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MORBIDITY AND MORTALITY WEEKLY REPORT

Epidemiologic Notes and Reports

Poliomyelitis — Pennsylvania, Maryland

The first paralytic poliomyelitis case in the United States with onset in 1979 has been reported in a 22-year-old unvaccinated, female resident of a small Amish community in Franklin County, Pennsylvania. The patient, who has been hospitalized in Maryland, became ill on January 5 with headache, fever, and generalized myalgias. On January 6 and 7, she developed right and then left lower-extremity weakness and decreased deep tendon reflexes. She had no sensory abnormalities. On January 17, the Maryland State Department of Health and Mental Hygiene reported that type 1 poliovirus had been isolated from a stool specimen collected from the patient on January 10.

An epidemiologic investigation revealed that the patient had no known exposure to other individuals with clinical poliomyelitis or to recent recipients of the live virus vaccine. In addition, there was no history of recent travel to known polio-endemic areas. At least 3 weddings of Amish couples had taken place during the period of November through January, resulting in extensive interactions among the Amish communities in Franklin and 8 other Pennsylvania counties and other Amish communities in Maryland, Ohio, Vermont, New York, and Ontario, Canada. The patient's most recent out-of-state travel had been to an Amish community in St. Mary's and Charles Counties, Maryland, in late November. Stool specimens were collected on January 18 and 19 from 17 asymptomatic members of this community; 12 were positive for type 1 poliovirus. In the patient's own community, stool specimens collected on January 18 through 20 from 32 individuals revealed that 16 were positive for poliovirus.

Surveys by the Pennsylvania and Maryland state health departments revealed that very few individuals had been completely immunized in the 2 affected Amish communities. It is being strongly recommended that all members of the affected Amish communities and all non-Amish persons who have had close association with these communities be vaccinated with the trivalent oral poliovirus vaccine. Vaccination clinics have been set up in Pennsylvania and Maryland. Approximately 67% of the target population in Maryland was vaccinated by January 31.

Surveillance for paralytic illness and aseptic meningitis possibly due to poliovirus infection has been intensified in Pennsylvania and Maryland, as well as in Amish communities in other states.

Reported by R Gens, MD, B Kleger, DrPH, E Moore, RN, WE Parkin, DVM, DrPH, State Epidemiologist, Pennsylvania Dept of Health; V Dettor, MD, MPH, Charles County Health Dept; W Marek, MD, MPH, St. Mary's County Health Dept; JM Joseph, PhD, D Sorley, MD, State Epidemiologist, Maryland Dept of Health and Mental Hygiene; Field Services Div, Enteric and Neurotropic Viral Diseases Br, Viral Diseases Div, Bur of Epidemiology, CDC.

Poliomyelitis – Continued

Editorial Note: The most common wild-type poliovirus found in the Americas in recent years has been type 1. In this instance the isolation of type 1 virus from many individuals in the communities involved suggests that this virus is a wild strain. Preliminary laboratory tests on the isolate support this conclusion. Sporadic cases of wild poliovirus infection do occasionally occur during the winter months in the United States, but wild-virus activity is generally more frequent in warmer months. Since 1969, there have only been 2 epidemics of poliomyelitis in the United States; both occurred in the period of April through October.

Psittacosis – Virginia

On October 1, 1978, a 24-year-old female vivarium employee at a Virginia university became ill with fever, chills, malaise, and anorexia, followed several days later by a non-productive cough and a severe headache. Physical examination revealed a firm, non-tender, left axillary lymph node and dullness over the base of the left lung. A chest X ray revealed a left lower lobe infiltrate, but sputum was not obtained for culture. The patient was treated with Doxycycline,* 200 mg daily for 2 weeks; defervescence occurred in the first 24 hours. Complement-fixation testing of serum specimens revealed a rise in titer to *Chlamydia psittaci* from 1:16 on October 10 to 1:512 on October 27.

An investigation revealed that the patient's duties included cleaning cages of pigeons (the only birds to which she was exposed), rats, mice, and cats used for research purposes. There were approximately 40 pigeons, none of which appeared ill. She had been employed at the vivarium for 4 months and denied any other exposure to birds or fowl. Medical history did reveal, however, that she was anephric and on regular renal dialysis. No other cases of human respiratory illness were observed in connection with this vivarium.

The pigeons—obtained from a squab plant in South Carolina—were sacrificed and sent to CDC for culture; *C. psittaci* organisms were recovered from the tissues of 3 of 32 birds submitted. Psittacosis had been identified in the pigeons at this squab plant years previously and has been assumed to be endemic in the birds in the loft since that time; however, no cases of human psittacosis had been documented in the employees at the time of the earlier culturing, and no excess mortality had been noted in the pigeons. Therefore, it had been decided at that time not to treat the easily re-exposed pigeons.

Reported by CA Osterman, RN, RP Wenzel, MD, University of Virginia Hospital; RA Prindle, MD, Charlottesville Health Dept; GB Miller, Jr, MD, State Epidemiologist, Virginia Dept of Health; RL Parker, DVM, South Carolina State Dept of Health and Environmental Control; Viral Zoonoses Br, Virology Div, Bur of Laboratories, Field Services Div, Bacterial Zoonoses Br, Bacterial Diseases Div, Bur of Epidemiology, CDC.

Editorial Note: During 1968-1977, wild and domestic pigeons were associated with 88 (13%) of 657 cases of psittacosis in humans reported to CDC. However, this case is the only pigeon-associated human illness to be reported from a research facility in the past 10 years. Because pigeons may become exposed to infection while in the pigeon loft, they may represent a health hazard to employees of squab plants and research facilities and to pigeon fanciers. In this instance, no cases of psittacosis were uncovered during the investigation of the squab plant by the South Carolina State Department of Health and Environmental Control.

