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## MORBIDITY AND MORTALITY WEEKLY REPORT

RECEIVED  
 DEC 19 1980

### Epidemiologic Notes and Reports

#### Cholera — Florida

A case of cholera has been reported from Florida.

The patient, a 46-year-old woman, experienced the sudden onset of explosive diarrhea, abdominal cramps, and vomiting on November 29, 1980. There was only minimal fever. The illness was assumed to be food poisoning and was treated symptomatically. Symptoms continued unabated, however, and on the third day of illness, her physician ordered a stool culture and started the patient on oral tetracycline. Within 2 days the diarrhea had ceased, and the patient was markedly improved. The treatment with tetracycline was continued. A stool culture grew a toxigenic *Vibrio cholerae*, serotype Inaba, biotype El Tor.

From November 21-25, the patient had ingested approximately 6 dozen raw oysters. These had been harvested from an approved area of Apalachicola Bay in Florida on November 17 or 19. No other seafood ingestion was reported, and the patient had not traveled recently outside of western Florida. An epidemiologic investigation is under way to determine if the oysters were the vehicle of transmission and if there were other cases. Thus far no other cases have been detected. During the past 2 months, routine monitoring of the portions of Apalachicola Bay that are approved and open for oyster harvesting has shown fecal coliform levels to be within the limits required by the National Shellfish Sanitation Program.

Reported by JL Picardi, MD, CR Field, PhD, Pensacola, Florida; E Grant, RN, WE Grimsley, RS, H Tousignant, MD, FB Wells, MD, Escambia County Health Dept; RA Gunn, MD, State Epidemiologist, S Lieb, BA, A Roberts, N Schneider, PhD, Florida State Dept of Health and Rehabilitative Services; W Lunsford, K Steidinger, PhD, Florida Dept of Natural Resources; Enteric Sect, Enterobacteriology Br, Bacteriology Div, Bur of Laboratories, and Enteric Diseases Br, Bacterial Diseases Div, Bur of Epidemiology, CDC.

**Editorial Note:** The last cases of cholera reported in the United States in persons who had not recently traveled out of the country occurred in Louisiana in 1978 (1). In those cases, ingestion of steamed crabs was epidemiologically associated with infection. The Louisiana isolates were also serotype Inaba and biotype El Tor. The Florida and Louisiana strains will be compared by phage typing and other methods to determine if they are identical.

#### Reference

1. Blake PA, Allegra DT, Snyder JD, et al. Cholera — a possible endemic focus in the United States. *N Engl J Med* 1980;302:305-9.

## Follow-up on Drug-Resistant Tuberculosis — Mississippi

A community outbreak of drug-resistant tuberculosis in Alcorn County, Mississippi, was reported in December 1977 (1). Since a follow-up report in 1978 (2), 3 more cases of tuberculosis due to organisms resistant to isoniazid (INH), para-aminosalicylic acid (PAS), and streptomycin (SM) have been reported in the county, bringing the total of outbreak-related cases to 26.

The first of the recent 3 cases was in a 57-year-old male teacher who had been exposed to the index patient during the 1975-76 school year. In October 1976, he had a 17-mm reaction to tuberculin, purified protein derivative (PPD), and a normal chest X ray. He was issued 7 bottles of INH during the next year but admitted to taking little of it. He came to the health department on August 14, 1978, complaining of generalized weakness, night sweats, and anorexia of 3 weeks' duration. His chest X ray showed infiltrates in the right apex, but there was no evidence of cavitation. Direct examinations of his sputum revealed acid-fast bacilli (AFB), and *Mycobacterium tuberculosis* was isolated on culture. Drug-susceptibility studies showed 100% resistance to INH, PAS, and SM. His organism was identified as phage type B, the same type as the index patient had. On August 23, 1978, treatment was started with INH, rifampin (RIF), and ethambutol (EMB). No AFB were seen on smears, nor was *M. tuberculosis* isolated from a sputum specimen obtained September 24, 1978. Chest X rays have remained stable since September 1978, sputum has remained bacteriologically negative, and treatment was completed in March 1980. Forty-four contacts of this teacher, including 25 students, were examined for tuberculosis; no other cases of tuberculosis or new tuberculous infections were found.

The second case occurred in a 62-year-old woman who was seen at the emergency room of a local hospital on January 17, 1980, because of weight loss, fever, and anorexia of 2 months' duration. A chest X ray revealed multiple areas of calcification and infiltrates in the right upper-lung field; she was admitted to the hospital. She had a 20-mm reaction to tuberculin, PPD. A sputum specimen obtained January 19 contained numerous AFB; *M. tuberculosis*, isolated on culture, was identified as phage type B. Drug-susceptibility studies showed 100% resistance to INH, PAS, and SM.

This woman had had exposure to 2 of the drug-resistant cases in the outbreak. However, during the previous investigation she had not been identified as a contact of either patient and therefore had not been offered preventive therapy. Because of documented exposure to these drug-resistant cases, she was started on treatment with INH, RIF, EMB, and capreomycin. On February 22, after she improved clinically, she was discharged from the hospital; she was referred to the county health department for continued treatment. Smears and cultures of sputum specimens obtained in August, September, and October were negative.

Twenty contacts to this second case were identified and examined. Four of the 20 were persons who had previously had positive skin tests and who were being followed by the health department as contacts of other drug-resistant cases. Five new tuberculin reactors were found among the remaining 16 contacts. Two of the 5 contacts had a history of negative skin tests 3 months previously; 2 had a history of negative skin tests 1½ years previously. The remaining contact was a 10-month-old boy who, because of a 2-month history of upper-respiratory infection, was hospitalized in March 1980 and evaluated for tuberculosis. X-ray findings were not consistent with tuberculosis, and cultures of gastric washings were negative for AFB. This child and 18 other contacts are taking INH preventive therapy. One of the contacts had tuberculous disease.

