CENTER FOR DISEASE CONTROL

MMWR

MORBIDITY AND MORTALITY WEEKLY REPORT

February 2, 1979 / Vol. 28 / No. 4

Epidemiologic Notes and Reports

Health Effects of Restricting Federal Funds for Abortion — United States

In August 1977 federal funds for abortion for Medicaid-eligible women were restricted. To measure the impact of this restriction on abortion-related complications, CDC initiated a hospital surveillance project in 13 states and the District of Columbia. No increase in abortion-related complications was observed in this surveillance project.

CDC also maintains nationwide surveillance of abortion-related mortality. Since October 1977, 3 deaths of Medicaid-eligible women have been reported in states not providing public funds for abortion: 1 of the deaths (*1,2*) was directly related to the absence of public funds; the other 2 were indirectly related.

CDC's surveillance of abortion deaths began in 1972, but the hospital surveillance project was initiated in October 1977, following the issuing of regulations on August 4 to restrict funds for abortions to only those procedures necessary to save a woman's life. On February 14, 1978, HEW published regulations that broadened the indications for federal funding for Medicaid-eligible women to include situations in which 1. the woman's life would be "endangered" if the pregnancy were carried to term; 2. "severe and long-lasting physical health damage" to the woman would result if the pregnancy were carried to term, as certified by 2 physicians; or 3. the pregnancy resulted from statutory or forcible rape or from incest, providing that the incident was reported to a law enforcement agency or a government health service within 60 days of its occurrence.

The Hospital Surveillance Project

Data on women coming to obstetric, acute-care facilities were collected from 24 institutions located in the District of Columbia and 13 states across the country from October 10, 1977, through June 10, 1978. Ten institutions were located in states in which, because of the absence of public funds, legal abortions might be less available; 14 were in states that were continuing to use state funds to finance Medicaid abortions. Out of the 3,157 abortion complications* reported through this hospital surveillance project, 7 occurred after admitted illegally induced procedures. In 3 other instances in which complications occurred, the women did not name the source of the abortion; for analytic purposes, it was assumed that these women also underwent an illegal or self-induced abortion.

None of these 10 complications occurred in women reported to be a Medicaid recipient. No abortion deaths related to either illegal or legal abortions were detected through the hospital surveillance. There was also no significant difference between institutions in funded and non-funded states in the proportion of Medicaid women with abortion complications over the 8-month period.

*An abortion complication included any illness related to either an induced or a spontaneous abortion that caused a woman to come to the acute-care facility at a participating hospital.

Abortion — Continued

However, the restriction of public funds was found to be significantly associated with a later gestational age at the time of the abortion. In non-funded states Medicaid-eligible women with complications after legally induced abortions had a 1.9-week later mean gestational age than their counterparts in funded states ($p \cong 0.07$). Moreover, Medicaid-eligible women in non-funded states had a 2.4-week later mean gestational age than non-Medicaid-eligible women in the same states ($p < 0.01$); in funded states, Medicaid-eligible and non-Medicaid-eligible women had similar mean gestational ages.

Nationwide Mortality Surveillance

Although no abortion-related deaths were detected through the hospital surveillance project, 3 abortion-related deaths of Medicaid recipients living in non-funded states have been documented since August 4, 1977, through CDC's epidemiologic surveillance of abortion mortality. One was directly related to the absence of public funds for abortion: a 27-year-old woman who died in a hospital on the Texas-Mexico border on October 3, 1977, from septic complications of abortion (*1,2*).

In the other 2 instances, the abortion-related deaths appeared to be indirectly related to the absence of public funding. In 1 case, the Medicaid-eligible woman delayed her procedure, in part due to medical reasons, in order to locate a facility which would perform a combined abortion and concurrent sterilization procedure with public funds. In the second case, a Medicaid-eligible woman was informed by 2 free-standing abortion clinics that she was too far advanced in pregnancy to allow the suction curettage procedure that she was planning to finance with private funds. After learning this, and because procedures performed later in pregnancy are more expensive, she attempted to induce an abortion herself, which eventually produced complications requiring a hysterectomy. She died from a pulmonary embolism 10 days after the hysterectomy.

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Editorial Note: A pregnant Medicaid-eligible woman in a state which does not fund abortions has several alternatives. She may: 1. carry her pregnancy to term, 2. seek and qualify for a Medicaid-funded, legally induced procedure, 3. use private funds for a legally induced abortion, 4. seek a less expensive abortion from an unlicensed practitioner, and/or 5. attempt to abort herself. The hospital surveillance project was primarily designed to examine whether there would be an increase in self-induced or non-physician-induced abortions, since these options have the greatest potential for causing an increase in morbidity and mortality (*3*). For example, in 1972, before abortion became widely available in the United States, illegal abortion was responsible for 39 deaths; 5 years later in 1976, only 3 fatalities resulted from illegal abortion (*4*). However, no increase was noted, supporting the inference that Medicaid-eligible women are not choosing self-induced or non-physician-induced abortions to any large extent. CDC has initiated an active surveillance system for reporting of sporadic cases of illegal abortion complications

Abortion – Continued

when they occur—whether or not they are related to public funding.

CDC does not have data to explain the later mean gestational age after legally induced abortions in Medicaid-eligible women observed in non-funded states. For each week of delay after the sixth week of gestation, the risk of complications after legally induced abortions increases approximately 20%; the risk of death increases approximately 50% (*5,6*). Because of the rarity of complications associated with legal abortion, such an increase, if present, was not detectable in the hospital surveillance project.

References

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3. Cates W Jr, Rochat RW: Illegal abortion in the United States, 1972-1974. Fam Plann Perspect 8:86-92, 1976
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Outbreaks of Reye Syndrome – Utah, Arizona, Colorado

Since December 4, 1978, 3 outbreaks of Reye syndrome, involving a total of 24 confirmed* and 3 suspected cases, have occurred in Utah, Arizona, and Colorado. All of these states had concurrent widespread influenza A activity.