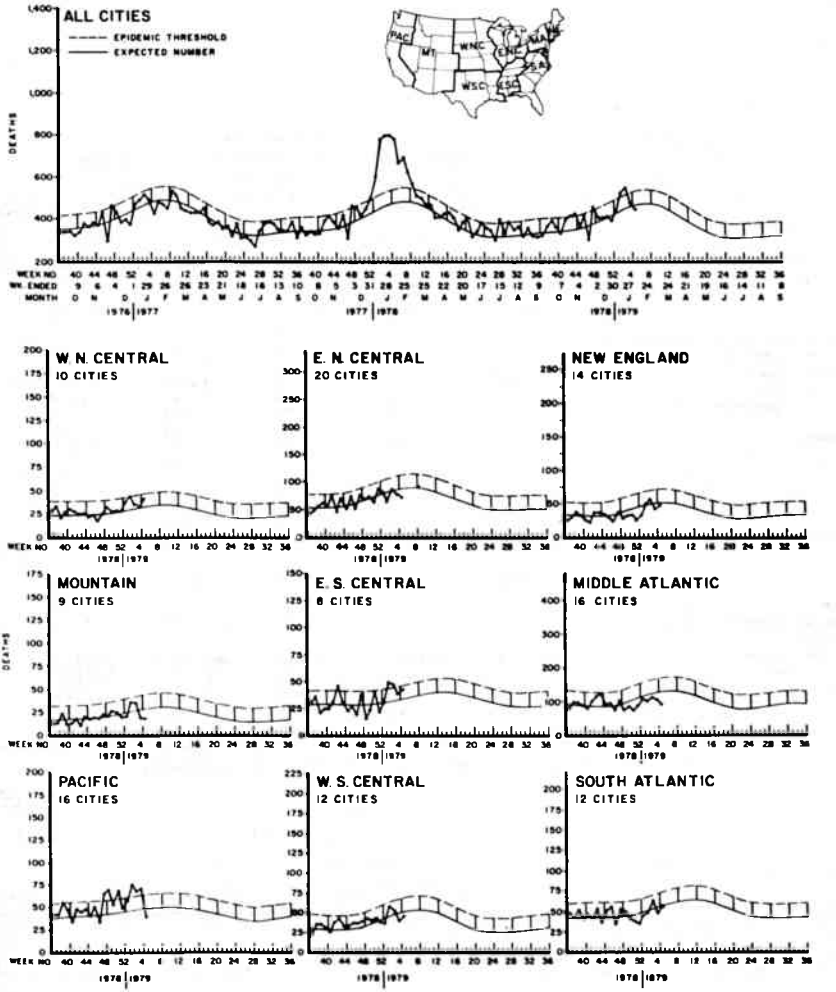
*Use of trade names is for identification only and does not constitute endorsement by the Public Health Service, U.S. Department of Health, Education, and Welfare.

International Notes

Influenza — Worldwide

United States: Recent outbreaks of influenza-like illness in school children or military personnel have been reported in Maryland, Kansas, Arkansas, Tennessee, and New Jersey. An additional 8 states—Kansas, Oklahoma, New Hampshire, North Carolina, Wyoming, Arkansas, Maryland, and Iowa—have reported isolations of influenza A(H1N1), bringing the total number of states reporting H1N1 isolates to 36 (*1,2*). Although deaths due to pneumonia and influenza reported from 117 cities were above threshold levels for the 2-week period ending January 20, 1979, an observation usually indicative of epidemic influenza (*3*), at present there is no evidence of excess deaths due to pneumonia and influenza for the country (Figure 1). It is not known what caused the elevations, but they may be related to delayed reporting after the Christmas and New Year holidays.

FIGURE 1. Pneumonia-influenza deaths in 117 United States cities



Influenza — Continued

Worldwide: During December, influenza A(H1N1) viruses were isolated in Austria, Bulgaria, Canada, Canal Zone, England, Germany, Netherlands, Northern Ireland, and the USSR. Tests at the WHO Collaborating Center for Influenza, Atlanta and London, indicate that isolates from the United Kingdom, and an isolate from a U.S. citizen in Spain, resemble A/USSR/90/77, whereas isolates from U.S. citizens in the Canal Zone and Germany resemble the A/Brazil/11/78 variant prevalent in the United States. Viruses isolated during the autumn of 1978 in Egypt are also similar to A/Brazil/11/78. Reports from Bulgaria and the USSR indicate that influenza A(H3N2) viruses have also been isolated recently in these countries, and there is also laboratory evidence of influenza B infections.

Reported by State Epidemiologists and Laboratory Directors from the aforementioned states; Epidemiology Div, U.S. Air Force School of Aerospace Medicine, Brooks Air Force Base, Texas; U.S. Air Force Hospitals, F.E. Warren Air Force Base, Wyoming, Tinker Air Force Base, Oklahoma; the World Health Organization in the Weekly Epidemiological Record, Vol 54, January 5, 12, and 26, 1979; WHO Collaborating Center for Influenza, Bur of Laboratories, MMWR Statistical Activity, Bur of Epidemiology, Immunization Div, Bur of State Services, CDC.

References

1. MMWR 28:33, 1979
2. MMWR 27:537, 1979
3. MMWR 27:473, 1978

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

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

DISEASE	5th WEEK ENDING		MEDIAN	CUMULATIVE, FIRST 5 WEEKS		
	February 3, 1979	February 4, 1978*	1974-1978**	February 3, 1979	February 4, 1978*	MEDIAN 1974-1978**
Aseptic meningitis	33	43	30	261	197	192
Brucellosis	1	2	3	5	8	9
Chickenpox	5,667	3,450	4,249	23,544	16,400	17,265
Diphtheria	2	3	3	13	8	8
Encephalitis: Primary (arthropod-borne & unspec.)	10	14	12	47	45	63
Post-infectious	3	4	3	8	16	15
Hepatitis, Viral: Type B	237	273	270	1,146	1,390	1,273
Type A	546	587	712	2,516	2,458	3,235
Type unspecified	173	159	159	956	735	735
Malaria	7	9	5	31	47	22
Measles (rubeola)	317	266	334	737	1,113	1,927
Meningococcal infections: Total	58	56	31	246	210	150
Civilian	58	55	30	246	209	147
Military	–	1	1	–	1	1
Mumps	490	408	1,160	1,410	1,782	5,436
Pertussis	22	31	24	144	230	114
Rubella (German measles)	108	118	219	471	679	858
Tetanus	–	1	1	2	2	5
Tuberculosis	554	510	605	2,378	2,048	2,334
Tularemia	2	4	2	14	10	10
Typhoid fever	8	1	5	26	17	28
Typhus fever, tick-borne (Rky. Mt. spotted)	1	3	–	12	5	5
Venereal diseases:						
Gonorrhea: Civilian	19,147	18,354	18,354	90,395	87,718	94,363
Military	512	493	577	2,547	2,165	2,959
Syphilis, primary & secondary: Civilian	486	358	406	2,160	1,847	2,220
Military	11	11	5	25	27	29
Rabies in animals	54	40	40	215	211	211

