

# MNWR

## MORBIDITY AND MORTALITY WEEKLY REPORT

- Epidemiologic Notes and Reports**
- 381 Penicillinase-producing *Neisseria gonorrhoeae* — New Mexico, California
- 383 Tuberculosis among Indochinese Refugees — United States, 1979
- 390 Heat Wave-Related Morbidity and Mortality — Missouri
- 392 Follow-up on Mount St. Helens

### Epidemiologic Notes and Reports

#### Penicillinase-producing *Neisseria gonorrhoeae*—New Mexico, California

Several cases of penicillinase-producing, *Neisseria gonorrhoeae* (PPNG) occurred recently in Albuquerque, New Mexico, and San Diego, California. The cases in each city could be epidemiologically linked to infection acquired in the Far East.

**Albuquerque:** From April 21 through May 16, 1980, 5 cases of infection caused by PPNG occurred in this New Mexico city. The index patient, a 20-year-old man who acquired gonococcal urethritis in the Far East, was treated at a hospital in Albuquerque with 4.8 million units of aqueous procaine penicillin G and probenecid 1 g orally; he failed to improve, however. Two days later, a private physician prescribed tetracycline hydrochloride 500 mg twice daily for 21 days. The patient's symptoms diminished, and, while still taking tetracycline, he had sexual contact with 3 women. Each of these women developed endocervical PPNG infection; one also developed acute salpingitis, and another acquired asymptomatic pharyngeal infection. Another male sexual partner of one of the women acquired both urethral and pharyngeal PPNG infection.

Once these infections were recognized as being penicillin-resistant, the 4 patients with uncomplicated infections were treated with spectinomycin 2 g intramuscularly (IM). The patient with salpingitis improved after receiving spectinomycin 2 g IM twice daily for 3 days, then once daily for 7 days. Post-treatment cultures from all patients were negative for PPNG.

**San Diego:** From July 1979 through March 1980, 4 cases of salpingitis associated with endocervical PPNG infection occurred in San Diego. In each case, infection resulted from sexual contact with someone who had acquired gonorrhea in the Far East. Although neither culdocentesis nor laparoscopy was performed in any of these patients, all had typical signs and symptoms of acute salpingitis. Each patient received a different treatment regimen: (1) tetracycline hydrochloride 500 mg orally, 4 times daily for 14 days; (2) spectinomycin 2 g intravenously (IV) 3 times daily for 5 days; (3) cefoxitin 1 g IV every 6 hours for 7 days; and (4) cefoxitin 2 g IM plus probenecid 1 g orally as a single dose. Each patient had complete resolution of symptoms and a negative post-treatment endocervical culture for *N. gonorrhoeae*.

Reported by SL Borchers, MD, Bernalillo County (New Mexico) Health Dept; MR Skeels, PhD, New Mexico Scientific Laboratory Div; P Gerow, J Mann, MD, Asst Director, Health Services Div, New Mexico

*Neisseria gonorrhoeae* — Continued

Mexico Health and Environment Dept; WO Harrison, Capt, MC, USN, SW Berg, CDR, MC, USN, Naval Regional Medical Center, San Diego; RJ Taylor, J Chin, MD, State Epidemiologist, California State Dept of Health; Bur of State Services, CDC.

**Editorial Note:** Early use of effective treatment will minimize the spread of and complications from PPNG infections. CDC is now specifically recommending spectinomycin 2 g for the initial treatment of uncomplicated anogenital gonorrhea in patients who have recently returned from countries, such as the Philippines, Singapore, and Thailand, that have areas of high prevalence of PPNG infections (1). The same dosage is also recommended for (1) the initial treatment of patients with proven PPNG infections, (2) treatment of the sexual partners of these patients, and (3) retreatment of patients who have persistent infections after initial therapy with another antibiotic. Isolates of *N. gonorrhoeae* obtained from patients treated with spectinomycin should be tested for penicillinase production. All patients treated for gonorrhea should have a post-treatment culture taken 3-7 days after treatment.

There are, as yet, no published studies on the treatment of PPNG-associated salpingitis and PPNG pharyngeal infections. Spectinomycin and cefoxitin appear effective in the treatment of salpingitis caused by penicillin-sensitive gonococci (2,3) and are definitely effective in urethritis caused by PPNG (4,5). However, these 2 drugs may be relatively ineffective for pharyngeal gonococcal infection (6,7). The fixed-combination antimicrobial sulfamethoxazole/trimethoprim has been used to treat pharyngitis caused by penicillin-sensitive gonococci (8) and may be effective for PPNG urethritis (9).

Pending definitive studies, the CDC recommends the following regimens:

**For salpingitis associated with endocervical PPNG infection:**

1. Outpatients — spectinomycin 2 g IM daily for 5-10 days.
2. Inpatients — cefoxitin 2 g IM or IV every 8 hours for 5-10 days.

Because experience with treatment of this infection is very limited, hospitalization of most patients may be advisable.

**For PPNG pharyngeal infection:**

Sulfamethoxazole/trimethoprim 9 tablets (400 mg sulfamethoxazole/80 mg trimethoprim per tablet) daily for 5 days.

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## Tuberculosis among Indochinese Refugees — United States, 1979

The prevalence of tuberculosis among Indochinese refugees who entered the United States in 1979 is approximately 926 per 100,000, according to a recent survey of tuberculosis-control programs in states and large cities. Demographic information was obtained from a survey, conducted by CDC, of refugees in 1979. The participating areas received 99,321 refugees, approximately 92% of the total number that entered the United States last year. These areas reported 920 refugees with tuberculosis who had been added to their case registers during 1979. Pulmonary disease accounted for 90% of the reported cases.\* One refugee died from tuberculosis.

Prevalence rates were higher for older than for younger refugees and higher for males than for females (Table 1). Estimated prevalence rates differed according to the country of origin. The rate was 412 per 100,000 for Laotians, 1,068 per 100,000 for Vietnamese, and 1,531 per 100,000 for Cambodians.