Utah: From December 4-17, 4 patients with Reye syndrome were admitted to a Salt Lake City hospital, following an influenza-like prodromal illness with fever and upper respiratory symptoms. All of these children lived in Salt Lake City. Their age range was 9 months to 13 years; all recovered.

Influenza A activity has been reported in Salt Lake City since December 4. The A/USSR/78 strain of influenza has been isolated, and school absenteeism has increased. One Reye syndrome patient has been found to have an acute titer of 1:128 to influenza A; serologic specimens are pending on the other patients.

Arizona: From December 21 through December 26, 7 children were admitted to a hospital in Phoenix, Arizona, with a diagnosis of Reye syndrome. Two cases were fatal. Five of these children lived in the Phoenix metropolitan area; 2 lived 120 miles north of Phoenix. The age range was 8-15 years. At the time of this outbreak, influenza A was present in the community; school absenteeism was high, and A/USSR/78 had been isolated. Six of 7 cases had acute A/USSR/78 antibody titers of $\geq$1:64. Convalescent titers are pending.

Colorado: Since mid-December 1978, 13 children with confirmed diagnoses of Reye syndrome and 3 with suspected diagnoses were admitted to various hospitals in Denver, Colorado. Four of the patients lived in Denver, 2 lived in suburban Denver, 9 lived in a 7-county area in central Colorado on the eastern slopes of the Rockies, and the residence of 1 was unknown. The children ranged in age from 9 months to 14 years; 10 were girls.

*For epidemiologic purposes the CDC has defined a confirmed case of Reye syndrome as acute non-inflammatory encephalopathy demonstrated by either: **1.** cerebral spinal fluid (CSF) containing $<$8 WBC's/mm^3, or **2.** cerebral edema without perivascular or meningeal irritation associated with **a.** microvesicular fatty metamorphosis of liver diagnosed by autopsy or biopsy, or **b.** a $\geq$3-fold rise in SGOT, SGPT, or serum ammonia levels and no other reasonable definition. A suspected case is one that has evidence of liver dysfunction but no encephalopathy.

Reye Syndrome — Continued

Influenza A activity has been reported since December from central Colorado and within the last 2 weeks from Denver. Three out of 4 Denver patients had onset of the Reye syndrome within the 2 weeks that influenza A had been reported from Denver. A/USSR/78 has been cultured from the throat washings of one of the patients, and serologic studies are pending on all cases.

Epidemiologic and serologic investigations are now underway to determine whether these outbreaks are in fact associated with influenza A.

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Editorial Note: Reye syndrome continues as an important cause of morbidity and mortality in children less than 18 years of age. In the last 2 years 655 cases of Reye syndrome have been reported to CDC. Thirty-two percent of these cases were fatal.

Neurologic symptoms of Reye syndrome are typically preceded by a prodromal illness presumed to be viral. Influenza B has been associated epidemiologically with this prodrome during outbreaks of Reye syndrome (*1*). However, the viruses responsible for the prodromal illness in non-influenza B years have not been determined. Prior to the cases described in these outbreaks, influenza A has only been associated with sporadic cases of

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TABLE I. Summary — cases of specified notifiable diseases, United States

[Cumulative totals include revised and delayed reports through previous weeks.]

DISEASE	4th WEEK ENDING		MEDIAN	CUMULATIVE, FIRST 4 WEEKS		
	January 27, 1979	January 28, 1978*	1974-1978**	January 27, 1979	January 28, 1978*	MEDIAN 1974-1978**
Aseptic meningitis	55	37	37	228	154	158
Brucellosis	–	3	2	4	6	7
Chickenpox	5,231	3,801	3,978	17,306	12,950	13,016
Diphtheria	–	2	2	11	5	5
Encephalitis: Primary (arthropod-borne & unspec.)	16	8	11	37	31	50
Post-infectious	–	5	4	5	12	12
Hepatitis, Viral: Type B	228	312	256	906	1,117	1,003
Type A	555	545	687	1,957	1,871	2,507
Type unspecified	214	127	174	780	576	576
Malaria	6	12	5	25	38	17
Measles (rubeola)	95	252	455	447	847	1,593
Meningococcal infections: Total	59	65	35	177	154	123
Civilian	59	65	34	177	154	119
Military	–	–	–	–	–	–
Mumps	286	426	1,233	908	1,374	4,276
Pertussis	30	55	22	121	199	105
Rubella (German measles)	129	156	219	343	561	858
Tetanus	1	–	1	2	1	4
Tuberculosis	553	469	500	1,803	1,538	1,748
Tularemia	3	1	1	12	6	6
Typhoid fever	9	3	7	18	16	23
Typhus fever, tick-borne (Rky. Mt. spotted)	1	–	–	11	2	4
Venereal diseases:						
Gonorrhea: Civilian	18,306	17,420	19,775	70,759	69,364	76,453
Military	583	577	577	2,035	1,672	2,203
Syphilis, primary & secondary: Civilian	388	441	508	1,668	1,489	1,814
Military	3	1	7	14	16	24
Rabies in animals	49	32	49	161	171	171

TABLE II. Notifiable diseases of low frequency, United States

	CUM. 1979		CUM. 1979
Anthrax	–	Poliomyelitis: Total	2
Botulism (Calif. 2)	2	Paralytic	2
Congenital rubella syndrome	1	Psittacosis (Miss. 1)	4
Leprosy	13	Rabies in man (W. Va. 1)	1
Leptospirosis (Mass. 1)	3	Trichinosis	2
Plague (Nev. 1)	1	Typhus fever, flea-borne (endemic, murine) (La. 1)	1

*Delayed reports received for calendar year 1978 are used to update last year's weekly and cumulative totals.