TABLE II. Notifiable diseases of low frequency, United States

	CUM. 1979		CUM. 1979
Anthrax	–	Poliomyelitis: Total	2
Botulism †	2	Paralytic	2
Congenital rubella syndrome (Minn. 1, Fla. 1)	3	Psittacosis (Mich. 1)	5
Leprosy (Tex 1, Ariz. 1, Calif. 3, Hawaii 1)	19	Rabies in man	1
Leptospirosis † (Hawaii 6)	9	Trichinosis	2
Plague	1	Typhus fever, flea-borne (endemic, murine)	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.

†The following delayed report will be reflected in next week's cumulative total: Botulism: Wash. +1

†Delayed report: Leptospirosis: Mich. +1 (1978)

TABLE III. Cases of specified notifiable diseases, United States, weeks ending February 3, 1979, and February 4, 1978 (5th 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	33	1	5,667	2	13	10	14	3	237	546	173	7	31
NEW ENGLAND	2	–	1,261	–	–	–	–	–	10	27	10	–	2
Maine	–	–	152	–	–	–	–	–	–	12	2	–	–
N.H.†	–	–	15	–	–	–	–	–	1	1	–	–	–
Vt.	–	–	9	–	–	–	–	–	–	2	–	–	–
Mass.	1	–	461	–	–	–	–	–	3	5	8	–	–
R.I.	–	–	114	–	–	–	–	–	3	2	–	–	2
Conn.	1	–	510	–	–	–	–	–	3	5	–	–	–
MID. ATLANTIC	4	–	299	–	–	–	1	–	31	33	17	1	4
Upstate N.Y.	1	–	120	–	–	–	–	–	7	10	6	1	2
N.Y. City	1	–	64	–	–	–	–	–	13	5	7	–	2
N.J.	2	–	NN	–	–	–	–	–	5	7	3	–	–
Pa.†	–	–	115	–	–	–	1	–	6	11	1	–	–
E.N. CENTRAL	6	–	2,167	–	–	–	10	1	44	72	10	–	1
Ohio†	–	–	175	–	–	–	5	1	6	22	–	–	1
Ind.	–	–	NA	–	–	–	3	–	5	3	3	–	–
Ill.†	–	–	281	–	–	–	–	–	9	7	–	–	–
Mich.	6	–	1,192	–	–	–	2	–	19	29	7	–	–
Wis.	–	–	519	–	–	–	–	–	5	11	–	–	–
W.N. CENTRAL	2	–	808	–	–	1	1	1	10	49	5	–	1
Minn.	–	–	–	–	–	–	–	1	2	19	2	–	1
Iowa†	1	–	346	–	–	1	1	–	3	3	1	–	–
Mo.	–	–	67	–	–	–	–	–	3	14	2	–	–
N. Dak.	–	–	18	–	–	–	–	–	–	3	–	–	–
S. Dak.	–	–	8	–	–	–	–	–	–	8	–	–	–
Nebr.	–	–	17	–	–	–	–	–	1	2	–	–	–
Kans.	1	–	352	–	–	–	–	–	1	–	–	–	–
S. ATLANTIC	6	–	455	–	–	2	2	–	32	70	20	–	3
Del.†	–	–	–	–	–	–	–	–	2	3	–	–	–
Md.	2	–	153	–	–	–	2	–	1	3	–	–	–
D.C.	–	–	–	–	–	–	–	–	–	–	–	–	–
Va.†	2	–	15	–	–	2	–	–	7	3	4	–	3
W. Va.†	–	–	169	–	–	–	–	–	1	1	1	–	–
N.C.	–	–	NN	–	–	–	–	–	4	3	2	–	–
S.C.	1	–	–	–	–	–	–	–	4	9	–	–	–
Ga.	–	–	–	–	–	–	–	–	6	8	–	–	–
Fla.†	1	–	118	–	–	–	–	–	7	40	13	–	–
E.S. CENTRAL	1	1	197	–	–	–	–	1	7	11	–	–	–
Ky.	–	–	174	–	–	–	–	–	–	–	–	–	–
Tenn.	–	–	NN	–	–	–	–	–	4	7	–	–	–
Ala.	1	1	20	–	–	–	–	1	3	–	–	–	–
Miss.	–	–	3	–	–	–	–	–	–	4	–	–	–
W.S. CENTRAL	1	–	100	–	–	–	–	–	30	86	37	2	5
Ark.†	–	–	2	–	–	–	–	–	2	13	11	–	2
La.	–	–	NN	–	–	–	–	–	–	–	–	–	–
Okla.†	–	–	–	–	–	–	–	–	–	2	2	–	–
Tex.	1	–	98	–	–	–	–	–	28	71	24	2	3
MOUNTAIN	2	–	144	–	1	–	–	–	11	75	46	–	–
Mont.	–	–	57	–	–	–	–	–	–	11	–	–	–
Idaho	–	–	2	–	–	–	–	–	–	1	–	–	–
Wyo.	–	–	–	–	–	–	–	–	–	–	–	–	–
Colo.	–	–	73	–	–	–	–	–	5	8	5	–	–
N. Mex.	–	–	1	–	–	–	–	–	–	12	10	–	–
Ariz.	–	–	NN	–	1	–	–	–	4	33	22	–	–
Utah	–	–	1	–	–	–	–	–	2	10	8	–	–
Nev.	2	–	10	–	–	–	–	–	–	–	1	–	–
PACIFIC	9	–	236	2	12	7	–	–	62	123	28	4	15
Wash.	–	–	224	2	12	2	–	–	3	11	2	–	–
Oreg.	–	–	–	–	–	–	–	–	1	6	–	–	–
Calif.†	9	–	–	–	–	3	–	–	57	102	26	4	15
Alaska	–	–	3	–	–	1	–	–	1	–	–	–	–
Hawaii	–	–	9	–	–	1	–	–	–	4	–	–	–
Guam	NA	NA	NA	NA	–	NA	–	–	NA	NA	NA	NA	–
P.R.	–	–	10	–	–	–	1	–	1	3	1	–	–
V.I.	–	–	–	–	–	–	–	–	–	–	1	–	–
Pac. Trust Terr.	–	–	3	–	–	–	–	–	–	–	2	–	–