**TABLE 1. Prevalence\* of tuberculosis among Indochinese refugees, by age and sex, 1979**

Age group (years)	Males	Females	Total
0-4	553	412	491
5-14	331	309	321
15-24	673	475	588
25-44	1,554	1,105	1,347
45-64	3,498	1,961	2,734
≥65	14,188	3,477	7,160
All ages	1,074	750	926

\*Cases added to tuberculosis case registers in 1979 per 100,000 refugees.

Of the 920 reported cases, 251 (27%) were certified overseas—on the basis of chest X-ray abnormalities—as Class A tuberculosis (active or suspected active), 186 (20%) were certified overseas as Class B tuberculosis (inactive), 164 (18%) were known not to be certified as having either Class A or Class B tuberculosis, and 319 (35%) were of unknown certification status. Assuming the refugees with unknown certification status were distributed similarly to those with known status, 61% of the refugees with certified Class A tuberculosis, 14% of the refugees with certified Class B tuberculosis, and 0.3% of the refugees who had neither Class A nor Class B tuberculosis had current disease when evaluated in this country. Among patients for whom the results of bacteriologic tests were known, a positive smear or culture was least common among patients certified overseas to have Class A tuberculosis (33%) and most common among patients who were neither Class A nor Class B (53%).

Overall, Indochinese refugees accounted for 3%-4% of patients added to tuberculosis registers in 1979. The distribution was uneven, however. In Minnesota, for example, Indochinese refugees accounted for about 27% of cases added to tuberculosis case registers. Other states in which Indochinese refugees constituted a large proportion of the state's total cases are Nevada (26%), Colorado (23%), Washington (18%), Kansas (16%), Utah (14%), Oregon (11%), and California (10%). California reported 320 (35%) of the 920 cases of tuberculosis in Indochinese refugees.

\*The 91 reported cases of extrapulmonary disease were lymphatic (47 cases), pleural (16), bone or joint (8), genitourinary (6), miliary (2), meningeal (2), peritoneal (2), other (2), and unknown (6).

## Tuberculosis — Continued

The refugees settled more frequently in major urban areas. Of refugees in the participating areas, the initial destination of 67% was a city with a population of 250,000 or more persons. These cities contained only 19% of the U.S. population in the areas in the survey. The areas in which the refugees accounted for the greatest percentage of estimated cases added to tuberculosis case registers were St. Paul, Minnesota (57%), Orange County, California (41%), Wichita, Kansas (38%), Minneapolis, Minnesota (26%), Denver, Colorado (25%), Seattle, Washington (23%), San Francisco, California (20%), and Albuquerque, New Mexico (20%).

Preventive therapy was prescribed for 11,937 (13.2%) of the 90,592 refugees who went to areas that were able to provide information about administering preventive therapy. Assuming that similar practices prevailed in areas that did not participate in the survey, approximately 14,160 refugees were started on preventive therapy and 1,000 refugees were added to tuberculosis case registers in the United States in 1979.

Reported by Tuberculosis Control Div, Bur of State Services, and Quarantine Div, Bur of Epidemiology, CDC.

**Editorial Note:** The survey results confirm that tuberculosis is an important health problem among Indochinese refugees. The distribution of prevalence rates (Table 1) is not unusual, although the magnitude of the rates is. The relative risk of tuberculosis is about

(Continued on page 389)

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

DISEASE	32nd WEEK ENDING		MEDIAN 1975-1979	CUMULATIVE, FIRST 32 WEEKS		
	August 9, 1980	August 11, 1979		August 9, 1980	August 11, 1979	MEDIAN 1975-1979
Aseptic meningitis	172	328	194	2,599	2,818	2,078
Brucellosis	3	3	3	109	91	126
Chickenpox	454	585	405	154,619	170,301	149,144
Diphtheria	—	—	1	3	7	58
Encephalitis: Primary (arthropod-borne & unspec.)	14	51	33	396	445	472
Post-infectious	6	4	5	135	166	166
Hepatitis, Viral: Type B	339	339	262	10,435	8,801	9,098
Type A	553	554	554	16,418	18,005	18,984
Type unspecified	253	198	178	7,254	6,144	5,185
Malaria	58	18	13	1,161	400	321
Measles (rubeola)	106	218	206	12,635	11,593	23,086
Meningococcal infections: Total	47	45	27	1,777	1,837	1,181
Civilian	47	45	27	1,770	1,819	1,173
Military	—	—	—	7	18	18
Mumps	56	102	138	6,846	10,830	15,512
Pertussis	76	44	46	857	828	828
Rubella (German measles)	30	76	77	3,159	10,448	14,533
Tetanus	—	2	2	39	39	39
Tuberculosis	644	560	579	16,832	17,983	18,499
Tularemia	7	3	4	105	117	86
Typhoid fever	14	10	7	259	282	239
Typhus fever, tick-borne (Rky. Mt. spotted)	70	50	54	723	654	654
Venereal diseases:						
Gonorrhea: Civilian	21,960	21,892	22,031	593,743	595,812	595,812
Military	929	618	618	16,542	16,752	16,752
Syphilis, primary & secondary: Civilian	679	443	443	15,961	14,529	14,529
Military	11	5	5	194	181	186
Rabies in animals	104	149	71	4,064	3,049	1,877

**TABLE II. Notifiable diseases of low frequency, United States**

	CUM 1980		CUM 1980
Anthrax	—	Poliomyelitis: Total	6
Botulism (Wash. 1, Calif. 1, Alaska 2)	36	Paralytic	4
Cholera	7	Psittacosis (Fla. 1, Oreg. 1, Calif. 1)	52
Congenital rubella syndrome	43	Rabies in man	—
Leprosy (NYC 1, Tex. 2, Calif. 3)	116	Trichinosis (Ohio 1)	75
Leptospirosis (Mass. 1, Fla. 1, Hawaii 1)	39	Typhus fever, flea-borne (endemic, murine) (Ark. 1, Tex. 2)	43
Plague	8		