**Medians for gonorrhea and syphilis are based on data for 1976-1978.

TABLE III. Cases of specified notifiable diseases, United States, weeks ending January 27, 1979, and January 28, 1978 (4th week)

REPORTING AREA	ASEPTIC MENINGITIS	BRUCELLOSIS	CHICKENPOX	DIPHTHERIA		ENCEPHALITIS			HEPATITIS (VIRAL), BY TYPE			MALARIA	
						Primary		Post-infectious	B	A	Unspecified		
	1979	1979	1979	1979	CUM. 1979	1979	1978*	1979	1979	1979	1979	1979	CUM. 1979
UNITED STATES	55	–	5,231	–	11	16	8	–	228	555	214	6	25
NEW ENGLAND	–	–	652	–	–	–	–	–	9	15	4	–	2
Maine	–	–	80	–	–	–	–	–	–	2	–	–	–
N.H.	–	–	11	–	–	–	–	–	–	1	–	–	–
Vt.	–	–	–	–	–	–	–	–	–	1	–	–	–
Mass.	–	–	265	–	–	–	–	–	2	4	4	–	–
R.I.	–	–	156	–	–	–	–	–	1	2	–	–	2
Conn.	–	–	140	–	–	–	–	–	6	5	–	–	–
MID. ATLANTIC	4	–	392	–	–	3	2	–	15	30	8	1	3
Upstate N.Y.	2	–	351	–	–	2	–	–	8	19	4	1	1
N.Y. City	1	–	33	–	–	1	–	–	4	5	2	–	2
N.J.	–	–	NN	–	–	–	–	–	3	6	2	–	–
Pa.†	1	–	8	–	–	–	2	–	–	–	–	–	–
E.N. CENTRAL	5	–	2,380	–	–	1	–	–	34	69	13	–	1
Ohio	–	–	244	–	–	–	–	–	14	14	–	–	1
Ind.†	1	–	373	–	–	–	–	–	2	7	6	–	–
Ill.	–	–	486	–	–	–	–	–	10	25	4	–	–
Mich.	4	–	982	–	–	1	–	–	8	21	3	–	–
Wis.	–	–	395	–	–	–	–	–	–	2	–	–	–
W.N. CENTRAL	2	–	532	–	–	–	–	–	8	29	5	–	1
Minn.	–	–	5	–	–	–	–	–	2	18	1	–	1
Iowa	1	–	199	–	–	–	–	–	–	3	1	–	–
Mo.	–	–	78	–	–	–	–	–	2	2	2	–	–
N. Dak.†	–	–	15	–	–	–	–	–	–	–	–	–	–
S. Dak.	–	–	9	–	–	–	–	–	–	2	–	–	–
Nebr.	1	–	35	–	–	–	–	–	–	1	–	–	–
Kans.†	–	–	191	–	–	–	–	–	4	3	1	–	–
S. ATLANTIC	10	–	420	–	–	9	–	–	52	79	24	1	3
Del.	–	–	2	–	–	–	–	–	2	–	–	–	–
Md.	2	–	39	–	–	7	–	–	16	11	1	–	–
D.C.	–	–	–	–	–	–	–	–	–	2	–	–	–
Va.	6	–	72	–	–	–	–	–	6	6	4	1	3
W. Va.†	–	–	169	–	–	–	–	–	1	2	–	–	–
N.C.	2	–	NN	–	–	2	–	–	12	12	2	–	–
S.C.	–	–	3	–	–	–	–	–	–	3	1	–	–
Ga.	–	–	–	–	–	–	–	–	5	23	–	–	–
Fla.†	–	–	135	–	–	–	–	–	10	20	16	–	–
E.S. CENTRAL	9	–	318	–	–	1	–	–	15	20	4	–	–
Ky.†	4	–	275	–	–	–	–	–	7	10	3	–	–
Tenn.	1	–	NN	–	–	1	–	–	5	4	–	–	–
Ala.	4	–	43	–	–	–	–	–	2	2	1	–	–
Miss.	–	–	3	–	–	–	–	–	1	4	–	–	–
W.S. CENTRAL	12	–	50	–	–	1	–	–	20	97	49	–	4
Ark.	1	–	1	–	–	–	–	–	–	1	7	–	2
La.	4	–	NN	–	–	1	–	–	4	19	7	–	–
Okla.†	–	–	–	–	–	–	–	–	5	–	1	–	–
Tex.†	7	–	49	–	–	–	–	–	11	77	34	–	2
MOUNTAIN	1	–	125	–	1	–	–	–	8	88	57	–	–
Mont.	–	–	7	–	–	–	–	–	–	4	–	–	–
Idaho	–	–	–	–	–	–	–	–	–	–	–	–	–
Wyo.†	–	–	–	–	–	–	–	–	–	1	–	–	–
Colo.	1	–	96	–	–	–	–	–	2	4	1	–	–
N. Mex.†	–	–	–	–	–	–	–	–	1	9	4	–	–
Ariz.	–	–	NN	–	1	–	–	–	5	53	33	–	–
Utah	–	–	11	–	–	–	–	–	–	17	16	–	–
Nev.	–	–	11	–	–	–	–	–	–	–	3	–	–
PACIFIC	12	–	362	–	10	1	6	–	67	128	50	4	11
Wash.†	–	–	325	–	10	–	–	–	4	22	6	–	–
Oreg.	–	–	–	–	–	–	–	–	6	11	1	–	–
Calif.†	12	–	–	–	–	1	5	–	55	92	42	4	11
Alaska	–	–	31	–	–	–	1	–	–	–	–	–	–
Hawaii	–	–	6	–	–	–	–	–	2	3	1	–	–
Guam	NA	NA	NA	NA	–	NA	–	–	NA	NA	NA	NA	–
P.R.	1	–	4	–	–	–	1	–	2	1	3	–	–
V.I.	–	–	1	–	–	–	–	–	–	–	–	–	–
Pac. Trust Terr.	–	–	6	–	–	–	–	–	–	–	3	–	–

NN: Not notifiable. NA: Not available.

*Delayed reports received for 1978 are not shown below but are used to update last year's weekly and cumulative totals.