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: Asep. meng.: Ohio +2; Bruc.: Fla. +1; Chickenpox: N.H. +6, Ill. +13, Iowa +28, W. Va. +1, Fla. +40, Calif. +110; Hep. B: Pa. +17, Del. –1, Fla. +3, Okla. –5; Hep. A: N.H. +1, Pa. +10, Ill. +9, Fla. +21, Okla. +4; Hep. unsp.: Pa. +7, Va. –1, Fla. –5; Malaria: Ark. –1.

TABLE III (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending February 3, 1979, and February 4, 1978 (5th 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	317	737	1,113	58	246	210	490	1,410	22	108	471	2
NEW ENGLAND	60	63	27	2	6	16	18	53	3	12	63	–
Maine	–	–	11	–	–	2	13	24	–	–	2	–
N.H.†	1	2	6	–	–	1	–	3	–	1	4	–
Vt.	–	2	2	–	–	–	1	1	–	2	27	–
Mass.	–	–	7	–	3	7	–	4	–	9	30	–
R.I.	59	59	–	–	–	2	–	5	2	–	–	–
Conn.	–	–	1	2	3	4	4	16	1	–	–	–
MID. ATLANTIC	6	35	108	7	36	33	17	77	4	6	64	1
Upstate N.Y.	2	19	60	4	17	10	1	21	1	2	18	1
N.Y. City	3	12	22	2	11	12	4	13	2	–	4	–
N.J.	–	–	1	1	6	4	9	28	–	4	35	–
Pa.†	1	4	25	–	2	7	3	15	1	–	7	–
E.N. CENTRAL	40	159	560	7	24	18	159	546	7	22	100	–
Ohio	–	2	4	1	7	1	36	129	6	3	8	–
Ind.	NA	12	20	1	4	7	NA	37	NA	NA	21	–
Ill.†	3	42	65	–	–	3	28	77	1	1	16	–
Mich.	27	82	450	5	12	6	53	109	–	14	37	–
Wis.	10	21	21	–	1	1	42	194	–	4	18	–
W.N. CENTRAL	14	66	11	2	7	10	19	52	–	8	22	–
Minn.	11	11	3	1	1	2	1	1	–	–	–	–
Iowa	–	–	3	1	3	1	–	17	–	–	–	–
Mo.	1	52	1	–	2	6	–	2	–	–	2	–
N. Dak.	–	1	–	–	–	–	1	1	–	–	5	–
S. Dak.	–	–	–	–	–	–	–	–	–	–	–	–
Nebr.	–	–	1	–	–	–	1	2	–	–	–	–
Kans.	2	2	3	–	1	1	16	29	–	8	15	–
S. ATLANTIC	31	57	178	9	69	62	11	41	4	20	47	–
Del.	–	–	1	–	2	–	–	3	–	–	–	–
Md.	–	1	–	–	4	1	–	1	–	–	–	–
D.C.	–	–	–	–	–	–	–	–	–	–	–	–
Va.	5	7	70	2	11	7	4	16	–	–	2	–
W. Va.	5	13	43	1	3	2	2	9	–	6	14	–
N.C.	1	1	23	1	10	13	1	4	1	7	7	–
S.C.	–	–	26	2	10	7	–	–	–	–	–	–
Ga.	–	–	–	1	14	8	–	–	3	–	–	–
Fla.†	20	35	15	2	15	24	4	8	–	7	24	–
E.S. CENTRAL	2	13	112	2	18	12	175	326	–	4	11	1
Ky.	–	5	26	–	7	6	171	294	–	2	6	–
Tenn.	1	4	67	–	8	4	3	17	–	1	3	–
Ala.	1	3	–	–	1	2	1	3	–	–	1	1
Miss.	–	1	19	2	2	–	–	12	–	1	1	–
W.S. CENTRAL	21	80	43	8	30	25	45	176	2	2	15	–
Ark.	2	4	1	2	3	4	22	57	2	–	1	–
La.	6	6	8	–	5	2	–	7	–	–	–	–
Okla.†	–	–	3	2	4	2	–	–	–	1	2	–
Tex.	13	70	31	4	18	17	23	112	–	1	12	–
MOUNTAIN	15	40	25	7	20	1	25	45	–	5	13	–
Mont.	6	14	22	–	2	–	1	4	–	5	10	–
Idaho†	–	–	–	–	1	–	–	–	–	–	–	–
Wyo.	–	–	–	–	–	–	–	–	–	–	–	–
Colo.	1	2	3	–	–	–	23	30	–	–	–	–
N. Mex.	8	10	–	–	2	–	–	–	–	–	–	–
Ariz.	–	–	–	6	12	1	–	2	–	–	3	–
Utah	–	12	–	1	2	–	–	3	–	–	–	–
Nev.	–	2	–	–	1	–	1	6	–	–	–	–
PACIFIC	128	224	49	14	36	33	21	94	2	29	136	–
Wash.†	106	156	9	–	2	7	10	31	–	–	24	–
Oreg.	1	2	1	–	–	3	1	8	1	1	6	–
Calif.	18	63	39	14	33	21	10	53	1	27	105	–
Alaska	–	–	–	–	–	2	–	–	–	–	–	–
Hawaii	3	3	–	–	1	–	–	2	–	1	1	–
Guam	NA	–	1	–	–	–	NA	–	NA	NA	–	–
P.R.	2	4	17	–	–	–	12	53	–	–	2	–
V.I.	–	1	1	–	–	–	–	–	–	–	–	–
Pac. Trust Terr.	–	2	109	–	1	1	–	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: N.H. –1, Ill. +1, Fla. +2; Men. inf.: Fla. +8, Wash. +1; Mumps: Fla. +8; Pertussis: Okla. –1; Rubella: Pa. +6, Fla. +5, Okla. –1, Idaho +1;