*Tuberculosis — Continued*

This person, the third patient, was a 17-year-old female. She was a household contact and daughter of the second patient and a student in the same junior-senior high school as attended by the index patient. She had no reaction to tuberculin, PPD, in September 1977 and September 1978, but she had a 20-mm reaction on January 23, 1980. A chest X ray taken on February 25 was negative. She was started on INH preventive therapy on January 25 but did not return for additional medication until April 23. On May 12, she was seen at the health department because of cough, night sweats, weight loss, and fever of 3 weeks' duration. The chest X ray revealed disease in the upper one-third of the right lung. She was hospitalized on May 14. Sputum smears were negative for AFB, but bronchial washings were positive; cultures were positive for *M. tuberculosis*. Drug-susceptibility studies showed 100% resistance to INH, PAS, and SM. The patient was started on chemotherapy with INH, RIF, and EMB. Smears and cultures of sputum specimens obtained in August, September, and October were negative. An X ray taken on August 13 showed dramatic improvement. The patient is continuing under the supervision of the local health department.

There were 109 students who shared classes or rode the school bus with this patient; all were skin tested on May 23, and only one had a reaction (20-mm reaction to tuberculin, PPD). The 108 negative students were retested in August and September; all were again negative.

These 3 recent cases brought the total of patients related to this outbreak of INH-PAS-SM-resistant tuberculosis to 26. After they are treated, such patients are observed for 2 years to detect treatment failures. During this 2-year follow-up period, sputum examinations and chest X rays are done at 6-month intervals, and patients are instructed to report any symptoms immediately.

Nineteen of the 26 have now completed treatment; 4 have died (2 from tuberculosis); and 3 are still being treated. The 3 patients still under treatment have demonstrated an unwillingness to ingest medication on their own initiative. The local health department has successfully used directly administered daily therapy to achieve continuous treatment of these patients.

Although most of the patients in this outbreak have responded well to therapy, 3 have not. The first such patient was a 17-year-old woman who died in March 1977. The second was the father of the index patient; his sputum recently reconverted to positive, despite the fact that he was receiving, 5 times weekly, directly administered medication to which his last positive cultures demonstrated sensitivity. The third patient whose treatment was unsuccessful was the mother of the index patient; she was treated for pulmonary tuberculosis with INH, PAS, and SM in September 1966 but had adverse reactions to SM and PAS. She died in July 1967 with progressive tuberculosis while receiving INH and ethionamide. Her cultures grew *M. tuberculosis*, but drug-susceptibility tests were never done.

In 1976, as a part of the initial investigation, the students in the local junior-senior high school had skin tests; 21% had positive reactions. In a follow-up testing program in 1978, 652 (98%) of 663 junior-senior high school students were tested, and only 5 (0.8%) new reactors were found. In 1979, the first, seventh, and twelfth grades in the school system were tested; 386 (96%) of 401 students received the test, and no new reactors were found.

Reported by DL Blakey, MD, State Epidemiologist, Mississippi Board of Health; Tuberculosis Control Division, Bur of State Services, CDC.

## Tuberculosis — Continued

**Editorial Note:** The incidence of drug-resistant cases in Alcorn County has declined, and transmission in the junior-senior high school has ceased. Nevertheless, sporadic INH-PAS-SM-resistant cases may continue to occur in this county for many years because of the relatively large number of contacts believed to have been infected with these drug-resistant organisms. About 50% of the contacts have completed at least 6 months of INH preventive therapy, but whether INH is effective in preventing disease in individuals infected with INH-resistant organisms is unknown.

When new drug-resistant cases do occur, effective case and contact management can usually contain the disease and prevent further transmission of infection and disease. This can be accomplished by continuing to oversee the therapy of patients unwilling or unable to take the medications on their own initiative and by appropriate management of infected contacts.

There are 3 options for the management of close contacts of INH-resistant cases: 1) treat with INH, 2) treat with RIF (alone or in combination with INH or another drug), 3) use no drugs for preventive treatment but assure close clinical follow-up of infected contacts for 3 to 5 years, arranging prompt treatment with appropriate drugs for any who develop tuberculosis. A recently completed study of these options, using decision

(Continued on page 609)

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

DISEASE	50th WEEK ENDING		MEDIAN 1975-1979	CUMULATIVE, FIRST 50 WEEKS		
	December 13, 1980	December 15, 1979		December 13, 1980	December 15, 1979	MEDIAN 1975-1979
Aseptic meningitis	145	181	89	7,130	8,220	4,535
Brucellosis	1	6	3	167	186	214
Chickenpox	3,905	3,205	3,522	176,657	189,564	175,113
Diphtheria	—	1	—	4	60	81
Encephalitis: Primary (arthropod-borne & unsp.)	16	19	12	1,084	1,061	1,150
Post-infectious	6	7	5	210	239	239
Hepatitis, Viral: Type B	448	395	304	17,550	14,366	14,366
Type A	602	625	667	27,181	28,702	29,588
Type unspecified	228	206	206	11,452	10,089	8,343
Malaria	36	27	4	1,872	788	512
Measles (rubeola)	44	166	208	13,362	13,315	26,359
Meningococcal infections: Total	55	46	39	2,545	2,482	1,710
Civilian	55	46	39	2,532	2,462	1,699
Military	—	—	—	13	20	20
Mumps	102	267	394	8,221	13,389	20,211
Pertussis	20	134	27	1,572	1,452	1,520
Rubella (German measles)	94	57	110	3,746	11,504	15,493
Tetanus	3	3	1	72	74	76
Tuberculosis	685	703	689	26,416	26,604	28,944
Tularemia	9	9	4	213	188	133
Typhoid fever	3	5	5	478	506	388
Typhus fever, tick-borne (Rky. Mt. spotted)	7	15	3	1,128	1,048	1,038
Venereal diseases:						
Gonorrhea: Civilian	20,429	22,083	21,315	970,137	967,245	967,245
Military	604	601	439	25,747	26,783	26,783
Syphilis, primary & secondary: Civilian	591	579	508	26,327	24,135	22,992
Military	6	3	5	305	311	311
Rabies in animals	86	61	49	6,079	4,806	2,911

