NATIONAL COMMUNICABLE DISEASE CENTER Morbidity and Mortalia

Vol. 16, No. 11 Week Ending March 18, 1967

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

BUREAU OF DISEASE PREVENTION AND ENVIRONMENTAL CONTROL

CURRENT TRENDS MEASLES - 1967

During the week ending March 18, 1967, 2,541 cases of measles were reported. This total does not include the report from Hawaii, which was delayed. Nineteen states reported 10 or fewer cases. Fifty percent of the total was reported by three states: California - 285; Texas - 693; Washington - 300. The epidemiologic curve for 1966-67 reached a plateau early in February which appears to be continuing (Figure 1). There is an absence of the usual increased incidence which in previous years occurred late in February or in early March.

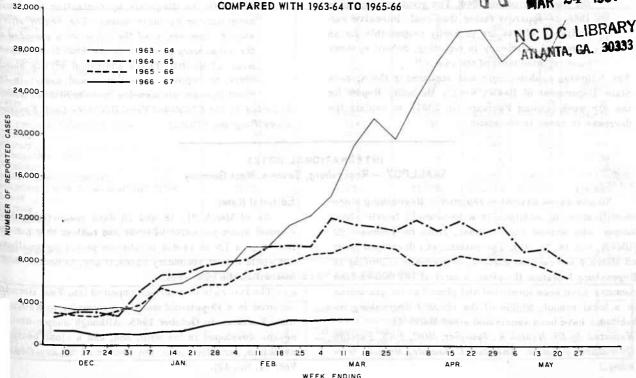
Since the beginning of the 1966-67 measles epidemiologic year (October 9, 1966), 35,287 cases have been re-

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ported in the United States. During this 23-week period. the states reporting the highest number of cases are Texas with 7,375 and Washington with 3,923. The combined total from these two states constitutes 32 percent of the national total. Table 1 shows the number of cases reported in the U.S. by 4-week intervals and the proportion reported from Texas and Washington. (Continued on page 86)

REPORTED MEASLES IN THE UNITED STATES, 1966-67 COMPARED WITH 1963-64 TO 1965-66



MEASLES - 1967

(Continued from front page)

Table 1 Reported Measles Cases United States Total, Texas, and Washington Four-Week Intervals, Oct. 9, 1966 - March 18, 1967

Nov. 6 - Dec. 3 Dec. 4 - 31	U.S.	Те	xas*	Washington**			
Time interval	Total	No.	%	No.	%		
Oct. 9 – Nov. 5	2,750	469	16.9	538	19.6		
Nov. 6 - Dec. 3	4,418	798	18.1	611	13.8		
Dec. $4 - 31$	4,957	993	20.0	482	9.7		
Jan. 1-28	5,856	1,181	20.2	677	11.6		
Jan. 29 - Feb. 25	9,478	1,818	19.2	916	9.7		
Feb. 26 - March 18 (3-week interval)	7,828	2,116	26.7	699	8.9		
Total	35,287	7,375	20.9	3,923	11.1		

^{*}Has 5.4 percent of the 1966 provisional U.S. population

Pertinent comments to explain increased or decreased incidence of measles during the current epidemiologic year have appeared in the weekly morbidity reports of several states. R. LeRoy Carpenter, M.D., Director, Division of Epidemiology, Oklahoma State Department of Health, notes in the Communicable Disease Bulletin for the week ending February 25, 1967:

**To date during 1967 there have been 867 cases of measles reported to the State Department of Health as compared to 38 cases reported during the same period for 1966. The great increase over 1966 is apparent rather than real. Intensive surveillance efforts are primarily responsible for an increased efficiency in reporting. School systems have reported most of the cases."

The following epidemiologic note appeared in the Arizona State Department of Health Weekly Morbidity Report for the 6th week (ending February 10, 1967), to explain the decrease in cases in the state:

"In Arizona 44 cases were reported this week as compared with the 5-year median of 152 cases. Thus, we experienced an incidence of close to 25 percent of what we might expect. Last year Arizona experienced a rather extensive epidemic of measles. Because measles tends to occur epidemically every other year, especially in urban areas, we may expect a lower incidence this year."