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

TABLE III. Cases of specified notifiable diseases, United States, weeks ending August 9, 1980, and August 11, 1979 (32nd week)

REPORTING AREA	ASEPTIC MENINGITIS			BRUCELLOSIS	CHICKEN-POX	DIPHTHERIA		ENCEPHALITIS			HEPATITIS (VIRAL), BY TYPE			MALARIA	
	Primary		Post-infectious	B	A	Unspecified	1980	CUM. 1980	1980	1979	1980	1980	1980	1980	CUM. 1980
	1980	1980	1980	1980	1980	CUM. 1980	1980	1979	1980	1980	1980	1980	1980	1980	1980
UNITED STATES	172	3	454	-	3	14	51	6	339	553	253	58	1,161		
NEW ENGLAND	9	-	95	-	-	-	1	-	8	5	7	2	74		
Maine	-	-	5	-	-	-	-	-	2	-	-	-	12		
N.H.	1	-	3	-	-	-	-	-	1	1	-	-	7		
Vt.	-	-	5	-	-	-	-	-	-	-	-	-	-		
Mass.	3	-	38	-	-	-	1	-	3	3	7	2	37		
R.I.	4	-	1	-	-	-	-	-	1	1	-	-	7		
Conn.	1	-	43	-	-	-	-	-	1	-	-	-	11		
MID. ATLANTIC	35	-	80	-	1	2	3	1	34	27	21	7	157		
Upstate N.Y.	11	-	19	-	-	2	3	1	10	13	5	3	24		
N.Y. City	3	-	58	-	1	-	-	-	6	5	2	2	40		
N.J.	16	-	NN	-	-	-	-	-	18	9	14	2	45		
Pa.	5	-	3	-	-	-	-	-	-	-	-	-	48		
E.N. CENTRAL	13	-	164	-	1	1	21	2	41	64	13	2	59		
Ohio	-	-	2	-	-	-	11	-	13	19	5	-	8		
Ind.	-	-	18	-	-	-	5	-	6	8	2	-	4		
Ill.	-	-	58	-	-	-	-	-	6	18	6	2	21		
Mich.	12	-	22	-	1	1	4	-	14	18	-	-	19		
Wis.	1	-	64	-	-	-	1	2	2	1	-	-	7		
W.N. CENTRAL	7	-	2	-	1	-	11	-	9	16	6	-	44		
Minn.	-	-	-	-	-	-	-	-	3	6	1	-	17		
Iowa	6	-	-	-	-	-	11	-	1	5	2	-	7		
Mo.	-	-	-	-	1	-	-	-	4	2	3	-	11		
N. Dak.	-	-	-	-	-	-	-	-	-	-	-	-	-		
S. Dak.	-	-	1	-	-	-	-	-	-	2	-	-	2		
Nebr.	-	-	1	-	-	-	-	-	-	-	-	-	4		
Kans.	1	-	-	-	-	-	-	-	1	1	-	-	3		
S. ATLANTIC	44	-	41	-	-	3	1	1	57	54	21	4	120		
Del.	-	-	3	-	-	-	-	-	-	-	-	-	-		
Md.	8	-	3	-	-	-	-	-	13	4	3	3	23		
D.C.	2	-	-	-	-	-	-	-	1	1	-	-	1		
Va.	8	-	5	-	-	1	1	-	6	9	3	-	43		
W. Va.	-	-	16	-	-	-	-	-	2	-	-	-	4		
N.C.	15	-	NN	-	-	1	-	-	3	4	8	1	7		
S.C.	2	-	4	-	-	-	-	-	2	1	-	-	5		
Ge.	-	-	-	-	-	-	-	-	12	7	-	-	14		
Fla.	9	-	10	-	-	1	-	1	18	28	7	-	23		
E.S. CENTRAL	24	2	3	-	-	5	4	1	15	50	4	-	10		
Ky.	3	-	2	-	-	-	-	-	2	16	-	-	2		
Tenn.	1	1	NN	-	-	-	3	1	3	17	1	-	-		
Ala.	19	1	-	-	-	5	1	-	7	5	3	-	6		
Miss.	1	-	1	-	-	-	-	-	3	12	-	-	2		
W.S. CENTRAL	11	-	19	-	-	-	7	1	45	71	51	4	111		
Ark.	2	-	1	-	-	-	2	1	7	7	3	-	6		
La.	1	-	NN	-	-	-	-	-	16	14	-	-	40		
Okla.	-	-	-	-	-	-	1	-	5	2	5	2	12		
Tex.	8	-	18	-	-	-	4	-	17	48	43	1	53		
MOUNTAIN	5	1	17	-	-	-	3	-	8	49	27	2	46		
Mont.	1	-	3	-	-	-	-	-	-	-	-	-	-		
Idaho	-	1	-	-	-	-	-	-	1	-	-	-	1		
Wyo.	-	-	-	-	-	-	-	-	-	2	1	-	2		
Colo.	2	-	12	-	-	-	-	-	2	21	-	1	24		
N. Mex.	-	-	-	-	-	-	-	-	-	-	-	-	2		
Ariz.	-	-	NN	-	-	-	-	-	2	15	21	1	11		
Utah	2	-	2	-	-	-	3	-	-	4	1	-	-		
Nev.	-	-	-	-	-	-	-	-	3	7	4	-	6		
PACIFIC	24	-	33	-	-	3	-	-	122	217	103	37	540		
Wash.	3	-	12	-	-	1	-	-	9	13	7	-	37		
Oreg.	-	-	1	-	-	-	-	-	4	17	-	1	30		
Calif.	16	-	-	-	-	2	-	-	107	186	94	35	453		
Alaska	5	-	1	-	-	-	-	-	-	-	1	-	5		
Hawaii	-	-	19	-	-	-	-	-	2	1	1	1	15		
Guam	NA	NA	NA	NA	-	NA	-	-	NA	NA	NA	NA	3		
P.R.	NA	NA	NA	NA	-	NA	-	-	NA	NA	NA	NA	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.