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

	CUM. 1980		CUM. 1980
Anthrax	1	Poliomyelitis: Total	8
Botulism Ohio 1, N. Mex. 1	66	Paralytic	6
Cholera	8	Psittacosis Oreg. 1, Calif. 2	102
Congenital rubella syndrome	46	Rabies in man	—
Leprosy N.Y.C. 1, N.C. 1, Calif. 1	212	Trichinosis Tex. 1	109
Leptospirosis Ill. 1, Oreg. 1, Hawaii 1	73	Typhus fever, flea-borne (endemic, murine) Tex. 1	73
Plague	18		

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 December 13, 1980, and December 15, 1979 (50th week)

REPORTING AREA	ASEPTIC MENIN- GITIS	BRU- CEL- LOSIS	CHICKEN- POX	DIPHTHERIA		ENCEPHALITIS			HEPATITIS (VIRAL), BY TYPE			MALARIA	
						Primary	Post-in- fectious	B	A	Unspecified			
											1980		
	1980	1980	1980	1980	CUM. 1980	1980	1979	1980	1980	1980	1980	1980	CUM. 1980
UNITED STATES	145	1	3,905	-	4	16	19	6	448	602	228	36	1,872
NEW ENGLAND	9	-	576	-	-	1	1	-	15	6	3	4	113
Maine	-	-	180	-	-	-	-	-	1	1	-	-	17
N.H.	-	-	20	-	-	-	-	-	2	1	-	-	7
Vt.	-	-	85	-	-	-	-	-	-	1	-	-	1
Mass.	1	-	151	-	-	-	1	-	2	2	3	3	59
R.I.	-	-	57	-	-	-	-	-	1	1	-	-	10
Conn.	8	-	83	-	-	1	-	-	9	-	-	1	19
MID. ATLANTIC	28	-	174	-	1	3	3	-	51	59	15	-	238
Upstate N.Y.	7	-	98	-	-	3	-	-	23	20	5	-	42
N.Y. City	4	-	29	-	1	-	1	-	10	12	2	-	65
N.J.	8	-	NN	-	-	-	-	-	18	27	8	-	61
Pa.	9	-	47	-	-	-	2	-	NA	NA	NA	-	70
E.N. CENTRAL	11	-	1,664	-	1	-	2	-	59	74	18	3	114
Ohio	3	-	160	-	-	-	1	-	8	21	9	-	19
Ind.	-	-	171	-	-	-	-	-	14	6	2	-	12
Ill.	4	-	436	-	-	-	1	-	18	29	2	2	47
Mich.	4	-	518	-	1	-	-	-	13	11	2	1	24
Wis.	-	-	379	-	-	-	-	-	6	7	3	-	12
W.N. CENTRAL	4	-	684	-	1	1	2	-	13	25	4	3	75
Minn.	-	-	-	-	-	-	-	-	1	3	-	2	30
Iowa	4	-	251	-	-	1	2	-	2	5	-	-	7
Mo.	-	-	-	-	1	-	-	-	8	8	2	1	15
N. Dak.	-	-	80	-	-	-	-	-	-	-	-	-	-
S. Dak.	-	-	150	-	-	-	-	-	-	-	-	-	4
Nebr.	-	-	1	-	-	-	-	-	-	-	-	-	7
Kans.	-	-	202	-	-	-	-	-	2	9	2	-	12
S. ATLANTIC	17	-	423	-	-	5	3	4	98	84	32	1	195
Del.	-	-	-	-	-	-	-	-	3	1	-	-	-
Md.	1	-	25	-	-	1	-	-	20	2	9	-	32
D.C.	-	-	-	-	-	-	-	-	4	2	-	-	4
Va.	-	-	-	-	-	-	-	-	-	-	-	-	-
W. Va.	6	-	50	-	-	1	-	2	12	4	6	1	64
N.C.	-	-	183	-	-	-	-	-	2	1	-	-	4
S.C.	1	-	NN	-	-	2	1	-	3	4	1	-	17
Ge.	-	-	1	-	-	1	-	-	8	4	1	-	11
Fla.	9	-	147	-	-	-	2	2	27	14	-	-	19
E.S. CENTRAL	23	-	34	-	-	1	2	1	32	36	15	1	14
Ky.	1	-	15	-	-	-	-	-	4	9	2	-	3
Tenn.	3	-	NN	-	-	1	2	1	11	13	1	-	-
Ala.	18	-	14	-	-	-	-	-	15	3	12	-	8
Miss.	1	-	5	-	-	-	-	-	2	11	-	1	3
W.S. CENTRAL	4	1	81	-	-	1	1	-	30	74	54	8	181
Ark.	-	-	3	-	-	-	-	-	1	8	11	-	9
La.	-	-	NN	-	-	1	-	-	8	7	10	3	50
Okla.	-	-	-	-	-	-	-	-	8	9	1	-	12
Tex.	4	1	78	-	-	-	1	-	13	50	32	5	110
MOUNTAIN	3	-	174	-	-	-	-	-	10	50	17	1	92
Mont.	-	-	51	-	-	-	-	-	-	-	-	-	1
Idaho	-	-	-	-	-	-	-	-	-	-	-	-	1
Wyo.	-	-	-	-	-	-	-	-	-	20	-	-	2
Colo.	-	-	-	-	-	-	-	-	-	-	-	-	-
N. Mex.	1	-	65	-	-	-	-	-	2	10	2	-	36
Ariz.	-	-	-	-	-	-	-	-	-	1	-	-	6
Utah	-	-	NN	-	-	-	-	-	5	13	10	-	18
Nev.	-	-	56	-	-	-	-	-	-	3	1	-	16
PACIFIC	2	-	2	-	-	-	-	-	3	3	4	1	12
Wash.	46	-	95	-	1	4	5	1	140	194	70	15	850
Ore.	1	-	81	-	1	-	1	-	8	13	1	-	52
Calif.	2	-	1	-	-	1	-	-	11	7	-	1	48
Alaska	42	-	-	-	-	3	3	-	115	170	68	7	719
Hawaii	-	-	3	-	-	-	1	-	-	-	-	-	6
	1	-	10	-	-	-	-	-	6	4	1	7	25
Guam	NA	NA	NA	NA	-	NA	-	-	NA	NA	NA	NA	3
P.R.	5	-	9	-	-	-	-	-	2	4	9	1	5
V.I.	NA	NA	NA	NA	-	NA	-	-	NA	NA	NA	NA	2
Pac. Trust Terr.	NA	NA	NA	NA	-	NA	-	-	NA	NA	NA	NA	2