Efforts to improve measles surveillance are being made in many states. The following is quoted from the Morbidity Statistical Report of the Utah Department of Health:

> "In a previous issue of this Weekly Morbidity Report, it was pointed out that considerable value could accrue from good surveillance. Control of epidemics by immunizing susceptibles has proven successful in many situations throughout the United States. Therefore, it seems imperative that reporting be more accurate. The Utah State Department of Health is requesting that each case of measles be reported by name, age and address as opposed to the number of cases per week now required. This does not represent a change in regulation but a request to improve measles surveillance. The State Education Board has given its full support to the improved surveillance of measles. All elementary school principals have been requested to report the name, age and address of children known to be absent due to measles. These weekly reports will be sent to the local health officer who may choose to verify the diagnosis by contacting the family physician or by other means. The health officer should, however, send the information provided by the elementary principal to the Utah State Department of Health. These additional efforts should serve to improve surveillance and assist in the effort to eradicate measles from the State of Utah."

(Reported by the Childhood Viral Diseases Unit, Epidemiology Program, NCDC.)

INTERNATIONAL NOTES SMALLPOX - Regensburg, Bavaria, West Germany

No new cases have been reported in Regensburg since identification of smallpox in a 58-year-old female shopkeeper who arrived from Bombay, India on February 22 (MMWR, Vol. 16, No. 10). The patient, who developed fever on March 4 and rash on March 7, is gradually improving in Regensburg Isolation Hospital. A total of 141 face-to-face contacts have been identified and placed under quarantine in a local school; 50,000 of the 125,000 Regensburg inhabitants have been vaccinated since March 11.

(Reported by Dr. Huston K. Spangler, MOC, PHS, Foreign Quarantine Program, American Consulate, Munich, Germany.)

Editorial Note:

As of March 21, 18 and 15 days respectively have elapsed since the onset of fever and rash in this patient. Based on a 12- to 14-day incubation period for smallpox, one would expect secondary cases, if any, to become manifest within the next week.

The last case of smallpox imported into West Germany occurred in a 49-year-old machinist returning to Kulmbach from Tanzania in October 1965. Although suspicious illnesses developed in his wife, son, and a close business associate, smallpox was not confirmed in any (MMWR, Vol. 14, No. 49).

^{**}Has 1.5 percent of the 1966 provisional U.S. population.

SMALLPOX - Prague, Czechoslovakia

Smallpox has been reported in a crew member of Czechoslovak Airlines who returned to Prague on March 5, 1967. He had spent the previous 14 days in Bombay, India. His illness began on March 7 and was characterized by an atypical rash; laboratory tests confirmed the diagnosis of smallpox. The patient remained at home from March 7 until isolation on March 11 and is considered to have been in contact with only a limited number of people, all of whom have been isolated. The patient is said to have been repeatedly vaccinated; his last vaccination in 1965 was unsuccessful.

(Compiled from the WHO Weekly Epidemiological Record, Vol. 42, No. 11, page 142.)

Editorial Note: No apparent direct relationship exists between the case in Czechoslovakia and that identified in Germany. The epidemiologic evidence indicates that both were imported within a 2-week period from Bombay, India. According from reports from WHO, smallpox is epidemic there. A total of 840 cases occurred during the first 10 weeks of 1967 as compared with only 87 during the same period in 1966. Deaths have increased by a similar order of magnitude; the case-fatality ratio during this period in 1966 was 37.7 percent as compared with 40.1 percent in 1967. In view of the tenfold increase in the total number of reported cases and a gradually increasing weekly incidence, it appears that a sizable epidemic of of smallpox has been underway in Bombay for some time.

MENINGOCOCCAL INFECTION - North Africa

Sulfonamide-resistant group A strains have been identified in a North African meningococcal meningitis epidemic. Six group A strains isolated from cerebrospinal fluid have been studied. Of these, two strains were found to be resistant to 5 milligrams percent of sulfadiazine but sensitive to 10, three strains were resistant to 10 but sensitive to 15 milligrams percent sulfadiazine, and one strain was resistant to 20 but sensitive to 25 milligrams percent. Confirmation of their sulfonamide resistance

has been obtained in several laboratories. All strains studied thus far are sensitive to penicillin.

This represents the first observation of sulfonamide resistance among group A Neisseria meningitidis. Such strains have not thus far been found in the United States. (Reported by Dr. Harry A. Feldman, Chairman, Committee on Meningococcal Infections, Armed Forces Epidemiological Board; and Bacterial Diseases Section, Epidemiology Program, NCDC.)

CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES (Cumulative totals include revised and delayed reports through previous weeks)

	11th WEEK	ENDED	MEDIAN	CUMULATIVE, FIRST 11 WEEKS				
DISEASE	MARCH 18, 1967	MARCH 19, 1966	MEDIAN 1962 - 1966	1967	1966	MEDIAN 1962 - 1966		
Aseptic meningitis	40	40	27	304	323	286		
Drucellosis	4	2	6	40	40	63		
Ulphtheria		2	8	28	29	51		
Encephalitis, primary:				1 141	10.00	And Breed Division		
Arthropod-borne & unspecified	23	37		236	264			
Encephalitis, post-infectious	25	20		131	178			
Hepatitis, serum	36	23	1 900	397	245	1 .0.055		
lepatitis, infectious	814	724	900	8,638	7,876	10,357		
Malaria	46	11	1	436	62	19		
Measles (rubeola)	2,541	9,652	13,558	23,162	75,605	104,416		
Meningococcal infections, total	58	114	80	660	1,060	667		
Civilian	57	106		612	910			
Military	1 1 1	8		48	150			
Poliomyelitis, total	1	3	3	2	5	14		
Paralytic	1	3	3	2	4	10		
tubella (German measles)	1,517	1,910		10,572	13,413			
reptococcal sore throat & scarlet fever	13,231	14,729	11,506	134,232	126,856	116,596		
etanus	3	_ 1	2	32	21	37		
ularemia	2	4	4	24	46	49		
yphoid fever	1	2	5	56	54	70		
Typhus, tick-borne (Rky. Mt. spotted fever).	. ()	1		7	10	3		
Rabies in animals	83	93	94	861	823	816		

NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax: Botulism: Leptospirosis: Plague: Psittacosis: Ohio-1	8	Rabies in man: Rubella, Congenital Syndrome: Trichinosis: Md1 Typhus, murine: Texas-1	18

Morbidity and Mortality Weekly Report

CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

MARCH 18, 1967 AND MARCH 19, 1966 (11th WEEK)

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Rhode Island	-		2	-	1	=	-			9			
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New Jersey	1				1	3	2	_	1 1	36	3:		
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Maryland	1	-	-	-	1	2	2	-71	-	25	17		
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Louisiana	2	-		10.5	1	47	-	1	-	17			
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Montana	154,8	2		100 07	100	3	March 1977	4 -1	17974-1	34	of leading		
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Colorado	2	3		5		1		1.2	100	1			
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CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