†The following delayed reports will be reflected in next week's cumulative totals: Chickenpox: Pa. +20, Ind. +338, Kans. +2, W. Va. +38, Fla. +133, Wyo. +2, Calif. +38; Hep B: W. Va. +1, Fla. +2; Hep. A: N. Dak. +5, W. Va. –2, Fla. +15, Ky. –1, N. Mex. –3, Wash. –1; Hep. unsp.: Fla. +4, Okla. –1; Malaria: Tex. –1.

TABLE III (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending January 27, 1979, and January 28, 1978 (4th week)

REPORTING AREA	MEASLES (RUBEOLA)			MENINGOCOCCAL INFECTIONS TOTAL			MUMPS		PERTUSSIS	RUBELLA		TETANUS
	1979	CUM. 1979	CUM. 1978*	1979	CUM. 1979	CUM. 1978*	1979	CUM. 1979	1979	1979	CUM. 1979	CUM. 1979
UNITED STATES	95	447	847	59	177	154	286	908	30	129	343	2
NEW ENGLAND	–	3	23	2	4	11	6	35	1	16	50	–
Maine	–	–	10	–	–	1	1	11	–	–	2	–
N.H.†	–	1	3	–	–	1	–	3	–	–	2	–
Vt.	–	2	2	–	–	–	–	–	–	4	25	–
Mass.	–	–	7	1	3	6	3	4	1	12	21	–
R.I.	–	–	–	–	–	1	–	5	–	–	–	–
Conn.	–	–	1	1	1	2	2	12	–	–	–	–
MID. ATLANTIC	7	29	91	7	29	26	18	55	5	33	56	1
Upstate N.Y.	6	17	55	4	13	9	8	20	3	8	16	1
N.Y. City	1	9	22	1	9	8	3	9	2	1	4	–
N.J.	–	–	1	2	5	4	7	19	–	24	31	–
Pa.†	–	3	13	–	2	5	–	7	–	–	5	–
E.N. CENTRAL	26	117	416	2	17	14	141	380	10	19	70	–
Ohio	2	2	3	–	6	1	64	93	7	4	5	–
Ind.†	3	8	16	1	3	4	15	30	1	8	15	–
Ill.	–	39	34	–	–	3	–	49	2	–	15	–
Mich.	12	55	348	–	7	5	26	56	–	2	23	–
Wis.†	9	13	15	1	1	1	36	152	–	5	12	–
W.N. CENTRAL	4	83	7	3	5	9	6	35	–	–	14	–
Minn.	–	–	–	–	–	2	–	–	–	–	–	–
Iowa	–	–	3	1	2	1	1	17	–	–	–	–
Mo.†	4	82	1	1	2	5	–	2	–	–	2	–
N. Dak.	–	1	–	–	–	–	–	–	–	–	5	–
S. Dak.	–	–	–	–	–	–	–	–	–	–	–	–
Nebr.	–	–	–	–	–	–	1	1	–	–	–	–
Kans.†	–	–	3	1	1	1	4	15	–	–	7	–
S. ATLANTIC	12	24	114	19	50	40	9	28	1	6	18	–
Del.	–	–	1	1	2	–	–	3	–	–	–	–
Md.	–	1	–	2	4	1	1	1	–	–	–	–
D.C.	–	–	–	–	–	–	–	–	–	–	–	–
Va.	1	2	55	5	9	6	6	12	1	2	2	–
W. Va.	1	9	29	1	2	1	1	7	–	1	8	–
N.C.	–	–	13	4	9	8	–	3	–	–	–	–
S.C.	–	–	9	–	8	4	–	–	–	–	–	–
Ga.	–	–	–	5	13	6	–	–	–	–	–	–
Fla.†	10	13	7	1	3	14	1	2	–	3	8	–
E.S. CENTRAL	6	11	103	8	16	6	23	151	2	4	7	1
Ky.	3	5	25	5	7	4	19	123	1	4	4	–
Tenn.	1	3	64	3	8	1	3	14	–	–	2	–
Ala.	2	2	–	–	1	1	–	2	–	–	1	1
Miss.	–	1	14	–	–	–	1	12	1	–	–	–
W.S. CENTRAL	19	59	33	7	22	19	56	131	3	4	13	–
Ark.	2	2	1	–	1	4	11	35	–	1	1	–
La.	–	–	7	4	5	1	–	7	–	–	–	–
Okla.	–	–	3	–	2	1	–	–	1	1	1	–
Tex.	17	57	22	3	14	13	45	89	2	2	11	–
MOUNTAIN	5	25	23	5	13	1	5	20	4	5	8	–
Mont.	2	8	22	1	2	–	1	3	–	2	5	–
Idaho	–	–	–	–	1	–	–	–	3	–	–	–
Wyo.	–	–	–	–	–	–	–	–	–	–	–	–
Colo.	1	1	1	–	–	–	–	7	–	–	–	–
N. Mex.	2	2	–	–	2	–	–	–	–	–	–	–
Ariz.	–	–	–	3	6	1	–	2	1	3	3	–
Utah	–	12	–	–	1	–	1	3	–	–	–	–
Nev.	–	2	–	1	1	–	3	5	–	–	–	–
PACIFIC	16	96	37	6	21	28	22	73	4	42	107	–
Wash.†	6	50	7	–	1	5	6	21	–	9	24	–
Oreg.	–	1	1	–	–	3	2	7	1	5	5	–
Calif.	10	45	29	6	19	19	14	43	3	28	78	–
Alaska	–	–	–	–	–	1	–	–	–	–	–	–
Hawaii	–	–	–	–	1	–	–	2	–	–	–	–
Guam	NA	–	1	–	–	–	NA	–	NA	NA	–	–
P.R.	2	2	15	–	–	–	26	41	–	1	2	–
V.I.	–	1	1	–	–	–	–	–	–	–	–	–
Pac. Trust Terr.	–	2	70	1	1	–	2	4	–	–	–	–

NA: Not available.

*Delayed reports received for 1978 are not shown below but are used to update last year's weekly and cumulative totals.