NA: 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  
December 13, 1980, and December 15, 1979 (50th week)

REPORTING AREA	MEASLES (RUBEOLA)			MENINGOCOCCAL INFECTIONS TOTAL			MUMPS		PERTUSSIS	RUBELLA		TETANUS
	1980	CUM. 1980	CUM. 1979	1980	CUM. 1980	CUM. 1979	1980	CUM. 1980	1980	1980	CUM. 1980	CUM. 1980
UNITED STATES	44	13,362	13,315	55	2,545	2,482	102	8,221	20	94	3,746	72
NEW ENGLAND	1	677	291	7	151	148	6	636	-	50	269	3
Maine	-	33	18	-	6	9	3	306	-	49	119	1
N.H.	-	331	33	-	8	15	2	24	-	-	39	-
Vt.	1	227	119	-	15	8	-	12	-	-	3	-
Mass.	-	59	15	2	53	59	-	131	-	-	77	-
R.I.	-	2	102	-	12	9	1	33	-	-	9	1
Conn.	-	25	4	5	57	48	-	100	-	1	22	1
MID. ATLANTIC	15	3,901	1,627	11	455	400	12	922	5	2	581	8
Upstate N.Y.	5	726	673	5	133	138	4	159	4	2	222	3
N.Y. City	2	1,206	848	3	109	89	3	106	1	-	101	2
N.J.	-	850	58	1	94	101	3	128	-	-	106	-
Pa.	8	1,119	48	2	119	72	2	529	-	-	152	3
E.N. CENTRAL	1	2,454	3,531	6	295	293	35	3,119	3	10	870	7
Ohio	-	380	313	3	98	120	6	1,235	-	-	8	2
Ind.	-	94	226	-	44	49	2	147	-	5	374	-
Ill.	-	353	1,587	1	62	28	6	407	1	2	177	2
Mich.	-	250	861	1	73	77	20	969	1	-	129	1
Wis.	1	1,377	544	1	18	19	1	361	1	3	182	2
W.N. CENTRAL	-	1,322	1,838	10	117	82	7	325	2	2	206	4
Minn.	-	1,106	1,218	9	44	19	-	20	1	-	28	1
Iowa	-	-	16	-	14	14	6	61	-	-	9	1
Mo.	-	65	429	-	39	36	-	101	-	-	42	1
N. Dak.	-	1	21	1	3	1	-	4	-	-	5	-
S. Dak.	-	-	2	-	6	4	-	4	1	-	2	-
Nebr.	-	83	77	-	-	-	-	9	-	-	1	-
Kans.	-	67	75	-	11	9	1	126	-	2	119	1
S. ATLANTIC	11	1,989	2,153	11	597	600	17	1,107	2	2	363	12
Del.	1	4	1	-	2	5	1	41	-	-	1	-
Md.	1	84	16	-	52	59	5	353	-	-	72	1
D.C.	-	5	-	-	2	-	-	5	-	-	1	-
Va.	-	339	287	2	64	81	4	78	-	2	62	3
W. Va.	-	15	65	-	24	16	1	126	-	-	27	1
N.C.	-	130	114	1	99	95	1	100	-	-	48	1
S.C.	-	159	182	-	65	65	-	211	-	-	55	3
Ga.	9	844	581	3	116	86	2	13	2	-	1	1
Fla.	-	409	907	5	173	193	3	180	-	-	97	2
E.S. CENTRAL	-	349	265	3	210	171	-	886	1	1	88	8
Ky.	-	57	40	-	44	35	-	759	-	-	43	2
Tenn.	-	172	72	1	58	51	-	34	1	1	40	-
Ala.	-	22	129	2	57	39	-	30	-	-	3	-
Miss.	-	98	24	-	31	46	-	63	-	-	2	-
W.S. CENTRAL	5	993	950	6	268	349	3	299	1	1	154	19
Ark.	-	16	7	1	20	28	-	22	-	-	4	2
La.	2	15	259	-	95	122	-	68	-	-	13	5
Okla.	-	776	22	2	26	39	-	-	1	1	7	1
Tex.	3	186	662	3	127	160	3	209	-	-	130	11
MOUNTAIN	-	505	338	-	104	98	-	224	1	3	168	-
Mont.	-	2	56	-	3	15	-	60	-	-	45	-
Idaho	-	-	18	-	6	10	-	16	-	-	22	-
Wyo.	-	-	36	-	6	1	-	-	-	-	1	-
Colo.	-	24	71	-	25	8	-	64	1	-	12	-
N. Mex.	-	14	38	-	11	6	-	-	-	-	5	-
Ariz.	-	408	80	-	19	36	-	46	-	-	45	-
Utah	-	47	19	-	5	9	-	29	-	2	31	-
Nev.	-	10	20	-	29	13	-	9	-	1	7	-
PACIFIC	11	1,172	2,322	1	348	341	22	733	5	23	1,047	11
Wash.	1	178	1,153	-	64	64	4	150	4	6	94	-
Oreg.	-	1	66	-	54	28	2	92	-	-	65	-
Calif.	9	980	1,018	1	219	233	15	457	1	17	871	11
Alaska	-	6	17	-	11	6	-	13	-	-	12	-
Hawaii	1	7	68	-	-	10	1	21	-	-	5	-
Guam	NA	6	13	-	1	1	NA	10	NA	NA	2	-
P.R.	3	177	383	-	11	7	3	156	2	1	27	12
V.I.	NA	6	6	-	3	3	NA	2	NA	NA	-	-
Pac. Trust Terr.	NA	10	10	-	-	1	NA	21	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 December 13, 1980, and December 15, 1979 (50th 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	CUM. 1980
UNITED STATES	685	2,6416	213	3	478	7	1,128	20,429	970,137	967,245	591	26,327	24,135	6,079
NEW ENGLAND	15	731	6	-	13	-	14	509	24,683	23,768	15	505	490	60
Maine	2	52	-	-	1	-	-	34	1,376	1,669	-	6	10	28
N.H.	-	17	-	-	-	-	-	14	859	887	-	6	19	7
Vt.	-	23	-	-	-	-	-	3	533	624	-	6	3	-
Mass.	7	408	4	-	8	-	7	227	10,428	9,448	8	310	270	14
R.I.	2	72	1	-	1	-	2	34	1,576	1,895	1	32	19	1
Conn.	4	159	1	-	3	-	5	197	9,911	9,245	6	145	169	10
MID. ATLANTIC	155	4,255	3	-	90	-	48	2,996	109,884	106,516	81	3,625	3,681	70
Upstate N.Y.	47	840	1	-	16	-	14	529	19,686	18,705	11	316	279	38
N.Y. City	13	1,493	1	-	40	-	3	1,200	43,887	41,810	47	2,348	2,510	-
N.J.	71	967	1	-	21	-	19	728	19,911	18,968	11	421	468	13