MARCH 18, 1967 AND MARCH 19, 1966 (11th WEEK) - CONTINUED

Table II	MALARIA	MEAS	LES (Rubec	ola)	MENING	COCCAL INT	FECTIONS,	Fire	POLIOMYELI	TIS	RUBELLA
AREA			Cumu1	ative	E 17	Cumu1a	tive	Tota1	Para	lytic	9-11
100	1967	1967	1967	1966	1967	1967	1966	1967	1967	Cum. 1967	1967
UNITED STATES	46	2,541	23,162	75,605	58	660	1,060	1	1	2	1,517
MD11 man							1 1				,,,,,
WEW ENGLAND	-	40	260	927	-	24	55	-0.00	-	-	129
Maine		17	48	124	-	1	6	-	-		56
New Hampshire	-	7	61	12	-	1	7	-	-	-	1
Vermont		-	21	161	-	-	2	-	20	-	-
Massachusetts	-	12	83	327	-	12	21	-	-	-	25
Rhode Island	-	-	20	47	-	0-1	4	-	-	-	4
Connecticut		4	27	256	-	10	15	-	-	-	43
MIDDLE ATLANTIC	3	65	746	10,190	5	83	115		-	1	62
New York City	-	8	119	5,061	1	15	20	-	120	1	26
New York, Up-State.	-	11	169	1,148	3	25	24	1	_	-	35
New Jersey		25	188	1,086	1	32	38	-			20
Pennsylvania	3	21	270	2,895	2	11	33	-		-	1
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AST NORTH CENTRAL	1	272	1,973	30,286	6	61	157	-0.0	- 1x	All and the	203
Ohio	1	20	298	1,979	3	25	40		- ac 1	-	22
Indiana		24	226	1,941		5	20	-	-		24
Illinois.	-	99	314	6,786	2	13	34				100
Michigan	-	58	432	4,500	1	13	49				61
Wisconsin	-	71	703	15,080	•	5	14				96
EST NORTH CENTRAL		142	1,082	3,416	1	31	.,			1	
Minnesota	_	4	46		\ <u>1</u>	31	54	-50			107
Iowa	-	50	216	1,021		5	10		3/		1
Missouri.	[]	8	216	1,529	1	6	11	-	7	7	91
North Dakota	Ī	73		224		9	20	-	5.0		1
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West Virginia	•	24	482	2,258		12	7	-2.04	-	4 100	THE THEFE
North Carolina	5	32	554	117	2	28	38	-	- 1	-	17-72
South Carolina.	-	17	60	278	1	9	25	-	-		22
Georgia	18	-	9	126	15	28	29	_	1 - 1-	-	-
Florida	-	82	577	1,040	-	24	37	-			69
AST GOVERN						1					
AST SOUTH CENTRAL	2	168	2,858	8,750	3	64	93			-	169
Kentucky.		54	937	2,875	17	18	50				117
Tennessee.		68	864	4,857	•	28	23				50
Alabama	2	40	601	680	2	11	15	-			2
Mississippi	-	6	456	338	1	7	5				
EST SOUTH CENTRAL	4	820	7 707	6 990	14	117	150				
Arkansas	4	72	7,787	6,880 121	2	117 10	159	1	1	1	58
Louisiana		11	50	52	4	46	9 54	•		-	2
Oklahoma.	4	44			2			•		-	-
Texas	-	693	1,438 5,115	6,576	6	54	91	1	ī	1	
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Idaho		26	159	485	-	1	1	-100	2 6	10.0	110000
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Colorado	5	67	371	376	-	7	20	- 1	1 a 10	1 2	118
New Mexico	-	3	205	147	+	3	4		W 10	1 2 1	110
Arizona	-	26	319	2,067		2	- 5		1 4 3	10 -002	and I the
Utah	+	6	85	114	-	1		-	- 6		11 1 1 2 1 2
Nevada	-	21	164	7	-	2	1	- 1	- 18	-	PER STATE
			2 (8-8-8)	2 15005	923	- 197000					
PACIFIC.	4	621	4,530	5,611	7	129	216	- 1	- 10	X	513
"asnington.	1	300	2,292	1,373	2	10	11	-	- 15		116
oregon		36	522	463	-	10	8	-		67-00	49
Gailfornia.	3	285	1,606	3,716	5	107	185	-		100	347
alaska	-		64	20	•	2	10			150-000	1
Hawaii			46	39			2				
Puerto Rico	1	95	713	834		7	1				d un