†The following delayed reports will be reflected in next week's cumulative totals: Measles: Ind. +4, Wis. –2, Mo. –31, Fla. +2; Men inf.: Fla. +10, Wash. +1; Mumps: Pa. +5, Ind. +7, Kans. –2, Fla. +2; Pertussis: Ind. +1; Rubella: N.H. +1, Pa. +2, Ind. +6, Wis. +2, Fla. +9.

TABLE III (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending January 27, 1979, and January 28, 1978 (4th week)

REPORTING AREA	TUBERCULOSIS		TULAREMIA	TYPHOID FEVER		TYPHUS FEVER (Tick-borne) (RMSF)		VENEREAL DISEASES (Civilian)						RABIES (in Animals)
								GONORRHEA			SYPHILIS (Pri. & Sec.)			
	1979	CUM. 1979	CUM. 1979	1979	CUM. 1979	1979	CUM. 1979	1979	CUM. 1979	CUM. 1978*	1979	CUM. 1979	CUM. 1978*	CUM. 1979
UNITED STATES	553	1,803	12	9	18	1	11	18,306	70,759	69,364	388	1,668	1,489	161
NEW ENGLAND	13	46	-	3	5	-	-	526	1,937	1,729	7	37	43	4
Maine	4	6	-	-	-	-	-	25	139	110	-	-	-	4
N.H.	-	-	-	-	-	-	-	11	63	85	-	-	-	-
Vt.	-	2	-	-	-	-	-	11	29	41	-	-	-	-
Mass.	5	20	-	3	4	-	-	209	831	816	7	28	29	-
R.I.	2	9	-	-	1	-	-	31	150	100	-	-	1	-
Conn.	2	9	-	-	-	-	-	239	725	577	-	9	13	-
MID. ATLANTIC	92	285	-	1	2	-	-	1,710	6,815	7,262	96	272	185	2
Upstate N.Y.	14	52	-	1	1	-	-	235	1,464	701	19	25	-	2
N.Y. City	30	122	-	-	1	-	-	708	2,715	3,020	51	189	133	-
N.J.	36	64	-	-	-	-	-	181	1,006	1,545	19	40	27	-
Pa.†	12	47	-	-	-	-	-	586	1,630	1,996	7	18	25	-
E.N. CENTRAL	71	218	-	1	1	-	2	2,760	10,067	7,475	14	181	155	5
Ohio	21	47	-	-	-	-	2	1,312	3,185	1,853	-	52	16	-
Ind.	11	42	-	-	-	-	-	181	523	975	-	[illegible]	5	1
Ill.	20	78	-	-	-	-	-	461	2,677	1,605	6	89	121	3
Mich.	17	41	-	1	1	-	-	651	2,649	2,321	7	25	10	-
Wis.	2	10	-	-	-	-	-	155	1,033	821	1	10	3	1
W.N. CENTRAL	35	73	6	-	-	1	1	974	3,375	3,704	3	16	30	39
Minn.	5	9	-	-	-	-	-	214	626	763	2	5	7	7
Iowa	5	11	-	-	-	-	-	121	462	524	1	3	2	15
Mo.	21	36	5	-	-	-	-	421	1,231	1,348	-	4	10	10
N. Dak.	-	2	-	-	-	-	-	19	63	84	-	-	-	3
S. Dak.	1	3	-	-	-	-	-	36	125	121	-	-	1	-
Nebr.	-	-	1	-	-	-	-	55	194	320	-	-	1	-
Kans.	3	12	-	-	-	1	1	108	674	544	-	4	9	4
S. ATLANTIC	132	425	-	2	2	-	7	4,169	16,992	17,580	133	473	390	26
Del.	1	3	-	-	-	-	-	110	295	314	-	4	3	-
Md.	20	82	-	-	-	-	4	577	2,247	2,620	12	31	22	-
D.C.	3	19	-	1	1	-	-	353	1,163	1,014	4	35	33	-
Va.	15	52	-	-	-	-	-	409	1,594	1,581	10	50	40	-
W. Va.	2	16	-	-	-	-	-	68	266	262	12	14	-	-
N.C.	30	65	-	-	-	-	2	860	2,579	2,572	11	54	28	-
S.C.†	2	22	-	-	-	-	1	349	1,415	1,516	6	22	14	5
Ga.	22	74	-	-	-	-	-	510	2,793	3,290	39	121	95	21
Fla.	36	92	-	1	1	-	-	932	4,640	4,411	39	142	155	-
E.S. CENTRAL	68	177	2	1	3	-	1	1,678	6,835	5,572	23	109	53	5
Ky.†	6	29	-	1	2	-	-	182	939	497	4	11	3	2
Tenn.	7	37	2	-	-	-	-	487	2,378	1,603	1	42	17	3
Ala.	16	46	-	-	1	-	1	689	2,137	1,870	6	24	11	-
Miss.	39	65	-	-	-	-	-	320	1,381	1,602	12	32	22	-
W.S. CENTRAL	42	166	-	-	-	-	-	2,687	10,187	10,737	65	257	232	62
Ark.	3	7	-	-	-	-	-	144	816	572	-	12	10	17
La.	5	37	-	-	-	-	-	571	1,563	1,308	-	17	53	-
Okla.	6	27	-	-	-	-	-	302	921	928	3	5	5	11
Tex.	28	95	-	-	-	-	-	1,670	6,887	7,929	62	223	164	34
MOUNTAIN	12	45	4	1	1	-	-	707	2,928	2,470	4	24	34	1
Mont.	1	3	-	-	-	-	-	40	119	165	-	-	-	-
Idaho	-	1	-	-	-	-	-	35	127	75	-	1	-	-
Wyo.	1	1	-	-	-	-	-	18	77	44	2	2	3	-
Colo.	-	-	-	-	-	-	-	211	772	691	2	13	10	-
N. Mex.	-	7	1	-	-	-	-	95	400	355	-	6	10	-
Ariz.	10	29	-	-	-	-	-	158	829	597	-	-	7	1
Utah	-	-	3	-	-	-	-	44	149	152	-	-	1	-
Nev.	-	4	-	1	1	-	-	106	457	391	-	2	3	-
PACIFIC	88	368	-	-	4	-	-	3,096	11,623	12,835	43	299	367	17
Wash.	NA	-	-	-	-	-	-	341	921	616	NA	-	11	-
Oreg.	8	22	-	-	-	-	-	165	804	892	5	15	5	-
Calif.	71	320	-	-	3	-	-	2,407	9,397	10,726	38	282	345	17
Alaska	-	-	-	-	-	-	-	153	355	352	-	-	1	-
Hawaii	9	26	-	-	1	-	-	30	146	249	-	2	5	-
Guam	NA	-	-	NA	-	NA	-	NA	-	6	NA	-	-	-
P.R.	2	6	-	-	-	-	-	76	141	190	11	34	32	-
V.I.	-	-	-	-	-	-	-	5	13	21	-	-	2	-
Pac. Trust Terr.	4	6	-	-	-	-	-	3	22	42	-	-	-	-