Pa.	24	955	-	-	13	-	12	539	26,400	27,033	12	540	424	19
E.N. CENTRAL	67	3,765	2	1	51	-	32	2,954	149,857	152,050	30	2,645	2,972	923
Ohio	14	703	-	1	15	-	19	1,195	40,267	41,563	1	359	589	55
Ind.	8	414	-	-	-	-	2	213	15,626	13,182	2	188	203	72
Ill.	18	1,291	-	-	18	-	6	689	46,469	48,249	20	1,606	1,663	508
Mich.	17	1,119	2	-	11	-	3	599	53,790	55,415	4	395	439	15
Wis.	10	238	-	-	7	-	2	258	13,705	13,641	3	97	78	273
W.N. CENTRAL	16	962	32	-	29	-	54	922	46,840	47,721	9	360	304	2,012
Minn.	7	201	1	-	4	-	-	148	7,657	7,885	5	122	86	245
Iowa	-	89	1	-	2	-	3	94	4,916	5,648	-	31	30	476
Mo.	3	426	25	-	19	-	34	332	20,900	20,478	2	158	140	371
N. Dak.	2	53	-	-	1	-	-	12	658	846	-	4	2	231
S. Dak.	-	49	1	-	1	-	2	17	1,325	1,565	-	6	2	446
Nebr.	4	40	3	-	1	-	5	135	3,605	3,430	-	12	7	93
Kans.	-	104	1	-	1	-	10	184	7,779	7,869	2	27	37	150
S. ATLANTIC	133	5,753	13	2	46	5	701	5,478	243,390	232,761	147	6,307	5,665	495
Del.	2	69	-	-	1	-	2	117	3,529	3,740	2	21	29	2
Md.	12	700	4	-	3	1	75	824	26,387	28,645	16	436	377	32
D.C.	7	356	-	-	4	-	-	302	16,565	15,620	12	466	437	-
Va.	-	568	1	1	9	1	94	693	22,426	22,275	21	569	471	29
W. Va.	2	207	-	-	5	-	5	98	3,298	3,164	-	17	51	26
N.C.	24	1,026	3	-	5	-	317	608	36,946	33,867	15	470	422	20
S.C.	32	522	-	-	3	-	141	424	22,643	21,747	12	376	305	62
Ga.	25	802	5	-	3	60	1,049	47,569	43,999	44	1,794	1,565	246	
Fla.	29	1,503	-	1	16	-	7	1,363	64,027	59,664	25	2,158	2,008	78
E.S. CENTRAL	67	2,452	10	-	12	1	116	1,364	78,698	81,872	44	2,163	1,613	335
Ky.	11	547	-	-	3	1	21	268	11,446	11,116	1	126	158	144
Tenn.	19	794	7	-	1	-	61	352	28,434	29,771	10	906	662	138
Ala.	23	638	1	-	3	-	17	587	23,789	23,805	14	472	294	53
Miss.	14	473	2	-	5	-	17	157	15,029	17,180	19	659	499	-
W.S. CENTRAL	80	3,006	97	-	77	1	141	2,490	122,297	124,160	155	5,341	4,412	1,368
Ark.	10	326	65	-	8	-	35	143	9,777	9,978	7	217	159	183
La.	15	556	-	-	2	-	3	311	21,628	22,308	32	1,336	1,117	16
Okla.	11	328	21	-	6	1	74	247	12,168	12,339	1	104	85	239
Tex.	44	1,796	11	-	61	-	29	1,789	78,724	79,535	115	3,684	3,051	930
MOUNTAIN	21	756	34	-	26	-	17	844	37,087	38,727	11	645	503	242
Mont.	-	32	9	-	1	-	3	28	1,404	1,965	-	2	9	57
Idaho	2	29	1	-	1	-	2	36	1,649	1,692	1	28	26	2
Wyo.	-	22	4	-	-	-	2	18	1,057	1,097	-	12	9	17
Colo.	11	141	8	-	7	-	5	190	10,131	10,339	6	176	108	54
N. Mex.	1	133	2	-	3	-	4	55	4,493	4,767	3	115	93	45
Ariz.	7	322	1	-	7	-	141	9,633	10,776	-	209	147	57	
Utah	-	49	6	-	7	-	1	34	1,880	1,961	1	19	5	9
Nev.	-	28	3	-	-	-	-	342	6,840	6,130	-	84	106	1
PACIFIC	131	4,736	16	-	134	-	5	2,872	157,401	159,670	99	4,736	4,495	574
Wash.	6	398	-	-	3	-	-	NA	12,993	14,035	NA	216	228	-
Oreg.	6	185	4	-	9	-	1	336	10,863	9,997	1	106	161	4
Calif.	117	3,992	11	-	120	-	4	2,392	126,584	127,761	97	4,265	3,989	522
Alaska	-	64	1	-	-	-	-	75	3,850	4,805	1	9	25	48
Hawaii	2	97	-	-	2	-	-	69	3,111	3,072	-	140	92	-
Guam	NA	54	-	NA	1	NA	-	NA	99	113	NA	5	-	-
P.R.	20	291	-	-	8	-	-	63	2,658	2,092	13	599	574	53
V.I.	NA	-	-	NA	-	NA	-	NA	109	156	NA	10	12	-
Pac. Trust Terr.	NA	35	-	NA	-	NA	-	NA	379	470	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  
December 13, 1980 (50th 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>	713	484	156	37	23	51	<b>S. ATLANTIC</b>	1,173	637	324	95	71	47	
Boston, Mass.	221	141	49	19	8	25	Atlanta, Ga.	178	77	45	12	37	6	
Bridgeport, Conn.	39	29	5	2	1	3	Baltimore, Md.	139	73	41	16	4	1	
Cambridge, Mass.	35	22	8	5	—	7	Charlotte, N.C.	97	26	18	7	4	1	
Fall River, Mass.	28	19	7	1	1	—	Jacksonville, Fla.	97	49	28	10	5	1	
Hartford, Conn.	56	38	13	2	1	—	Miami, Fla.	142	69	43	17	6	3	
Lowell, Mass.	31	21	7	—	1	—	Norfolk, Va.	45	26	14	1	1	5	
Lynn, Mass.	20	12	6	1	1	1	Richmond, Va.	65	44	19	3	2	9	
New Bedford, Mass.	20	15	3	—	1	1	Savannah, Ga.	51	31	13	5	1	5	
New Haven, Conn.	66	42	16	2	5	1	St. Petersburg, Fla.	99	79	18	1	1	4	