Morbidity and Mortality Weekly Report

CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDED

MARCH 18, 1967 AND MARCH 19, 1966 (11th WEEK) - CONTINUED

AREA	STREPTOCOCCAL SORE THROAT & SCARLET FEVER	TET	ANUS	TULA	REMIA	ТҮР	HOID	TICK-	FEVER BORNE Spotted)		ES IN MALS
AREA	1967	1967	Cum. 1967	1967	Cum. 1967	1967	Cum. 1967	1967	Cum. 1967	1967	Cum. 1967
UNITED STATES	13,231	3	32	2	24	1	56	no-	7	83	861
NEW ENGLAND	1,966	_	_	_				-	-	4	16
Maine	119	-	-	-	- 1	- 1	-	-	-	-	4
New Hampshire	11	_	-	-	- 1	1- 10	-	-		3	6
Vermont	47	-	-	-	-	_	-	-	-	1	6
Massachusetts	210	-	-	-	-	2	_	-	-	-	-
Rhode Island	152	-	-	- 1	_	_	-	-	-	-	-
Connecticut	1,427	-	-	-	-		-	-	2 4	-	10
MIDDLE ATLANTIC	720	1	4	4	-	1	9	-	-		17
New York City	34	-	2	-	-	-	6	-	-	-	
New York, Up-State.	576	1	1	-	1	1	2	-	-	-	10
New Jersey	NN	-	-	-	-44		i :	-	-	_	- 1
Pennsylvania	110	-	1	-	-	-	1	-	-	-	7
EAST NORTH CENTRAL	1,688	-	2	-	4	<u> </u>	3	1	1	1	57
Ohio	132	-		-	,		1	1 1	1	1	25 15
Indiana	325	-	-	-	1	-	1	1		-	9
Illinois	487 465		2		3		1	1 1	-		1
Michigan	279		1	-	-	1, 1, 11	1	-			7
WEST NORTH CENTRAL	856	-	1	_	7		2			10	194
Minnesota	21	_	1	- 1		-		-		2	48
Iowa.	416	-	-	-	1	-	2	-	-	1	18
Missouri	51	-	-	-	3		-	-		2	43
North Dakota	302	-	-	-	-	-	-	-	-	3	41
South Dakota	27	-	-		-	7	-	-	-	1	23
Nebraska	6	-	-		-		-	-	-	-	8
Kansas	33	(6	-		3			-	-	1	13
SOUTH ATLANTIC	1,368	1	6	1	4		5	-	4	11	108
Delaware	17	-	-		-	-		-	-		-0
Maryland	248			-	-			-		- ::- <u>-</u> :	
Dist. of Columbia	- 1	-	-			1-11	-	-	-		
Virginia	458	-	2	1 - 1	1 7	-	1	-	-	6	55
West Virginia	365	-	-		1		1	-	-	3	18
North Carolina	29	-	2		-	- 44	1	-	3		1
South Carolina		-	-		2	-	-	1 -			21
Georgia]		1		-	-	1	1	21 13
Florida	216	1	2	1 .	9 1 100	-	2	1	- 5	1	13
EAST SOUTH CENTRAL	1,578	-	9	-	2	-	8	-	1	26	236 44
Kentucky	229		- 5		2		4	1 2	1	4 19	183
Tennessee	1,215	1 (5)	5 3		-		3]	1	3	8
Alabama	99 35	1 150	1		1 1	123.	-]]		-	1
	- 11	111									162
WEST SOUTH CENTRAL	1,213	1	4	2	3		16			25	32
Arkansas	7				1		3 11	_	u	4	18
LouisianaOklahoma	80			2	3		11	1 -		8	33
Texas	1,126	1	4	-	-		2	1	1 04	10	79
MOUNTAIN				_	4	_	3			_	15
Montana	114		200		1		1	1	2000		
Idaho	207				1 1	-	_	1 1		2	
Wyoming			_		-	-		1 -	-		-
Colorado		_	-		1	-	1	_	1		-
New Mexico.	· ·	_	_		1 -	-	1		- 1	-	5
Arizona		-	-	-			1	-		-	10
Utah	117	1	-	-	2	-	-	1	1	-	
Nevada	- 11						Ī				
PACIFIC		-15	6	-	-		10	-	1	6	56
Washington			1139		120	12.0	1		II a Will	-	1
Oregon			-		10.		9		1	- 6	55
California			5		1 2 1		-		1	-	
Hawaii			1		1 3		ī	2	(+ +)		

Week No.

DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED MARCH 18, 1967

(By place of occurrence and week of filing certificate. Excludes fetal deaths)