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 August 9, 1980, and August 11, 1979 (32nd week)

REPORTING AREA	MEASLES (RUBELLA)			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	106	12,635	11,593	47	1,777	1,837	56	6,846	76	30	3,159	39
NEW ENGLAND	-	659	286	2	100	93	1	544	1	1	203	1
Maine	-	33	17	-	5	5	-	284	-	-	68	1
N.H.	-	322	33	-	6	9	-	19	-	-	33	-
Vt.	-	226	117	-	13	6	1	9	-	-	3	-
Mass.	-	54	13	2	33	31	-	118	1	-	74	-
R.I.	-	2	102	-	7	6	-	20	-	-	9	-
Conn.	-	22	4	-	36	36	-	94	-	1	16	-
MID. ATLANTIC	21	3,718	1,375	9	323	278	2	762	4	4	514	6
Upstate N.Y.	8	676	577	1	106	102	1	99	4	4	182	1
N.Y. City	11	1,158	701	1	81	66	1	83	-	-	90	2
N.J.	2	821	54	2	66	68	-	94	-	-	97	-
Pa.	-	1,063	43	5	70	42	-	486	-	-	145	3
E.N. CENTRAL	63	2,371	3,039	8	208	186	10	2,641	22	5	764	2
Ohio	16	371	250	2	75	74	3	1,110	5	-	4	1
Ind.	-	90	193	-	35	38	1	1,07	6	-	321	-
Ill.	2	321	1,359	4	34	8	4	349	11	3	159	-
Mich.	1	231	804	2	51	48	2	792	-	-	123	1
Wis.	44	1,358	433	-	13	18	-	283	-	2	157	-
W.N. CENTRAL	8	1,315	1,653	-	66	59	3	247	-	3	221	3
Minn.	8	1,094	1,148	-	20	10	-	22	-	-	51	2
Iowa	-	-	16	-	9	9	1	39	-	1	8	-
Mo.	-	64	408	-	24	31	1	70	-	-	45	-
N. Dak.	-	-	20	-	1	1	-	4	-	-	5	-
S. Dak.	-	-	1	-	4	3	1	2	-	2	2	-
Nebr.	-	83	-	-	-	-	-	9	-	-	1	-
Kans.	-	74	60	-	8	5	-	101	-	-	109	1
S. ATLANTIC	4	1,856	1,738	7	425	455	14	894	19	3	307	6
Del.	-	3	1	-	2	5	1	38	-	-	1	-
Md.	-	71	13	1	44	40	4	306	-	-	70	-
D.C.	-	-	-	-	1	-	-	3	-	-	-	-
Va.	-	300	253	2	40	65	4	53	-	-	50	2
W. Va.	-	21	52	-	14	8	1	75	2	-	22	1
N.C.	-	128	110	1	82	67	1	86	-	-	44	-
S.C.	-	157	150	2	52	56	1	202	5	2	51	2
Ga.	-	799	398	-	72	67	-	1	6	-	-	-
Fla.	4	377	761	1	118	147	2	130	6	1	69	1
E.S. CENTRAL	-	337	190	5	167	136	4	835	5	2	79	3
Ky.	-	52	37	1	52	29	3	738	4	-	35	1
Tenn.	-	179	50	-	44	38	-	24	1	2	38	1
Ala.	-	22	83	3	45	34	1	15	-	-	4	1
Miss.	-	84	20	1	26	35	-	58	-	-	2	-
W.S. CENTRAL	2	912	875	7	190	288	3	242	14	2	114	10
Ark.	-	13	7	1	16	24	-	20	1	-	4	1
La.	-	13	245	5	71	112	-	65	7	-	10	2
Okla.	-	740	22	-	17	24	-	-	2	-	4	-
Tex.	2	146	601	1	86	128	3	157	4	2	96	7
MOUNTAIN	3	451	302	1	52	73	-	176	1	-	129	-
Mont.	-	1	53	-	2	7	-	50	-	-	37	-
Idaho	-	-	18	-	4	6	-	15	-	-	18	-
Wyo.	-	-	36	-	2	1	-	-	-	-	1	-
Colo.	-	23	59	-	13	5	-	46	1	-	9	-
N. Mex.	-	9	38	-	7	4	-	-	-	-	5	-
Ariz.	3	363	72	-	8	31	-	30	-	-	30	-
Utah	-	47	15	-	2	8	-	26	-	-	24	-
Nev.	-	8	11	1	14	11	-	9	-	-	5	-
PACIFIC	5	1,016	2,135	8	246	269	19	505	10	10	828	8
Wash.	-	174	1,119	3	49	43	2	124	4	2	71	-
Oreg.	-	-	58	1	41	20	1	58	-	-	50	-
Calif.	4	831	878	3	150	193	11	297	6	8	692	8
Alaska	-	5	17	1	6	5	-	11	-	-	10	-
Hawaii	1	6	63	-	-	8	5	15	-	-	5	-
Guam	NA	4	7	-	1	1	NA	8	NA	NA	-	-
P.R.	NA	95	318	-	8	3	NA	116	NA	NA	14	7
V.I.	NA	6	4	-	1	3	NA	2	NA	NA	-	-
Pac. Trust Terr.	NA	6	7	-	-	1	NA	14	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 August 9, 1980, and August 11, 1979 (32nd week)