TABLE III (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending February 3, 1979, and February 4, 1978 (5th 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	554	2,378	14	8	26	1	12	19,147	90,395	87,718	486	2,160	1,847	215
NEW ENGLAND	11	57	–	–	5	–	–	577	2,514	2,225	6	43	55	4
Maine	–	6	–	–	–	–	–	49	188	186	–	–	–	4
N.H.	–	–	–	–	–	–	–	15	78	107	–	–	–	–
Vt.	1	3	–	–	–	–	–	13	42	58	–	–	–	–
Mass.	8	28	–	–	4	–	–	271	1,102	988	5	33	38	–
R.I.	–	9	–	–	1	–	–	49	199	113	–	–	1	–
Conn.†	2	11	–	–	–	–	–	180	905	773	1	10	16	–
MID. ATLANTIC	104	418	–	2	4	–	–	2,903	10,208	9,515	93	371	258	2
Upstate N.Y.	16	68	–	–	1	–	–	294	1,758	925	5	30	19	2
N.Y. City	34	156	–	–	1	–	–	1,055	3,770	4,189	68	257	174	–
N.J.	15	79	–	1	1	–	–	1,011	2,017	1,812	8	48	34	–
Pa.	39	115	–	1	1	–	–	543	2,663	2,589	12	36	31	–
E.N. CENTRAL	93	311	–	2	3	–	2	1,568	11,635	10,128	41	222	170	9
Ohio†	16	63	–	–	–	–	2	572	3,757	2,595	18	70	16	–
Ind.	9	51	–	–	–	–	–	NA	523	1,589	NA	5	11	1
Ill.	38	116	–	1	1	–	–	354	3,031	1,949	19	108	122	7
Mich.†	30	71	–	1	2	–	–	642	3,291	2,952	4	29	17	–
Wis.	–	10	–	–	–	–	–	NA	1,033	1,043	NA	10	4	1
W.N. CENTRAL	9	82	6	–	–	–	1	960	4,335	4,524	5	21	35	48
Minn.	3	12	–	–	–	–	–	140	766	811	3	8	7	10
Iowa	–	11	–	–	–	–	–	146	608	688	–	3	3	18
Mo.	3	39	5	–	–	–	–	460	1,691	1,622	1	5	14	11
N. Dak.	–	2	–	–	–	–	–	14	77	108	–	–	–	3
S. Dak.†	1	4	–	–	–	–	–	26	151	192	–	–	1	2
Nebr.	2	2	1	–	–	–	–	86	280	375	–	–	1	–
Kans.	–	12	–	–	–	–	1	88	762	728	1	5	9	4
S. ATLANTIC	145	563	–	–	2	–	7	4,952	21,944	22,381	106	579	500	32
Del.	1	4	–	–	–	–	–	26	321	555	–	4	3	–
Md.	18	100	–	–	–	–	4	530	2,777	3,436	7	38	33	–
D.C.	10	29	–	–	1	–	–	270	1,433	1,451	11	46	40	–
Va.	10	62	–	–	–	–	–	577	2,171	1,931	15	65	49	–
W. Va.	7	23	–	–	–	–	–	53	319	325	1	15	–	–
N.C.	30	95	–	–	–	–	2	792	3,371	3,078	10	64	46	–
S.C.	–	15	–	–	–	–	1	355	1,770	1,866	1	23	18	8
Ga.	12	86	–	–	–	–	–	1,136	3,929	4,128	27	148	118	24
Fla.	57	149	–	–	1	–	–	1,213	5,853	5,611	34	176	193	–
E.S. CENTRAL	35	211	2	–	3	–	1	1,796	8,630	7,365	36	145	70	7
Ky.†	9	37	–	–	2	–	–	202	1,140	707	3	14	5	3
Tenn.†	9	46	2	–	–	–	–	623	3,001	2,403	21	63	20	3
Ala.	7	53	–	–	1	–	1	632	2,769	2,418	3	27	14	1
Miss.	10	75	–	–	–	–	–	339	1,720	1,837	9	41	31	–
W.S. CENTRAL	68	234	1	1	1	–	–	2,561	12,748	12,856	102	359	273	88
Ark.	–	7	1	–	–	–	–	192	1,008	668	3	15	11	21
La.	17	54	–	–	–	–	–	373	1,936	1,854	43	60	58	–
Okla.	19	46	–	–	–	–	–	185	1,106	1,103	1	6	10	15
Tex.	32	127	–	1	1	–	–	1,811	8,698	9,231	55	278	194	52
MOUNTAIN	10	55	5	–	1	1	1	856	3,784	3,111	15	39	38	1
Mont.	–	3	–	–	–	–	–	33	152	246	1	1	–	–
Idaho	–	1	–	–	–	–	–	23	150	105	1	2	–	–
Wyo.	–	1	–	–	–	–	–	16	93	58	1	3	3	–
Colo.	–	–	–	–	–	–	–	207	979	910	5	18	10	–
N. Mex.	6	13	1	–	–	–	–	136	536	405	–	6	10	–
Ariz.	3	32	–	–	–	–	–	361	1,189	710	6	6	9	1
Utah†	–	–	4	–	–	–	–	26	174	185	–	–	1	–
Nev.	1	5	–	–	1	1	1	54	511	492	1	3	5	–
PACIFIC	79	447	–	3	7	–	–	2,974	14,597	15,613	82	381	448	24
Wash.	4	4	–	–	–	–	–	297	1,218	804	NA	–	18	–
Oreg.	–	22	–	–	–	–	–	321	1,125	1,073	–	15	7	–
Calif.	70	390	–	2	5	–	–	2,235	11,632	13,009	79	361	417	24
Alaska†	–	–	–	–	–	–	–	82	437	443	–	–	1	–
Hawaii	5	31	–	1	2	–	–	39	185	284	3	5	5	–
Guam														
P.R.	NA	–	–	NA	–	NA	–	NA	–	8	NA	–	–	–
V.I.	9	15	–	–	–	–	–	31	172	261	10	44	39	–
Pac. Trust Terr.	–	–	–	–	–	–	–	–	13	26	–	–	3	–
	–	6	–	–	–	–	–	12	34	48	–	–	–	–