	and		Pneumonia	Under	23 1	A11 C	auses	Pneumonia	
Area	All Ages	65 years and over	Influenza All Ages	1 year All Causes	Area	All Ages	65 years and over	and Influenza All Ages	l yea: All Cause:
EW ENGLAND:	730	445	51	24	SOUTH ATLANTIC:	1,209	697	63	75
Boston, Mass	198	102	14	4	Atlanta, Ga	133	66	1	10
Bridgeport, Conn	51	32	4	3	Baltimore, Md	269	148	8	19
Cambridge, Mass	28	18		1	Charlotte, N. C	41	25	2	2
Fall River, Mass	31	21	1	1	Jacksonville, Fla	71	41	4	1
Hartford, Conn	56 37	32 26	2 4	4	Miami, Fla	90	61	1	2
Lynn, Mass	33	23	1	2	Norfolk, Va Richmond, Va	74	45	16	5
New Bedford, Mass	31	17	1	1	Savannah, Ga	83 39	50 13	7 5	8
New Haven, Conn	50	32	3	1	St. Petersburg, Fla	105	79	5	3
Providence, R. I	92	59	4	3	Tampa, Fla	56	42	7	1
Somerville, Mass	12	11	1	1	Washington, D. C	195	92	5	21
Springfield, Mass	30	17	-4	-	Wilmington, Del	53	35	2	3
Waterbury, Conn	24	16	1	2			1		
Worcester, Mass	57	39	12	1	EAST SOUTH CENTRAL:	710	391	32	33
IDDIE AMIANMIC.	2 (02	0 100	150		Birmingham, Ala	97	50	DATE AND	2
IDDLE ATLANTIC:	3,482	2,139	159	147	Chattanooga, Tenn	46	21	2	4
Allenterm Da	60 45	32	3	2	Knoxville, Tenn	53	34	5	2
Allentown, Pa Buffalo, N. Y	160	33 98	3 4	1	Louisville, Ky	141	79	11	6
Camden, N. J	50	22	3	7	Memphis, Tenn Mobile, Ala	153	79	4	5
Elizabeth, N. J	27	20	-	1	Montgomery, Ala	55	24	-0.5	6
Erie, Pa	41	32	4	_	Nashville, Tenn	32 133	25 79	5	2
Jersey City, N. J	48	26	3	4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	133	/9	5	6
Newark, N. J	98	36	2	14	WEST SOUTH CENTRAL:	1,138	599	50	77
New York City, N. Y	1,778	1,093	71	69	Austin, Tex	42	19	2	1
Paterson, N. J	34	25	5	2	Baton Rouge, La	16	6	1111	
Philadelphia, Pa	548	354	27	16	Corpus Christi, Tex	38	15	1	2
Pittsburgh, Pa	221	127	2	11	Dallas, Tex	151	73	5	13
Reading, Pa	58	42	4	4	El Paso, Tex	43	21	4	2
Rochester, N. Y	98	64	14	1	Fort Worth, Tex	77	53		4
Schenectady, N. Y	20	9	-	2	Houston, Tex	194	86	6	15
Scranton, Pa	40	28	5	1	Little Rock, Ark	62	27	4	6
Syracuse, N. Y	50	31	2	5	New Orleans, La	158	79	6	12
Trenton, N. J	45	24	3	2	Oklahoma City, Okla	94	54	2	8
Utica, N. Y	26	22	2	-	San Antonio, Tex	134	88	6	7
Yonkers, N. Y	35	21	2	2	Shreveport, La Tulsa, Okla	62	42	3	1
AST NORTH CENTRAL:	2,732	1,548	93	145	Turba, okta.	67	36	11	7
Akron, Ohio	72	44] -	4	MOUNTAIN:	414	238	14	15
Canton, Ohio	34	22	1	4	Albuquerque, N. Mex	43	22	4	
Chicago, Ill	780	419	28	35	Colorado Springs, Colo.	18	11	100	1
Cincinnati, Ohio	194	120	7	9	Denver, Colo	91	55	3	2
Cleveland, Ohio	223	122	5	13	Ogden, Utah	22	14	2	1
Columbus, Ohio	135	70	2	10	Phoenix, Ariz	114	61	2	5
Dayten, Ohio	61	31	2	1	Pueblo, Colo	32	23	1	1
Detroit, Mich	371	203	8	15	Salt Lake City, Utah	48	29		3
Evansville, Ind	40	29	2	-	Tucson, Ariz	46	23	2	-
Flint, Mich	45	23	2	4	DACTETC:			11 11 11	TAI
Fort Wayne, Ind	52	30	2	4	PACIFIC:	1,658	998	41	74
Gary, Ind	36 47	17 29	3 4	3 2	Berkeley, Calif Fresno, Calif	22	18	2	-
Grand Rapids, Mich Indianapolis, Ind	169	99	6	10	Glendale, Calif	60 32	35 22	2	3
Madison, Wis	36	18] -	4	Honolulu, Hawaii	40		7.0	
Milwaukee, Wis	138	83	4	6	Long Beach, Calif	81	17 53	1 3	5
Peoria, Ill	34	24	-	5	Los Angeles, Calif	492	279	15	23
Rockford, Ill	31	16	4	2	Oakland, Calif	103	64	3	6
South Bend, Ind	39	25	2	2	Pasadena, Calif	41	28	(A)	2
Toledo, Ohio	137	89	9	5	Portland, Oreg	142	88	2	8
Youngstown, Ohio	58	35	2	7	Sacramento, Calif	67	41	1	2
			1		San Diego, Calif	92	56	3	3
EST NORTH CENTRAL:	885	555	27	40	San Francisco, Calif	197	113	2	5
Des Moines, Iowa	64	36	-	4	San Jose, Calif	47	34	4	1
Duluth, Minn	21	13	-	1	Seattle, Wash	165	98	3	10
Kansas City, Kans	50	35	7	5	Spokane, Wash	44	30		-
Kansas City, Mo	128	79	1	4	Tacoma, Wash	33	22	-	1
Lincoln, Nebr	26	18	1	-	T 1			And year of	
Minneapolis, Minn	105	65	4	7	Total	12,958	7,610	530	630
Omaha, Nebr	93	65	l :	3	7,916,10	1 a t 2 1	Totals		
St. Louis, Mo	273	156	7	9		mulative :			ales
St. Paul, Minn Wichita, Kans	65 60	48 40	2 5	3 4	including report All Causes, All Ages				