REPORTING AREA	TUBERCULOSIS		TULA- REMIA	TYPHOID FEVER		TYPHUS FEVER (Tick borne) (RMSF)		VENEREAL DISEASES (Civilian)						RABIES (in Animals)
								GONORRHEA			SYPHILIS (Pri. & Sec.)			
	1980	CUM. 1980	CUM. 1980	1980	CUM. 1980	1980	CUM. 1980	1980	CUM. 1980	CUM. 1979	1980	CUM. 1980	CUM. 1979	1980
UNITED STATES	644	16,832	105	14	259	70	723	21,960	593,743	595,812	679	15,961	14,529	4,064
NEW ENGLAND	23	476	2	1	7	1	9	478	14,831	14,995	6	378	281	38
Maine	-	34	-	-	1	-	-	35	862	1,048	-	4	7	18
N.H.	1	10	-	-	-	-	-	22	520	548	-	1	13	6
Vt.	1	18	-	-	-	-	-	9	337	358	-	5	1	-
Mass.	12	255	1	1	4	1	5	200	6,158	5,980	4	239	162	7
R.I.	1	53	-	-	1	-	2	16	935	1,231	-	19	9	-
Conn.	8	106	1	-	1	-	2	196	6,019	5,830	2	110	89	7
MID. ATLANTIC	90	2,711	1	-	53	1	31	2,981	64,389	63,804	66	2,259	2,238	38
Upstate N.Y.	20	535	-	-	8	1	12	566	17,030	10,392	4	185	158	20
N.Y. City	32	963	1	-	23	-	2	650	24,481	25,454	49	1,487	1,528	-
N.J.	6	567	-	-	10	-	8	1,031	12,006	11,737	7	275	294	8
Pa.	32	646	-	-	12	-	9	734	15,872	16,221	6	312	258	10
E.N. CENTRAL	103	2,394	1	1	21	2	22	3,591	90,823	91,827	84	1,496	1,964	624
Ohio	25	427	-	-	5	-	10	750	23,788	25,707	6	233	377	35
Ind.	10	245	-	-	-	-	2	694	9,049	8,243	4	118	131	57
Ill.	35	858	-	-	9	-	6	1,131	28,734	27,612	55	846	1,103	357
Mich.	30	725	1	1	5	2	3	770	20,564	21,754	17	242	294	7
Wis.	3	135	-	-	2	-	1	246	8,688	8,511	2	57	59	168
W.N. CENTRAL	18	634	15	3	20	8	35	1,029	27,528	29,003	10	199	194	1,292
Minn.	7	121	1	1	2	-	-	146	4,501	4,842	8	73	51	144
Iowa	-	56	1	-	1	-	1	124	2,981	3,572	-	9	26	260
Mo.	3	293	12	2	15	8	23	460	12,134	12,504	2	98	86	290
N. Dak.	3	31	-	-	-	-	-	7	389	490	-	3	2	155
S. Dak.	-	33	-	-	1	-	2	29	843	979	-	2	1	251
Nebr.	-	27	1	-	-	-	-	96	2,169	2,021	-	7	2	74
Kans.	5	73	-	-	1	-	9	167	4,511	4,595	-	7	26	118
S. ATLANTIC	127	3,759	9	1	29	51	475	5,196	148,102	144,999	124	3,781	3,527	292
Del.	-	53	-	-	1	-	1	55	2,017	2,399	-	10	18	1
Md.	21	477	2	-	2	7	52	400	15,503	17,695	22	275	231	21
D.C.	3	219	-	-	3	-	-	390	10,278	9,386	9	273	273	-
Va.	12	402	-	-	4	10	52	570	13,175	13,656	15	349	299	8
W. Va.	1	137	-	-	3	-	2	89	1,888	2,003	1	15	41	13
N.C.	27	664	3	-	2	22	208	661	21,177	20,738	16	263	292	11
S.C.	21	350	-	-	3	10	118	317	14,034	13,666	1	212	174	44
Ga.	-	496	4	-	-	2	38	1,083	28,480	27,728	32	1,080	979	141
Fla.	42	961	-	1	11	-	4	1,631	41,550	37,728	28	1,304	1,220	53
E.S. CENTRAL	58	1,537	6	-	7	7	62	1,749	48,604	51,613	67	1,316	972	225
Ky.	13	330	-	-	2	3	5	267	7,193	6,811	7	89	102	101
Tenn.	19	517	6	-	-	3	39	726	17,457	18,388	30	558	415	96
Ala.	15	423	-	-	2	1	10	408	14,311	15,322	7	274	181	28
Miss.	11	267	-	-	3	-	8	348	9,643	11,092	23	395	274	-
W.S. CENTRAL	93	1,847	51	2	35	-	75	2,785	76,396	77,482	132	3,094	2,631	1,028
Ark.	12	192	31	-	4	-	14	168	5,843	6,137	-	88	92	132
La.	29	353	-	-	-	-	1	381	13,826	13,676	41	761	620	7
Okla.	4	184	15	-	3	-	44	281	7,599	7,271	-	59	55	174
Tex.	48	1,118	5	2	28	-	16	1,955	49,128	50,398	91	2,186	1,864	715
MOUNTAIN	15	457	16	-	17	-	10	829	23,022	23,485	14	396	284	142
Mont.	-	18	3	-	1	-	3	21	837	1,162	-	1	7	26
Idaho	-	21	1	-	1	-	1	35	1,016	1,039	-	23	19	1
Wyo.	-	16	3	-	-	-	2	26	686	623	-	8	5	8
Colo.	1	65	5	-	3	-	1	195	6,159	6,230	6	103	61	30
N. Mex.	2	93	-	-	2	-	2	72	2,852	3,016	2	68	53	26
Ariz.	12	194	1	-	7	-	-	314	6,351	6,566	-	129	84	47
Utah	-	32	2	-	3	-	1	52	1,076	1,205	-	10	3	3
Nev.	-	20	1	-	-	-	-	114	4,045	3,644	6	54	52	1
PACIFIC	117	3,017	4	6	70	-	4	3,322	100,048	98,604	176	3,042	2,438	385
Wash.	10	271	-	-	1	-	-	NA	7,485	8,550	NA	123	138	-
Oreg.	-	103	1	-	9	-	1	273	6,854	6,233	1	65	107	2
Calif.	104	2,551	2	6	60	-	3	2,902	81,265	78,818	172	2,738	2,111	339
Alaska	-	41	1	-	-	-	-	83	2,426	3,166	-	8	16	44
Hawaii	3	51	-	-	-	-	-	64	2,018	1,837	3	108	66	-
Guam	NA	27	-	NA	-	NA	-	NA	62	73	NA	2	-	-
P.R.	NA	107	-	NA	5	NA	-	NA	1,497	1,231	NA	308	296	28
V.I.	NA	-	-	NA	-	NA	-	NA	108	109	NA	10	6	-
Pac. Trust Terr.	NA	30	-	NA	-	NA	-	NA	258	299	NA	-	1	-

