EIBs) (Table 2). An additional 811 blocks achieved maintenance status, indicating that they had become essentially rat free. As of March 31, programs had provided services to a cumulative total of 53,908 blocks; 22,894 of these remained in project target areas, and 31,014 were sustained locally as EIBs. As a result of local project accomplishments, 6,500,000 people now live in areas that are environmentally improved and rat free.

EIBs became the priority of the Urban Rat Control Program in 1976. Since that time, projects have designated 5,400 to 8,800 EIBs annually. EIBs for this fiscal year total 1,874, a figure which is 55% less than the 4,127 reported during the first 2 quarters of fiscal year 1979. It is expected, however, that the EIB achievement for the year will be comparable to that of previous years.

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


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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 tele­
graphs 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.

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*Contiguous blocks where maintenance has been achieved and sustained for a minimum of 12 months. These blocks are no longer part of the approved project target area.
†Northeastern Pennsylvania Vector Control Association. Serves Lackawanna and Luzerne counties and the cities of Nanticoke, Wilkes-Barre, and Hazleton.
‡Target area blocks are confined to public housing projects.