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: Mich. –1; GC: Conn. +10 mil., Tenn. –1 civ., Utah –1 civ.; Syphilis: Alaska +1; An. rabies: Ohio +1, S. Dak. +6, Ky. +1.

TABLE IV. Deaths in 121 U.S. cities,* week ending February 3, 1979 (5th week)

REPORTING AREA	ALL CAUSES, BY AGE (YEARS)					P&I** TOTAL
	ALL AGES	>65	45-64	25-44	<1	
NEW ENGLAND	642	428	167	20	20	48
Boston, Mass.	188	124	46	4	9	13
Bridgeport, Conn.	47	30	14	2	1	8
Cambridge, Mass.	25	20	5	–	–	5
Fall River, Mass.	20	13	6	1	–	1
Hartford, Conn.	50	29	12	4	5	–
Lowell, Mass.	29	19	10	–	–	3
Lynn, Mass.	12	7	4	1	–	–
New Bedford, Mass.	27	21	5	–	1	–
New Haven, Conn.	44	30	12	2	–	–
Providence, R.I.	56	33	19	1	3	4
Somerville, Mass.	12	9	3	–	–	–
Springfield, Mass.	54	35	14	3	1	4
Waterbury, Conn.	28	23	4	1	–	4
Worcester, Mass.	50	35	13	1	–	6
MID. ATLANTIC	2,219	1,423	544	120	60	89
Albany, N.Y.	45	25	12	4	2	–
Allentown, Pa.	28	17	6	2	–	1
Buffalo, N.Y.	81	50	26	3	–	3
Camden, N.J.	34	25	6	2	1	–
Elizabeth, N.J.	38	22	13	–	–	3
Erie, Pa.†	39	28	9	–	2	2
Jersey City, N.J.	63	33	17	6	2	2
Newark, N.J.	50	28	15	2	5	2
N.Y. City, N.Y.	1,475	934	365	86	38	52
Paterson, N.J.	46	35	6	3	2	4
Philadelphia, Pa.†	376	208	89	29	20	9
Pittsburgh, Pa.†	69	44	17	5	2	5
Reading, Pa.	47	33	12	2	–	7
Rochester, N.Y.	111	86	16	5	3	9
Schenectady, N.Y.	26	21	4	1	–	1
Scranton, Pa.†	29	20	7	1	–	1
Syracuse, N.Y.	86	56	22	2	6	–
Trenton, N.J.	34	19	11	2	–	1
Utica, N.Y.	20	17	1	–	1	–
Yonkers, N.Y.	35	22	12	–	–	4
E.N. CENTRAL	2,491	1,513	684	135	83	73
Akron, Ohio	77	47	23	2	3	–
Canton, Ohio	37	22	11	1	3	1
Chicago, Ill.	614	356	182	37	22	17
Cincinnati, Ohio	193	132	40	12	3	5
Cleveland, Ohio	172	89	65	8	6	2
Columbus, Ohio	131	82	36	5	6	5
Dayton, Ohio	94	51	31	2	3	5
Detroit, Mich.	293	161	90	25	7	–
Evansville, Ind.	44	30	9	5	–	2
Fort Wayne, Ind.	56	36	14	1	–	3
Gary, Ind.	28	4	10	7	3	1
Grand Rapids, Mich.	59	40	11	5	1	3
Indianapolis, Ind.	178	99	51	7	14	7
Madison, Wis.	29	22	4	2	–	1
Milwaukee, Wis.	181	141	35	2	1	2
Peoria, Ill.	39	28	6	1	3	9
Rockford, Ill.	40	25	12	1	–	5
South Bend, Ind.	44	30	10	1	1	1
Toledo, Ohio	118	79	23	8	6	4
Youngstown, Ohio	64	39	21	3	1	–
W.N. CENTRAL	826	541	182	48	31	40
Des Moines, Iowa	78	54	16	4	2	4
Duluth, Minn.	25	18	5	1	1	3
Kansas City, Kans.	43	25	13	3	1	2
Kansas City, Mo.	124	87	21	7	6	6
Lincoln, Nebr.	24	19	4	–	–	3
Minneapolis, Minn.	98	64	17	6	7	4
Omaha, Nebr.	109	79	19	6	3	3
St. Louis, Mo.	188	106	53	13	8	7
St. Paul, Minn.	78	55	17	4	2	3
Wichita, Kans.	59	34	17	4	1	5