NA: Not available.
*Delayed reports received for 1978 are not shown below but are used to update last year's weekly and cumulative totals.
†The following delayed reports will be reflected in next week's cumulative totals: TB: Pa. +29, S.C. −7, Ky. −1; GC: Pa. +490, Ky. −1; Syphilis: Pa. +6.

TABLE IV. Deaths in 121 U.S. cities,* week ending January 27, 1979 (4th week)

REPORTING AREA	ALL CAUSES, BY AGE (YEARS)					P&I** TOTAL
	ALL AGES	>65	45-64	25-44	<1	
NEW ENGLAND	728	484	173	26	28	42
Boston, Mass.	220	132	61	5	14	14
Bridgeport, Conn.	49	31	14	2	1	1
Cambridge, Mass.	14	13	1	-	-	2
Fall River, Mass.	33	25	6	2	-	1
Hartford, Conn.	59	42	11	2	4	3
Lowell, Mass.	22	17	5	-	-	3
Lynn, Mass.	24	17	6	-	-	2
New Bedford, Mass.	31	22	6	1	-	2
New Haven, Conn.	58	35	13	3	5	1
Providence, R.I.	60	42	14	2	1	4
Somerville, Mass.	13	12	1	-	-	1
Springfield, Mass.	52	31	15	2	2	4
Waterbury, Conn.	35	23	7	4	1	1
Worcester, Mass.	58	42	13	3	-	3
MID. ATLANTIC	2,181	1,401	534	121	68	106
Albany, N.Y.	42	23	16	1	2	3
Allentown, Pa.	26	24	2	-	-	3
Buffalo, N.Y.	108	56	36	5	5	8
Camden, N.J.	26	15	6	2	3	-
Elizabeth, N.J.	32	25	6	1	-	2
Erie, Pa.†	21	19	2	-	-	1
Jersey City, N.J.	47	33	10	2	1	3
Newark, N.J.	67	32	18	7	8	6
N.Y. City, N.Y.	1,420	908	347	82	39	55
Paterson, N.J.	39	22	10	2	4	2
Philadelphia, Pa.†	306	181	82	22	9	25
Pittsburgh, Pa.†	66	41	20	1	3	2
Reading, Pa.	35	27	6	2	-	1
Rochester, N.Y.	114	85	21	6	1	12
Schenectady, N.Y.	29	20	8	1	-	2
Scranton, Pa.†	20	16	4	-	-	-
Syracuse, N.Y.	86	58	19	4	5	1
Trenton, N.J.	43	24	13	4	-	4
Utica, N.Y.	25	19	6	-	-	3
Yonkers, N.Y.	42	30	10	2	-	1
E.N. CENTRAL	2,539	1,565	690	115	87	79
Akron, Ohio	51	34	13	1	1	-
Canton, Ohio	38	22	10	3	1	3
Chicago, Ill.	628	378	177	34	20	17
Cincinnati, Ohio	173	102	50	9	9	3
Cleveland, Ohio	183	102	65	6	5	-
Columbus, Ohio	136	91	32	3	5	10
Dayton, Ohio	95	59	24	4	4	4
Detroit, Mich.	330	192	93	16	15	3
Evansville, Ind.	47	36	8	2	1	6
Fort Wayne, Ind.	65	43	16	1	3	6
Gary, Ind.	38	20	11	2	3	1
Grand Rapids, Mich	80	55	17	3	3	6
Indianapolis, Ind.	164	98	45	9	6	5
Madison, Wis.	46	27	11	2	4	-
Milwaukee, Wis.	111	84	18	4	-	2
Peoria, Ill.	59	38	14	4	2	3
Rockford, Ill.	47	28	12	4	1	2
South Bend, Ind.	62	42	19	1	-	5
Toledo, Ohio	133	82	38	5	3	3
Youngstown, Ohio	53	32	17	2	1	-
W.N. CENTRAL	730	498	150	33	31	32
Des Moines, Iowa	42	27	10	2	-	-
Duluth, Minn.	31	21	8	2	-	5
Kansas City, Kans.	43	24	9	3	4	3
Kansas City, Mo.	100	55	19	6	8	3
Lincoln, Nebr.	31	22	8	-	1	-
Minneapolis, Minn.	102	69	20	4	9	-
Omaha, Nebr.	92	62	19	4	4	3
St. Louis, Mo.	187	125	42	10	4	10
St. Paul, Minn.	60	50	8	1	1	3
Wichita, Kans.	42	33	7	1	1	5