Providence, R.I.	56	39	15	2	—	4	Tampa, Fla.	71	46	14	2	5	4	
Somerville, Mass.	20	14	4	1	1	3	Washington, D.C.	189	101	60	18	4	1	
Springfield, Mass.	17	15	2	—	—	—	Wilmington, Del.	36	16	14	3	1	—	
Waterbury, Conn.	40	34	6	—	—	4								
Worcester, Mass.	64	43	15	2	3	2								
							<b>E.S. CENTRAL</b>	924	561	238	53	35	37	
<b>MID. ATLANTIC</b>	3,216	2,181	689	185	67	179	Birmingham, Ala.	144	93	36	5	6	5	
Albany, N.Y.	57	37	12	2	4	1	Chattanooga, Tenn.	104	59	35	3	4	1	
Allentown, Pa.	20	18	2	—	—	—	Knoxville, Tenn.	57	42	12	1	1	14	
Buffalo, N.Y.	128	78	39	6	4	5	Louisville, Ky.	132	76	37	7	8	12	
Camden, N.J.	57	43	10	2	1	—	Memphis, Tenn.	266	161	69	17	6	2	
Elizabeth, N.J.	31	25	6	—	—	4	Mobile, Ala.	58	31	20	2	1	1	
Erie, Pa.†	45	26	15	2	—	2	Montgomery, Ala.	56	30	11	8	4	2	
Jersey City, N.J.	48	36	7	3	2	1	Nashville, Tenn.	107	69	18	10	5	—	
Newark, N.J. ††	74	35	19	7	4	4								
N.Y. City, N.Y.	1,788	1,236	353	115	30	101	<b>W.S. CENTRAL</b>	1,628	953	410	134	61	54	
Paterson, N.J.	41	28	8	5	—	3	Austin, Tex.	70	46	14	4	1	4	
Philadelphia, Pa.†	390	251	87	28	11	31	Baton Rouge, La.	32	22	6	4	—	3	
Pittsburgh, Pa.†	91	50	33	4	3	1	Corpus Christi, Tex.	44	25	10	5	2	2	
Reading, Pa.	32	26	6	—	—	3	Dallas, Tex.	211	124	41	20	11	11	
Rochester, N.Y.	135	94	31	5	3	11	El Paso, Tex.	63	41	13	5	3	11	
Schenectady, N.Y.	29	22	5	1	1	—	Fort Worth, Tex.	101	70	22	5	—	8	
Scranton, Pa.†	35	23	10	—	—	2	Houston, Tex.	568	272	196	55	17	5	
Syracuse, N.Y.	112	77	26	2	2	4	Little Rock, Ark.	71	44	15	5	6	—	
Trenton, N.J.	33	19	8	3	1	2	New Orleans, La.	185	110	42	19	9	9	
Utica, N.Y.	34	27	6	—	1	4	San Antonio, Tex.	136	94	26	8	5	—	
Yonkers, N.Y.	36	30	6	—	—	—	Shreveport, La.	39	28	2	3	3	7	
							Tulsa, Okla.	108	77	23	1	4	—	
<b>E.N. CENTRAL</b>	2,510	1,532	622	179	87	87	<b>MOUNTAIN</b>	723	447	158	58	29	25	
Akron, Ohio	71	46	19	—	3	—	Albuquerque, N. Mex.	39	40	10	22	5	2	
Canton, Ohio	41	29	9	1	—	1	Colo. Springs, Colo.	33	18	13	2	—	3	
Chicago, Ill.	541	315	148	37	22	12	Denver, Colo.	144	97	26	7	9	8	
Cincinnati, Ohio	224	134	67	13	5	21	Las Vegas, Nev.	97	56	33	5	1	1	
Cleveland, Ohio	178	106	39	18	9	8	Ogden, Utah	13	10	2	1	—	4	
Columbus, Ohio	129	75	34	8	4	4	Phoenix, Ariz.	157	110	31	6	5	2	
Dayton, Ohio	111	68	27	10	3	7	Pueblo, Colo.	27	19	8	—	—	—	
Detroit, Mich.	296	179	64	25	17	5	Salt Lake City, Utah	58	29	13	7	5	5	
Evansville, Ind.	50	36	7	4	—	—	Tucson, Ariz.	105	68	22	8	4	—	
Fort Wayne, Ind.	60	35	18	3	4	4								
Gary, Ind.	24	9	6	4	—	—								
Grand Rapids, Mich.	43	30	11	—	2	4								
Indianapolis, Ind.	174	106	42	12	5	5	<b>PACIFIC</b>	1,992	1,350	399	111	61	85	
Madison, Wis.	49	33	9	3	2	3	Berkeley, Calif.	27	20	6	—	—	1	
Milwaukee, Wis.	167	107	46	8	3	2	Fresno, Calif.	88	65	16	2	4	5	
Peoria, Ill.	59	50	7	—	2	2	Glendale, Calif.	33	28	4	1	—	2	
Rockford, Ill.	54	39	9	2	2	6	Honolulu, Hawaii	41	25	11	1	4	2	
South Bend, Ind.	50	40	8	1	1	1	Long Beach, Calif.	115	80	23	4	4	2	
Toledo, Ohio	106	42	30	26	2	4	Los Angeles, Calif.	558	396	93	37	4	6	
Youngstown, Ohio	83	53	22	4	1	—	Oakland, Calif.	91	51	25	9	2	5	
							Ossadena, Calif.	42	33	5	2	2	—	
							Portland, Oreg.	135	91	24	8	5	4	
<b>W.N. CENTRAL</b>	796	503	177	43	41	21	Sacramento, Calif.	84	54	22	3	1	1	
Des Moines, Iowa	65	41	16	6	—	—	San Diego, Calif.	129	79	31	6	6	6	
Duluth, Minn.	24	19	4	—	1	1	San Francisco, Calif.	154	100	28	10	9	13	
Kansas City, Kans.	36	25	6	2	—	2	San Jose, Calif.	166	109	32	11	7	8	
Kansas City, Mo.	128	79	31	7	3	2	Seattle, Wash.	204	129	51	15	2	1	
Lincoln, Nebr.	37	30	5	—	—	2	Spokane, Wash.	67	47	14	2	1	—	
Minneapolis, Minn.	91	67	12	3	8	1	Tacoma, Wash.	58	43	10	—	3	—	
Omaha, Nebr.	102	64	23	5	5	1								
St. Louis, Mo.	173	91	46	15	15	5								
St. Paul, Minn.	79	50	20	2	6	3								
Wichita, Kans.	61	37	14	3	3	4	<b>TOTAL</b>	13,675	8,644	3,173	895	475	586	