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  
August 9, 1980 (32nd 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>	651	441	145	27	14	32	<b>S. ATLANTIC</b>	1,228	687	322	120	43	41
Boston, Mass.	187	110	47	13	7	12	Atlanta, Ga.	138	81	33	18	-	3
Bridgeport, Conn.	27	20	5	-	-	-	Baltimore, Md.	247	130	68	28	11	4
Cambridge, Mass.	31	25	4	2	-	1	Charlotte, N.C.	65	28	20	14	-	4
Fall River, Mass.	31	27	4	-	-	-	Jacksonville, Fla.	107	65	21	10	5	1
Hartford, Conn.	44	23	15	2	2	1	Miami, Fla.	156	85	43	12	6	4
Lowell, Mass.	27	20	4	2	1	3	Norfolk, Va.	48	24	11	3	3	4
Lynn, Mass.	17	14	2	1	-	1	Richmond, Va.	74	38	21	9	5	2
New Bedford, Mass.	26	21	4	-	-	-	Savannah, Ga.	42	22	10	9	-	6
New Haven, Conn.	62	42	14	2	1	3	St. Petersburg, Fla.	81	61	13	1	2	7
Providence, R.I.	69	48	15	3	1	3	Tampa, Fla.	66	42	18	3	2	9
Somerville, Mass.	11	7	3	-	1	2	Washington, D.C.	152	80	52	12	6	-
Springfield, Mass.	42	33	6	1	1	4	Wilmington, Del.	52	31	12	2	3	1
Waterbury, Conn.	35	22	11	-	-	-							
Worcester, Mass.	42	29	11	1	-	2							
							<b>E.S. CENTRAL</b>	686	442	152	42	15	22
<b>MID. ATLANTIC</b>	2,374	1,518	561	154	51	97	Birmingham, Ala.	122	73	31	9	2	-
Albany, N.Y.	57	35	14	2	3	-	Chattanooga, Tenn.	34	22	7	1	-	2
Allentown, Pa.	23	17	6	-	-	-	Knoxville, Tenn.	30	21	8	1	-	-
Buffalo, N.Y.	124	76	28	11	2	10	Louisville, Ky.	92	67	11	8	5	5
Camden, N.J.	30	18	11	1	-	-	Memphis, Tenn.	167	119	30	9	5	7
Elizabeth, N.J.	22	15	6	-	-	1	Mobile, Ala.	54	37	12	2	1	3
Erie, Pa.†	31	21	6	1	1	1	Montgomery, Ala.	75	40	23	4	2	3
Jersey City, N.J.	49	29	11	5	1	1	Nashville, Tenn.	112	63	30	8	-	2
Newark, N.J.	58	30	17	5	5	4							
N.Y. City, N.Y.	1,352	865	321	97	23	53	<b>W.S. CENTRAL</b>	1,298	681	362	111	74	31
Paterson, N.J.	33	19	9	4	-	-	Austin, Tex.	35	22	9	3	-	4
Philadelphia, Pa.†	194	118	45	17	5	11	Baton Rouge, La.	44	24	12	5	-	1
Pittsburgh, Pa.†	51	31	15	3	2	3	Corpus Christi, Tex.	58	34	16	1	5	2
Reading, Pa.	37	26	7	-	1	2	Dallas, Tex.	189	103	53	15	10	-
Rochester, N.Y.	110	77	23	2	6	6	El Paso, Tex.	47	26	11	5	2	2
Schenectady, N.Y.	35	24	6	-	-	1	Fort Worth, Tex.	90	46	23	4	11	6
Scranton, Pa.†	23	17	4	1	-	-	Houston, Tex.	309	125	94	42	23	4
Syracuse, N.Y.	70	46	16	4	1	-	Little Rock, Ark.	72	46	14	6	5	4
Trenton, N.J.	31	18	12	-	-	-	New Orleans, La.	191	106	56	14	7	2
Utica, N.Y.	25	20	3	-	-	2	San Antonio, Tex.	127	65	42	10	4	3
Yonkers, N.Y.	19	16	1	1	1	2	Shreveport, La.	59	36	13	2	3	-
							Tulsa, Okla.	77	48	19	4	4	3
<b>E.N. CENTRAL</b>	2,243	1,368	528	153	108	42	<b>MOUNTAIN</b>	548	310	137	51	22	13
Akron, Ohio	46	25	16	3	1	-	Albuquerque, N. Mex.	36	31	2	1	-	2
Canton, Ohio	55	33	15	5	-	2	Colorado Springs, Colo.	30	15	9	3	2	1
Chicago, Ill.	541	314	122	45	39	9	Denver, Colo.	126	68	38	12	5	3
Cincinnati, Ohio	150	92	37	8	4	8	Las Vegas, Nev.	69	34	19	8	-	2
Cleveland, Ohio	160	80	41	14	10	1	Ogden, Utah	26	18	5	2	1	3
Columbus, Ohio	89	56	21	8	3	4	Phoenix, Ariz.	109	58	24	11	12	1
Dayton, Ohio	134	82	36	9	5	1	Pueblo, Colo.	18	11	4	2	-	1
Detroit, Mich.	283	157	73	30	13	4	Salt Lake City, Utah	47	24	16	2	1	-
Evansville, Ind.	51	38	12	1	-	1	Tucson, Ariz.	87	51	20	10	1	-
Fort Wayne, Ind.	52	28	18	-	3	3							
Gary, Ind.	26	16	4	2	1	1							
Grand Rapids, Mich.	44	33	4	2	1	-	<b>PACIFIC</b>	1,826	1,103	418	140	76	63
Indianapolis, Ind.	170	111	32	9	10	2	Berkeley, Calif.	25	19	4	1	-	1
Madison, Wis.	35	24	7	1	2	3	Fresno, Calif.	126	63	31	13	8	3
Milwaukee, Wis.	109	79	24	1	5	1	Glendals, Calif.††	25	18	5	1	-	1
Peoria, Ill.	39	22	8	2	5	-	Honolulu, Hawaii	53	30	12	6	2	5
Rockford, Ill.	37	23	8	4	2	-	Long Beach, Calif.	89	52	24	6	3	1
South Bend, Ind.	49	39	8	1	1	-	Los Angeles, Calif.††	549	328	122	50	18	18
Toledo, Ohio	106	72	23	5	3	2	Oakland, Calif.	69	38	18	8	2	2
Youngstown, Ohio	67	44	19	3	-	-	Pasadena, Calif.	26	18	6	2	-	-
							Portland, Oreg.	137	89	23	6	12	5
<b>W.N. CENTRAL</b>	689	461	144	36	26	24	Sacramento, Calif.	66	43	14	4	3	1
Des Moines, Iowa	49	36	8	-	4	4	San Diego, Calif.††	138	80	34	14	7	10
Duluth, Minn.	30	23	6	-	1	1	San Francisco, Calif.	143	81	38	14	7	8
Kansas City, Kans.	45	27	7	7	2	1	San Jose, Calif.	140	81	33	10	5	8
Kansas City, Mo.	120	81	21	8	3	5	Seattle, Wash.	147	95	37	7	6	6
Lincoln, Neb.	18	14	4	-	-	-	Spokane, Wash.	42	27	11	-	2	-
Minneapolis, Minn.	92	63	20	2	6	1	Tacoma, Wash.	51	41	6	1	1	2
Omaha, Neb.	74	53	16	-	4	1							
St. Louis, Mo.	137	77	38	12	5	6							
St. Paul, Minn.	49	37	6	3	1	3							
Wichita, Kans.	75	50	20	4	-	2	<b>TOTAL</b>	11,543	7,011	2,769	834	429	365