REPORTING AREA	ALL CAUSES, BY AGE (YEARS)					P&I** TOTAL
	ALL AGES	>65	45-64	25-44	<1	
S. ATLANTIC	1,372	809	357	93	61	47
Atlanta, Ga.	184	113	45	17	2	3
Baltimore, Md.	260	149	72	19	11	3
Charlotte, N.C.	65	36	14	8	1	4
Jacksonville, Fla.	86	50	22	5	3	1
Miami, Fla.	132	78	33	9	8	6
Norfolk, Va.	59	31	20	2	4	4
Richmond, Va.	91	51	32	6	-	4
Savannah, Ga.	58	35	14	3	4	7
St. Petersburg, Fla.	107	97	8	2	-	6
Tampa, Fla.	77	46	26	1	2	4
Washington, D.C.	201	86	59	21	25	6
Wilmington, Del.	52	37	12	-	1	-
E.S. CENTRAL	795	475	223	49	29	38
Birmingham, Ala.	135	72	41	11	8	1
Chattanooga, Tenn.	45	30	9	2	2	5
Knoxville, Tenn.	50	34	11	-	3	1
Louisville, Ky.	85	57	23	2	2	9
Memphis, Tenn.	224	130	67	17	6	4
Mobile, Ala.	62	43	13	4	-	9
Montgomery, Ala.	54	31	13	5	3	1
Nashville, Tenn.	140	78	46	8	5	8
W.S. CENTRAL	1,413	816	377	101	64	39
Austin, Tex.	53	33	12	3	2	3
Baton Rouge, La.	29	19	7	1	1	1
Corpus Christi, Tex.	37	22	12	1	-	-
Dallas, Tex.	204	116	61	14	8	4
El Paso, Tex.	42	23	12	2	3	1
Fort Worth, Tex.	118	71	27	12	5	1
Houston, Tex.	352	193	98	34	9	6
Little Rock, Ark.	97	55	29	4	5	5
New Orleans, La.	172	89	45	17	14	-
San Antonio, Tex.	167	109	40	3	10	6
Shreveport, La.	73	43	19	4	5	4
Tulsa, Okla.	69	43	15	6	2	8
MOUNTAIN	603	364	148	34	28	18
Albuquerque, N.Mex.	61	30	16	8	2	5
Colo. Springs, Colo.	27	19	4	2	2	2
Denver, Colo.	126	68	32	11	7	4
Las Vegas, Nev.	68	38	21	3	2	-
Ogden, Utah	21	17	3	-	1	-
Phoenix, Ariz.	134	77	38	6	7	2
Pueblo, Colo.	29	26	3	-	-	3
Salt Lake City, Utah	57	33	13	2	6	2
Tucson, Ariz.	80	56	18	2	1	-
PACIFIC	1,955	1,321	406	104	71	71
Berkeley, Calif.	15	10	5	-	-	1
Fresno, Calif.	53	33	14	3	3	5
Glendale, Calif.	37	30	5	1	-	3
Honolulu, Hawaii	71	40	21	5	2	-
Long Beach, Calif.	99	72	22	2	2	5
Los Angeles, Calif.	650	437	128	42	24	31
Oakland, Calif.	75	45	16	8	2	3
Pasadena, Calif.	37	28	7	2	-	1
Portland, Oreg.	153	108	31	5	7	3
Sacramento, Calif.	73	52	14	1	3	1
San Diego, Calif.	157	109	34	7	4	1
San Francisco, Calif.	165	115	28	12	6	3
San Jose, Calif.	133	89	25	9	7	3
Seattle, Wash.	147	93	39	1	7	6
Spokane, Wash.	47	28	12	6	1	2
Tacoma, Wash.	43	32	6	-	3	3
TOTAL	12,316	7,733	3,058	676	467	472
Expected Number	11,719	7,272	2,930	691	418	461

*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, there will now be 117 cities involved in the generation of the expected values used to monitor pneumonia and influenza activity in the United States. Data from these 4 cities will appear in the tables but will not be included in the totals for the United States and the Middle Atlantic Region.

Reye Syndrome – Continued

Reye syndrome (*2,3*). The association of these outbreaks with concurrent outbreaks of influenza A indicates the need for increased surveillance for Reye syndrome during this period of influenza A activity.

References

1. Corey L, Rubin RJ, Hattwick MAW, Noble GR, Cassidy E: A nationwide outbreak of Reye's syndrome. Am J Med 61:615-625, 1976
2. Partin JC, Hubert WK, Partin JS, Jacob R, Saalfeld K: Isolation of influenza A virus from liver and muscle biopsy specimens from a surviving case of Reye's syndrome. Lancet (2): 599-602, 1976
3. Hall BD: Reye's syndrome: An association with influenza A infection. J Ky Med Assoc 67:269, 1969

Epidemiologic Notes and Reports

Staphylococcal Food Poisoning – New York

In August 1978, an outbreak of staphylococcal food poisoning occurred in a county jail in New York. Of 231 inmates eating the noon meal on August 29, 104 developed nausea, vomiting, diarrhea, and/or abdominal cramps. In addition, 3 of 25 staff persons also became ill. The onset of the majority of cases was 5 to 6 hours after eating; the range was 2 to 12 hours. The disease was self-limited, and few inmates had any complaints the following morning. No one required hospitalization.

Food histories obtained from 63 persons who ate the suspect meal incriminated macaroni salad as the vehicle of spread. Bacterial cultures of leftover food items confirmed the epidemiologic findings; $>10^7$ *Staphylococcus aureus* colonies per gram, phage type 83/85A, were isolated from the macaroni salad. No patient specimens were obtained for culture. Culture of a nasal swab from one of the food handlers grew *S. aureus*, but of a different phage type from that found in the macaroni salad.

The macaroni salad had been prepared the day before it was served. It had been stored overnight in 2 large, deep containers in a walk-in cooler. Sanitary inspection of the kitchen revealed a number of violations which may have contributed to the outbreak: 1. food was refrigerated in large, deep containers which did not allow for adequate cooling; 2. most of the work performed in the kitchen was done by inmates, who were inadequately trained and not well supervised; and 3. environmental surfaces and cooking utensils were found to be dirty and contaminated with dried food. These violations have been corrected, and there have been no further outbreaks at the jail.