\*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*

analysis and the Delphi technique—in which specialists in tuberculosis control and infectious diseases were polled—suggests that RIF may be the preferred drug for preventive therapy for persons in whom the infecting organism is most likely resistant to INH (3). However, the use of RIF as preventive therapy has not been clinically evaluated. INH remains the preferred drug for preventive treatment when the estimated probability that the infecting organism is resistant to INH is less than 50%. Close clinical follow-up with no treatment was found to be the least satisfactory approach.

*References*

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2. MMWR 1978;27:355-6.
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### Adverse Reactions to Human Diploid Cell Rabies Vaccine

In the period June 23-September 15, 1980, approximately 25,200 doses of Merieux human diploid cell rabies vaccine (M-HDCV) were distributed to all states except Hawaii and Delaware. A follow-up survey of state health departments revealed that approximately 2,500 patients received rabies prophylaxis with M-HDCV during this time; the vast majority of these were postexposure treatments. During this 12-week period, CDC received a number of reports of adverse reactions to M-HDCV. Each report was investigated by telephone contact with the patient's physician. Adverse reactions were only tabulated when verified by statements from these physicians.

Four patients (1 per 625 treated) had systemic allergic reactions ranging from hives to anaphylactic shock. Although 2 of the patients reported allergies to other drugs in the past, the other 2 had no such history of allergy. Two of the cases were complicated by simultaneous administration of human rabies immune globulin (HRIG) or tetanus toxoid. In 2 of the cases, however, repeated administration of the vaccine alone resulted in the reappearance of the adverse reaction.

Four cases of fever and severe headache (1 per 625 treated) were reported during this same time. The febrile headaches were not associated with a stiff neck or other signs of meningitis or encephalitis. The symptoms characteristically resolved within 24 hours and occasionally, but not invariably, recurred following additional injections of M-HDCV.

Other systemic reactions occasionally reported were chills, diarrhea, malaise, headache without fever, and fever without headache. Local reactions, affecting less than 25% of persons treated, consisted of redness, swelling, or pain at the site of injection. No deaths or cases of encephalopathy have been reported following vaccination with M-HDCV.

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**Editorial Note:** Since the licensure of M-HDCV on June 9, 1980 (1), this vaccine has gained wide acceptance in the medical community in the United States. It has largely replaced duck embryo vaccine for postexposure prophylaxis because of 1) higher levels of antibody stimulated by fewer doses of vaccine and 2) fewer adverse reactions. No cases of rabies have yet developed in persons treated with M-HDCV in the United States.

### *Rabies Vaccine -- Continued*

In addition, there have been no documented cases of failure to develop protective antibody when the 5-dose postexposure prophylaxis regimen has been adhered to.

The adverse reactions noted have been similar to those described in the European literature in trials using M-HDCV (2,3). In the European literature, however, a single case of Guillain-Barré syndrome was reported. It occurred 14 days after the second prophylactic dose of M-HDCV was given to a 14-year-old Norwegian boy living in Zambia, Africa. He fully recovered (4). Although temporally associated, a cause-effect relationship between Guillain-Barré syndrome and M-HDCV has not been established in this case.

Although 2 of the persons in the United States with severe allergic reactions were hospitalized or observed by a physician during administration of successive doses of vaccine, in no instance was it necessary to discontinue the postexposure prophylaxis regimen. Data accumulated so far indicate that although the vaccine is safe and efficacious, physicians should be aware of the possibility of occasional adverse reactions. A 5-state surveillance system has been initiated to define more clearly any risks associated with this vaccine.

#### *References*

1. MMWR 1980;29:265-72,277-80.
2. Aoki FY, Tyrrell DAJ, Hill LE. Immunogenicity and acceptability of a human diploid cell rabies vaccine in volunteers. *Lancet* 1975;1:660-2.
3. Costy-Berger F. Vaccination antirabique preventive par due vaccine prepare sur cellules diploides humaines. *Dev Biol Stand* 1978;40:101-4.
4. Bøe E, Nyland H. Guillain-Barré syndrome after vaccination with human diploid cell rabies vaccine. *Scand J Infect Dis* 1980;12:231-2.