\*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 totals.

*Tuberculosis — Continued*

40-110 times higher, depending on age, for an Indochinese refugee than for other persons in the United States (Table 2).

**TABLE 2. Relative risk of tuberculosis among Indochinese refugees, by age, 1979**

Age group (years)	Prevalence among refugees	Prevalence* among U.S. persons	Relative risk
0-4	491	11.8	42
5-14	321	3.2	100
15-24	588	9.8	60
25-44	1,347	22.4	60
45-64	2,734	40.2	68
≥65	7,160	63.6	113
All ages	926	24.4	38

\*Assumes 2-year duration of disease.

Previously reported surveys have indicated high rates of positive tuberculin skin tests among the Indochinese refugees (7). Tuberculin-positive refugees are at risk of developing tuberculosis, and the risk is probably greatest during the first few years after arrival in this country. This is consistent with the high prevalence of disease reported for refugees who were not certified as having Class A or Class B tuberculosis overseas. A survey to estimate the rate of disease development during the year after arrival is underway. The relatively large proportion of refugees who are being given preventive therapy will reduce, but not eliminate, the problem.

In spite of the anticipated number of cases of tuberculosis that will occur among refugees not certified as having Class A or Class B tuberculosis overseas, this certification is the most effective case-finding method. The relative rates of current disease for refugees who had been certified, when overseas, to have Class A or Class B tuberculosis, are 235 and 54 times higher, respectively, than the rates for refugees who had been certified as having neither Class A nor Class B disease.

It is possible that this initial survey underestimates the prevalence of tuberculosis among Indochinese refugees. Some areas were unable to identify retrospectively all Indochinese refugees who had been added to their case registers, and the medical evaluation of refugees who arrived late in 1979 may not have been completed by the end of 1979. On the other hand, the low rate of positive smears and cultures suggests that this survey may have overestimated the prevalence of tuberculosis among Indochinese refugees.

In the United States, a case of tuberculosis is certified by identification of the *Mycobacterium tuberculosis* organism. When this verification cannot be obtained, reported cases are considered verified for counting if the following 4 factors are present: 1) completed diagnostic procedures; 2) evidence of tuberculous infection (i.e., "positive" tuberculin test); 3) abnormal chest X ray (not stable; i.e., worsening or improving) and/or clinical evidence of *current* disease; and 4) decision to give a full course of therapy with 2 or more anti-tuberculosis drugs.

In the United States, approximately 85%-90% of persons (other than refugees) with tuberculosis have a positive bacteriologic test. The rates for cases among refugees with Class B certification (42%) and among refugees who were neither Class A nor B (53%) suggest that some refugees with chest X-ray abnormalities for whom preventive therapy is appropriate are being managed and reported as if they have current disease. The low

### *Tuberculosis — Continued*

rate of positive bacteriologic tests among Class A refugees (33%) is not surprising because many have been started on therapy overseas. Information from subsequent surveys should help clarify this issue.

#### *Reference*

1. MMWR 1980;29:4, 8-11.

## **Heat Wave-Related Morbidity and Mortality — Missouri**

The state of Missouri experienced high rates of heat-related mortality during the record-breaking July 1980 heat wave. The Kansas City (Missouri), Health Department, the St. Louis City Division of Health, the Missouri State Department of Social Services, and CDC began further studies of heat-related morbidity and mortality in Kansas City and St. Louis on July 28th (7). The objectives of the studies in the 2 cities were to (1) define the extent of heat-related morbidity and mortality, (2) determine the epidemiologic characteristics of persons who developed severe heat-related illness or died, and (3) conduct a case-control study of documented heatstroke cases. The case-control study compares heatstroke cases with age- and sex-matched neighborhood controls for a variety of environmental, personal, and medical factors thought to be associated with increased risk of severe heat-related illness.