Reported by KM Bell, MD, JL Nitzkin, MD, MPH, DPH, K Pratt, Monroe County Health Dept; P Greenwald, MD, Acting State Epidemiologist, New York State Dept of Health; Enteric Diseases Br, Bacterial Diseases Div, Bur of Epidemiology, CDC.

Editorial Note: This outbreak is typical of staphylococcal food poisoning, with the short incubation period indicative of an intoxication. High-protein foods are generally involved, and the organism is able to grow in high salt concentrations. *S. aureus* is frequently carried on the skin and in the nares, and contamination of food is undoubtedly very common. However, contamination alone is not sufficient to cause disease. Once contaminated, only if the food is kept in a temperature range that allows the organism to reproduce will sufficient toxin be produced to lead to illness. In this outbreak it is likely that August temperatures and the storage of the macaroni salad in large containers that could not easily be cooled combined to keep the salad at a temperature conducive to the growth of the organism.

Current Trends

Use of New Rabies Vaccine Restricted

CDC has had to restrict its distribution of Wyeth Laboratories human diploid cell strain rabies vaccine (W-HDCS) to only those persons needing rabies treatment who have life-threatening reactions to the duck embryo vaccine (DEV) or who have not responded with an adequate antibody titer to DEV.

CDC has been distributing W-HDCS for human treatment on an experimental basis under several protocols for the past 4 years. Last summer (*1,2*), it extended the use of the vaccine to persons who had been bitten by a proven-rabid animal regardless of that person's sensitivity to DEV.

Unfortunately, licensure of the vaccine has now been delayed. Because the supply of W-HDCS is limited and at its present rate of use it would be exhausted before licensure, treatment with W-HDCS must now be restricted to those persons unable to take DEV or unresponsive to DEV.

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

References

1. MMWR 27:333, 1978
2. MMWR 27:413, 1978

International Notes

Quarantine Measures

The following changes should be made in the "Supplement-Health Information for International Travel," MMWR, Vol. 27, September 1978:

AFGHANISTAN
Smallpox — Delete note. Insert: A certificate is required ALSO from travelers who within the preceding 14 days have been in:
Africa: Angola, Botswana, Djibouti, Ethiopia, Kenya, Lesotho, Somalia, Swaziland
Asia: Yemen; Yemen, Democratic

ALBANIA
Smallpox — Delete all information. Insert code III >6 mos. ALSO on page 10 change code to III.

AMERICAN SAMOA
Yellow fever — Delete all information. Insert: None. ALSO on page 10 delete code. Insert: None.

ANTIGUA
Smallpox — Delete note. ALSO on page 10 after code delete *.

AUSTRALIA
Add to note: Australia reserves the right to isolate any person who arrives without the required certificates.

BANGLADESH
Yellow fever — Insert: A certificate is required ALSO from travelers arriving from:
Americas: Belize, Bolivia, Brazil, Canal Zone, Colombia, Costa Rica, Ecuador, French Guiana, Guatemala, Guyana, Honduras, Nicaragua, Panama, Peru, Surinam, Venezuela
Caribbean: Trinidad and Tobago
Africa: Angola; Benin; Botswana; Burundi; Cameroon, United Republic of; Central African Empire; Chad; Congo; Equatorial Guinea; Ethiopia; Gabon; Gambia;

Quarantine Measures — Continued

Ghana; Guinea; Guinea-Bissau; Ivory Coast; Kenya; Liberia; Malawi; Mali; Mauritania; Niger; Nigeria; Rwanda; Sao Tome and Principe; Senegal; Sierra Leone; Somalia; Sudan (south of 15°N); Tanzania, United Republic of; Togo; Uganda; Upper Volta; Zaire; Zambia

Any person (including infants) arriving without a certificate within 6 days of departure from or transit through an infected area will be isolated up to 6 days.

Smallpox — Change code to III. Insert: A certificate is required ALSO from travelers (except tourists) leaving Bangladesh. ALSO on page 10 change code to III*.

BURUNDI

Smallpox — Change code to III. Insert: A certificate is required ALSO from travelers arriving from:

Africa: Angola, Botswana, Djibouti, Ethiopia, Kenya, Lesotho, Somalia, Swaziland
Asia: Yemen; Yemen, Democratic

ALSO on page 11 change code to III.

Typhoid fever — Delete note.

Typhus — Delete note.

CAPE VERDE

Smallpox — Delete all information. Insert code III >3 mos. ALSO on page 11 change code to III.

CAYMAN ISLANDS

Smallpox — Delete all information. Insert code III. ALSO on page 11 change code to III.

CHILE

Smallpox — Change code to III. ALSO on page 11 change code to III.

COSTA RICA

Smallpox — Delete note. Insert: A certificate is required ALSO from travelers who within the preceding 14 days have been in:

Africa: Ethiopia, Kenya, Somalia

DOMINICA

Yellow fever — Under code insert >1 yr.

Smallpox — Under code delete >1 yr.

GABON

Yellow fever — Delete note. ALSO on page 12 delete * by code.

GAMBIA

Cholera — Delete: None. Insert code II >6 mos. ALSO on page 12 delete: None. Insert code II >6 mos.

GERMAN DEMOCRATIC REPUBLIC

Smallpox — Change code to III. Delete note. ALSO on page 12 change code to III.

GHANA

Yellow fever — Change code to II. Insert: Ghana recommends vaccination. ALSO on page 13 change code to II.

GREECE

Yellow fever — Under code insert >6 mos.

Smallpox — Under code delete >6 mos.

GRENADA

Smallpox — Change code to III. Delete note and insert: A certificate is required ALSO from travelers who within the preceding 14 days have transited a country any part of which is infected. ALSO on page 13 change code to III*.

GUAM

Smallpox — Delete code. Insert: None. ALSO on page 13 delete code. Insert: None.

The Morbidity and Mortality Weekly Report, circulation 84,000, is published by the Center for Disease Control, Atlanta, Georgia. The data in this report are provisional, based on weekly telegraphs to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the succeeding Friday.

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

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

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HEW 396

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HEW Publication No. (CDC) 79-8017