Immunization Information for International Travel 1965-66 edition-Public Health Service Publication No. 384

Page 1 - paragraph 1, delete first sentence and insert:

In the United States the current form issued in PHS-731. Revised 9/66. Smallpox vaccinations performed after December 31, 1966 must be recorded on this form. Vaccination certificates issued prior to this date remain valid until the expiration date of the certificate in question.

Page 13 - Typhoid Fever

92

Delete all information and insert:

Vaccination is advised for all travelers except for infants under 6 months of age. Immunization: The vaccine is given in two inoculations, at least 4 weeks apart. Under conditions of continued or repeated exposure, a booster dose should be given at least every 3 years. The original series of inoculations need not be repeated at any time.

All references to paratyphoid in booklet PHS-384 should be deleted.

Page 14 - Tetanus

Delete all information and insert:

Vaccination against tetanus is needed both at home and for travel abroad. Immunization: Since tetanus toxoid is generally combined with diphtheria toxoid in the United States, the section on diphtheria describes the recommended schedule. Whenever a tetanus booster is given after an injury, the time for the next tetanus immunization is measured from that date.

Page 14 - Diphtheria

Delete all information and insert:

Diphtheria is more prevalent in many foreign countries than in the United States. Infants and preschool children through 6 years of age should receive diphtheria toxoid in combination with tetanus and whooping cough antigens (DTP). Immunization: Three doses to 4- to 6-week intervals are needed for children between the ages of 2 months and 6 years. A reinforcing dose should be given about one year after the third injection. Another single dose should be given when a child enters school, kindergarten or nursery school. Thereafter, booster doses of combined tetanus and diphtheria toxoids (Td) are recommended at 10-year intervals. Children over age 6 and adults receiving their first diphtheria immunization should be given the adult combination of tetanus and diphtheria toxoids. Two doses, 4 to 6 weeks apart, are followed by a third dose about one year later. Booster doses are given at 10-year intervals.

Page 15 - Plague

Last paragraph, delete "The complete standard course need not be repeated at any time." Insert: Persons who have been vaccinated previously and who now need this vaccination for international travel should receive two injections of the vaccine spaced at 30day intervals.

THE MORBIDITY AND MORTALITY WEEKLY REPORT, WITH A CIRCULA-TION OF 17,000, IS PUBLISHED AT THE NATIONAL COMMUNICABLE DISEASE CENTER, ATLANTA, GEORGIA.

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THE EDITOR
MORBIDITY AND MORTALITY WEEKLY REPORT
NATIONAL COMMUNICABLE DISEASE CENTER
ATLANTA, GEORGIA 30333

NOTE: THE DATA IN THIS REPORT ARE PROVISIONAL AND ARE BASED ON WEEKLY TELEGRAMS TO THE NCDC BY THE INDIVIDUAL STATE HEALTH DEPARTMENTS. THE REPORTING WEEK CONCLUDES ON SATURDAY; COMPILED DATA ON A NATIONAL BASIS ARE RELEASED ON THE SUCCEEDING FRIDAY.

BUREAU OF DISEASE PREVENTION AND ENVIRONMENTAL COMMUNICABLE DISEASE CENTER ATLANTA, GEORGIA PUBLIC HEALTH SERVICE EDUCATION, AND WELFARE OFFICIAL BUSINESS POSTAGE AND FEES PA S. DEPARTMENT OF I m