The Kansas City and St. Louis studies are still in progress, but the following preliminary findings are available from Kansas City. Maximum daily temperatures in Kansas City were 102 F or above every day from July 4 to July 20. Review of hospital and emergency-room records identified 454 cases of heat-related illness (HRI) in residents of Kansas City (10.7 HRI cases per 10,000 population). The largest daily total of HRIs (59) occurred on July 11, when the maximum temperature was 107 F. During July 1979, no heat-related admissions or emergency-room visits were recorded in Kansas City Hospitals. Heat-related deaths (HRDs) were either (a) persons whose death certificate listed heat as an immediate or contributory cause of death (133) or (b) fatal, hospitalized cases of heat stroke (15). A total of 148 HRDs were identified in Kansas City residents after July 1. The greatest number of these deaths (23) occurred on July 11; the median age of those who died was 73 years. Seventy-two percent were 65 years or older at the time of death. Eighty-three (57%) of the HRDs occurred in whites; 60 (41%), in blacks; and 2 (1%), in Hispanics. The overall rate of HRD for Kansas City was 3.5 per 10,000. The HRDs were concentrated in the inner-city, in the lower socioeconomic section. HRD rates were calculated for census tracts in high and low socioeconomic areas. The HRD rate in low socioeconomic census tracts was 9.6 per 10,000 and in high socioeconomic areas, 0.09 per 10,000.

*Reported by R Biery, MD, G Hoff, PhD, R Hotchkiss, MD, L Hussey, RN, J Tucker, RN, Kansas City, Missouri Health Dept; H Bruce, MD, M Case, MD, G Gantner, MD, A Montgomery, JD, J Williams, MBA, RD Wochner, MD, St. Louis City Div of Health; HD Donnell, Jr, MD, State Epidemiologist, Missouri State Dept of Social Services; Federal Emergency Management Agency; Bur of Epidemiology, Bur of Smallpox Eradiation, Bur of State Services, National Institute for Occupational Safety and Health, CDC.*

**Editorial Note:** High environmental temperatures (heat waves) have periodically been associated with marked increases in morbidity and mortality in the United States. Despite the fact that most serious heat wave-associated illnesses and deaths are preventable, many persons in the United States this summer became seriously ill because of the heat.

*Heat Wave – Continued*

Studies presently being carried out in Missouri will define the extent of heat-related illness and death in 2 cities. The case-control study of heatstroke victims should help define risk factors for development of severe heat illness. It is hoped that the case-control study will assist in more accurate identification of high-risk individuals in future heat waves so that heat wave emergency-relief efforts can be directed to the most vulnerable individuals and groups.

It is important to reemphasize the simple preventive measures that have been shown to be effective to reduce heat stress:

1. Keep as cool as possible.
  - a. Avoid direct sunlight.
  - b. Stay in the coolest available location (it will usually be indoors).
  - c. Use air-conditioning, if available.
  - d. Use electric fans to promote cooling.
  - e. Place wet towels or ice bags on the body or dampen clothing.
  - f. Take cool baths or showers.
2. Wear lightweight, loose-fitting clothing.
3. Avoid strenuous physical activity, particularly in the sun and during the hottest part of the day.
4. Increase intake of fluids, such as water and fruit or vegetable juices. Thirst is not always a good indicator of adequacy of fluid intake. Some studies indicate that fluid intake in hot weather should be 1½ times the amount that quenches thirst (2). Persons who are overweight or large in build or who are engaged in strenuous activities, such as sports, may require more than a gallon of fluid intake daily in very hot weather (3). Persons for whom salt or fluid is restricted should consult their physicians for instructions on appropriate fluid and salt intake.
5. Do not take salt tablets unless so instructed by a physician.
6. Avoid alcoholic beverages (beer, wine, and liquor).
7. Stay in at least daily contact with other people.

Special precautions should be taken for certain higher-risk groups. These safeguards may include increased efforts to keep cool or closer observation by others for early signs of heat illness. The high-risk groups are: a) infants less than a year of age, b) persons over 65 years of age, c) persons who are less able to care for themselves because of chronic mental illness or dementia of any cause, d) persons with chronic diseases, especially cardiovascular or kidney disease, e) those taking any of the 3 classes of medication that reduce the ability to sweat—diuretics ("water pills"), such as chlorothiazide; phenothiazines (the major tranquilizers), such as chlorpromazine; and anti-cholinergics (which are usually used for the treatment of gastrointestinal disorders), such as atropine or belladonna.

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The editor welcomes accounts of interesting cases, outbreaks, environmental hazards, or other public health problems of current interest to health officials. Send reports to: Center for Disease Control, Attn: Editor, Morbidity and Mortality Weekly Report, Atlanta, Georgia 30333.

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*Heat Wave — Continued**References*

1. MMWR 1980;29:357-8.
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**Follow-up on Mount St. Helens**

Mount St. Helens had a major eruption for the fifth time this year, starting at 4:23 PM (PDT) on August 7. The eruption was preceded by 4 hours of harmonic tremors of increasing frequencies. The plume rose to about 44,000 feet. A pyroclastic flow was observed to run halfway down the volcano in the direction of Spirit Lake. Another pulsation occurred at 7:10 PM, when the plume rose to about 19,000 feet, and again at 10:32 PM with a plume of about 36,000 feet. The last pulsation was the strongest, and included 3 lesser bursts at 10:55 PM, 11:00 PM, and 11:30 PM. By 3:30 AM, the activity had decreased to very low levels.

The wind direction varied, and it was difficult to predict the direction of the plume. Contacts were made through the CDC hospital surveillance system to determine the extent of the ashfall. In western Washington, traces of ash fell in Centralia, Chehalis, Longview, and as far north as Renton and Kent. In eastern Washington, light amounts fell in Ellensburg and Wenatchee; there was no fallout reported east of the Columbia River. Coarse material fell in Randall, about 30 miles north of Mount St. Helens.

Further eruptions are expected.

*Reported by Chronic Diseases Div, Bur of Epidemiology, CDC.*

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