REPORTING AREA	ALL CAUSES, BY AGE (YEARS)					P&I** TOTAL
	ALL AGES	>65	45-64	25-44	<1	
S. ATLANTIC	1,091	648	293	77	47	56
Atlanta, Ga.	148	84	42	14	4	2
Baltimore, Md.	134	84	35	8	4	3
Charlotte, N.C.	54	30	17	3	2	4
Jacksonville, Fla.	90	51	27	6	2	7
Miami, Fla.	102	55	31	8	6	8
Norfolk, Va.	51	33	11	3	3	3
Richmond, Va.	81	43	24	8	4	10
Savannah, Ga.	39	25	11	1	1	6
St. Petersburg, Fla.	97	82	9	5	1	3
Tampa, Fla.	69	38	21	3	3	3
Washington, D.C.	178	93	51	16	15	7
Wilmington, Del.	48	30	14	2	2	–
E.S. CENTRAL	775	450	213	49	31	42
Birmingham, Ala.	152	80	46	10	10	3
Chattanooga, Tenn.	60	37	17	3	1	4
Knoxville, Tenn.	43	34	7	–	1	1
Louisville, Ky.	115	73	27	7	5	11
Memphis, Tenn.	166	95	48	12	2	3
Mobile, Ala.	82	49	17	8	3	6
Montgomery, Ala.	39	17	12	1	5	5
Nashville, Tenn.	118	65	39	8	4	9
W.S. CENTRAL	1,188	656	328	91	55	45
Austin, Tex.	67	45	13	4	2	5
Baton Rouge, La.	30	22	5	3	–	3
Corpus Christi, Tex.	47	23	18	–	3	–
Dallas, Tex.	198	100	56	19	9	7
El Paso, Tex.	40	24	9	1	3	1
Fort Worth, Tex.	100	53	31	5	4	–
Houston, Tex.	177	80	51	24	11	9
Little Rock, Ark.	69	31	22	5	6	3
New Orleans, La.	157	88	51	9	4	2
San Antonio, Tex.	145	80	37	12	11	2
Shreveport, La.	61	39	16	3	2	3
Tulsa, Okla.	97	71	19	6	–	10
MOUNTAIN	571	357	131	42	16	17
Albuquerque, N.Mex.	38	21	11	2	2	2
Colo. Springs, Colo.	37	21	13	–	–	3
Denver, Colo.	135	93	28	5	4	6
Las Vegas, Nev.	79	39	22	10	2	1
Ogden, Utah	23	17	4	1	1	2
Phoenix, Ariz.	106	67	20	11	3	–
Pueblo, Colo.	19	15	2	2	–	1
Salt Lake City, Utah	46	29	8	6	2	1
Tucson, Ariz.	88	55	23	5	2	1
PACIFIC	1,783	1,158	405	111	48	40
Berkeley, Calif.	21	15	3	2	–	–
Fresno, Calif.	56	38	8	5	2	3
Glendale, Calif.	28	23	2	1	1	2
Honolulu, Hawaii	58	34	15	5	1	–
Long Beach, Calif.	74	45	18	8	2	1
Los Angeles, Calif.	525	351	111	34	17	12
Oakland, Calif.	84	51	24	4	1	5
Pasadena, Calif.	32	19	9	4	–	3
Portland, Oreg.	147	98	38	2	6	–
Sacramento, Calif.	84	52	17	7	4	–
San Diego, Calif.	118	74	26	7	3	1
San Francisco, Calif.	154	98	40	9	2	–
San Jose, Calif.	168	116	35	8	4	2
Seattle, Wash.	149	82	43	11	5	5
Spokane, Wash.	44	34	6	1	–	4
Tacoma, Wash.	41	28	10	3	–	2
TOTAL	11,586	7,174	2,947	693	391	450
Expected Number	11,725	7,290	2,931	690	418	467

*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.

Current Trends

Tuberculosis — United States, 1978

In 1978, 29,253 tuberculosis cases were reported to CDC. This figure, considered a provisional total until final corrected data for 1978 are received by the Tuberculosis Control Division, represents a decrease of 2.5% (752 cases) below the 1977 provisional total of 30,005. Similarly, the provisional case rate of 13.4 per 100,000 is 3.6% less than in 1977. Since 1953, the annual case rate has decreased at approximately 6% per year. Although the corrected data may change the 1978 case rate slightly, a 3.6% decrease is one of the smallest in the past 25 years.

Provisional data for 1976-1978 (Table 1) show that case rates continue to be highest in the Southeast and Southwest (HEW Regions IV, VI, and IX). In the past 2 years, the smallest percent reduction in the annual case rate has been in the Southeast and Midwest (HEW Regions IV and V).

Twenty-one states reported an increased provisional number of cases in 1978; by contrast, 14 states and the District of Columbia reported increases in 1977. Ten states reported a provisional increase of more than 10% in 1978 compared with 4 states in 1977.

Reported by the Tuberculosis Control Div, Bur of State Services, CDC.

TABLE 1. Provisional tuberculosis cases and case rates by region, United States, 1976-1978

HEW Region	1976		1977		1978	
	Number of cases	Case rate*	Number of cases	Case rate	Number of cases	Case rate
United States	32,549	15.2	30,005	13.9	29,253	13.4
Region I (Conn., Maine, Mass., N.H., R.I., Vt.)	1,150	9.4	1,113	9.1	984	8.0
Region II (N.J., N.Y.)	4,358	17.1	3,547	14.0	3,218	12.8
Region III (Del., D.C., Md., Pa., Va., W. Va.)	4,093	17.0	3,569	14.8	3,539	14.6
Region IV (Ala., Fla., Ga., Ky., Miss., N.C., S.C., Tenn.)	7,041	19.9	7,038	19.7	6,886	19.0
Region V (Ill., Ind., Mich., Minn., Ohio, Wis.)	4,948	11.0	4,924	10.9	4,906	10.8
Region VI (Ark., La., N. Mex., Okla., Tex.)	4,051	18.1	3,680	16.1	3,625	15.6
Region VII (Iowa, Kans., Mo., Nebr.)	901	7.8	756	6.5	682	5.8
Region VIII (Colo., Mont., N. Dak., S. Dak., Utah, Wyo.)	375	6.0	315	4.9	336	5.1
Region IX (Ariz., Calif., Hawaii, Nev.)	4,871	19.3	4,480	17.4	4,470	17.1
Region X (Alaska, Idaho, Oreg., Wash.)	761	10.6	583	8.0	607	8.1