## **Ciguatera Fish Poisoning -- Maryland**

An outbreak of ciguatera fish poisoning occurred on September 24-25, 1980, among persons who had eaten in a seafood restaurant in Montgomery County, Maryland. The county and state health departments, using reservation and credit card lists and announcements in the media, identified 85 individuals who had eaten in the restaurant between September 24-26; 12 of these persons had gastrointestinal and neurologic symptoms compatible with ciguatera fish poisoning, including nausea (92% of patients), diarrhea (83%), paresthesias of the mouth and feet (83%), weakness (58%), changes in hot and cold sensation (58%), numbness (58%), muscle aches (50%), vomiting (42%), and itching (42%). Two patients became hypotensive and were hospitalized; one required hospitalization in the intensive care unit. All affected individuals still exhibited some neurologic symptoms 25 days after onset of illness. In no instance was an initial diagnosis of ciguatera fish poisoning made by the physician seeing the patient.

With the use of food-specific attack rates, grouper was implicated as the cause of the outbreak ( $p < .0001$ , Fisher exact test, 2-tailed). All persons who ate 1 particular fish served on September 24-25 (including an individual who ate less than 1 ounce) developed symptoms of ciguatera fish poisoning. The mean incubation period was 5 hours (range 3-7½ hours). Two individuals who ate red snapper on the evening of September 25 also had symptoms compatible with ciguatera; the restaurant chef, however, admitted that grouper may have been substituted for snapper in these 2 cases, and the 2 individuals involved indicated that they were unfamiliar with either fish and would not have been able to identify what they were eating.

### Fish Poisoning — Continued

The implicated grouper weighed 44 pounds. It was delivered to the restaurant on September 24. The fish was brought by truck to the Washington, D.C., area as part of a shipment purchased in Florida on September 22 by a local distributor.

Reported by RM Helfrich, KG Henning, E Dunlop, RN, SE Martin, EA Rosenberger, MD, Montgomery County Health Dept; J Horman, DVM, NER Jackman, MD, DL Sorley, MD, State Epidemiologist, Maryland State Dept of Health and Mental Hygiene; Food and Drug Administration; and Enteric Diseases Br, Bacterial Diseases Div, Bureau of Epidemiology, CDC.

**Editorial Note:** Ciguatera fish poisoning is a distinctive clinical syndrome characterized by a combination of gastrointestinal and neurologic symptoms (1). It is thought to be caused by a toxin (or toxins) produced by *Gambierdiscus toxicus* (2), a dinoflagellate found on tropical reefs. The toxin is concentrated in predatory species of fish, and thus is passed up the marine food chain. In any given species, the larger fish are more likely to be toxic. The toxin is tasteless and is unaffected by cooking. There is no generally available method of detecting toxic fish.

In the United States between 1975 and 1979, ciguatera fish poisoning was the most common foodborne disease associated with eating fish, accounting for as many fish-associated foodborne outbreaks as all other etiologies combined. Cases are identified most commonly in Hawaii and in Dade County, Florida; in the Miami area the incidence of ciguatera fish poisoning has been estimated at 5 cases per 10,000 population per year (3). This is one of the first instances in which an outbreak of ciguatera fish poisoning occurred outside of a known endemic area; with the current availability of large tropical fish from Florida in many areas along the East Coast, additional outbreaks of the disease may be expected.

#### References

1. Hughes JM, Merson MH. Fish and shellfish poisoning. *N Engl J Med* 1976;295:1117-20.
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### International Notes

#### Influenza — Worldwide

In the Northern Hemisphere there has been little influenza activity thus far this winter. Influenza A(H1N1) viruses related to the A/Brazil/11/78 strain have, however, been isolated from school children and young adults in the British Isles (in the Shetland Isles, in other islands and rural areas of Scotland, and in England) (1,2) and in Hungary.

The Morbidity and Mortality Weekly Report, circulation 102,241, is published by the Centers for Disease Control, Atlanta, Georgia. The data in this report are provisional, based on weekly telegraphs to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the succeeding Friday.

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

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*Influenza - Continued*

In the Americas, influenza A(H3N2) strains related to A/Bangkok/1/79 were reported from outbreaks in Mexico in October (1) and in Canada during November (3). The Canadian outbreak occurred in a nursing home near Winnipeg, Manitoba. In 1 ward, 13 of 63 persons were ill, and in a second ward 40 of 87 persons were ill, with several requiring hospitalization. Three persons died; influenza A(H3N2) virus was isolated from 1 fatal case. None of the seriously ill persons had been vaccinated.

Influenza A(H3N2) virus infections also continue to be reported from the Southern Hemisphere, with isolates reported in October in Australia (4) and New Caledonia (1). Influenza B viruses also were isolated in Australia in October (4).

*Reported by Dr. Pizarro-Suarez, Mexico City, Mexico; G Hammond, MD, Cadham Provincial Laboratory, Winnipeg, Manitoba, and Laboratory Centre for Disease Control, Ottawa, Canada; Dept of Health, Canberra, Australia; World Health Organization (WHO), Virus Disease Unit, Geneva, Switzerland; and WHO collaborating centers for influenza in London, England, and at CDC.*

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1. WHO. Influenza surveillance. Weekly Epidemiological Record 1980;54:368.
2. WHO. Influenza surveillance. Weekly Epidemiological Record 1980;54:375.
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4. Department of Health, Australia. Communicable Disease Intelligence Bulletin 1980;80(23).

**Errata, Vol. 29**

**No. 48 p577.** In the article, "Chickenpox—United States, 1979," the last line of the second paragraph should state that there are only 6.4 cases per 100,000 population aged 15 years and older, not 1 case.

**p585.** In the article, "Waterborne Illness—South Carolina," 6th paragraph, 5th line, 34 well persons drank water, not 14. The percentage is correct.

**Notice to Readers**

The MMWR will not be published the week of Christmas. The next issue of the MMWR that you will receive will be No. 51 of Volume 29, dated January 2, 1981. That issue will accommodate the tables on specified notifiable diseases and deaths in 121 U.S. cities for the weeks ending December 20 and 27 (51st and 52nd weeks). The last publication of provisional statistics on notifiable diseases for 1980 (53rd week) will appear in Vol. 29, No. 52, dated January 9, 1981.

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