*Cases per 100,000 population

Epidemiologic Notes and Reports

Measles in Military Dependents — Texas

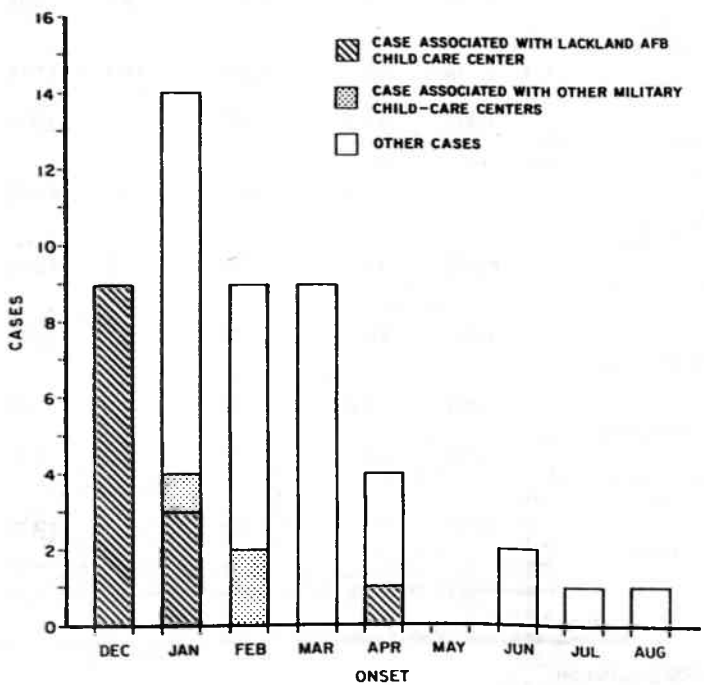
From December 1977 through August 1978, 49 cases of measles were seen in children of active duty military personnel at the Pediatric Clinic, Wilford Hall U.S. Air Force Medical Center, Lackland Air Force Base, San Antonio, Texas.

Reported cases were initially confined to the Lackland AFB Child Care Center (LAFB-CCC), a day-care center for preschool children of active duty military personnel (Figure 2). Specific control measures instituted in December at the center included giving immune serum globulin to children who had not been previously immunized against measles and who had attended the CCC during the previous week. Additionally, unimmunized children who did not have documented evidence of previous measles infection were not allowed to attend. These measures were followed by a large decrease in the number of measles cases associated with the LAFB-CCC. However, new cases not associated with the LAFB-CCC continued to be noted. Some of the new patients had attended other military day-care centers in the area; others were diagnosed in the pediatric clinics at Randolph AFB located elsewhere in the San Antonio area (Figure 2).

Beginning in January 1978, all children over 6 months old attending the LAFB-CCC were required to have had a measles immunization. Children inoculated prior to 12 months of age were requested to receive an additional dose of vaccine at approximately 15 months.

In April 1978, it was recommended that children of Air Force personnel in the San Antonio area routinely receive measles-mumps-rubella (MMR) immunization at 12

FIGURE 2. Clinical measles cases diagnosed at Pediatric Clinic, Wilford Hall USAF Medical Center, by date of onset, December 1977 through August 1978



Measles – Continued

months rather than 15 months. This measure, which was intended to reduce the number of measles-susceptible children in the area, has been continued. In addition, attendance at the LAFB-CCC has been restricted to children immunized against measles.

Paired or convalescent serum specimens were obtained from 33 children diagnosed as having measles at the Wilford Hall Pediatric Clinic and from 18 children with measles at the Randolph AFB Pediatric Clinic. Serologic confirmation of recent measles infection was found for 37 children (73%). Another 2 children had convalescent measles antibody titers compatible with, but not diagnostic of, recent measles infection. Of the 39 confirmed or probable measles cases, 62% of the children were 2 years old or less; an additional 10% were between 2 and 5 years old (Table 2).

Reported by R Bell, MD, San Antonio Metropolitan Health District; LI Corman, Maj. MC, USAF, WS Foshee, Lt Col, MC, USAF, Wilford Hall USAF Medical Center, San Antonio, Texas; CR Webb, Jr, MD, State Epidemiologist, Texas Dept of Health; and Immunization Div, Bur of State Services, Virology Div, Bur of Laboratories, CDC.

Editorial Note: Based in large part on increased risk of serious complications from measles in children less than 12 months of age (*1*), the Advisory Committee on Immunization Practices currently recommends that whenever exposure to measles is likely, "infants as young as 6 months should be vaccinated. However, to ensure protection of infants vaccinated before 12 months of age, they should be revaccinated when they are about 15 months old. It is particularly important to vaccinate infants before they might encounter measles in day-care centers or other such environments" (*2*). During the first 10 months of 1978, 53% of reported measles cases in Texas for which age was known were in children less than 5 years old (*3*). In 1977, only 14% of reported measles cases in the United States for which age was known occurred in children less than 5 years old (*4*).

Concern is often expressed because of observations during outbreaks that cases occur in persons with a history of proper vaccination. Even under optimal conditions of storage and use, measles vaccine may have a 5% failure rate. A 90% or greater reduction in attack rates has been demonstrated consistently in appropriately vaccinated persons when compared with others. As greater numbers of susceptibles become vaccinated and as

TABLE 2. Age and measles immunization status of 39 dependents with measles, San Antonio, Texas, December 1977 through August 1978

Age	No.	Percentage of total	Documented immunization	
			No.	Percentage
6-14 months	16	41	0	0
15-24 months	8	21	5	42
25 months-4 years	4	10		
5-9 years	11	28	9	82
Total	39	100		

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.

Measles – Continued

measles incidence is further reduced, there will be a relative increase in the proportion of cases seen among appropriately vaccinated persons (*2*).

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1. Barkin RM: Measles mortality: A retrospective look at the vaccine era. Am J Epidemiol 102:341-349, 1975
2. Advisory Committee on Immunization Practices: Measles prevention. MMWR 27:427-430, 435-437, 1978
3. MMWR 27:489-490, 1978
4. MMWR 26 (53 Annual Suppl):7, 1978

Erratum, Vol. 28, No. 4

p39-40 In the article "Outbreaks of Reye Syndrome – Utah, Arizona, Colorado," all mention of A/USSR/78 should be changed to influenza A(H1N1).

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