CENTER FOR DISEASE CONTROL

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Current Trends

Nonreported Sexually Transmissible Diseases — United States

Only 5 sexually transmissible diseases (STD)—gonorrhea, syphilis, chancroid, lymphogranuloma venereum, and granuloma inguinale—are reported to most state health departments. In recent years, other STD such as genital herpes, nongonococcal urethritis, and trichomoniasis have received increasing attention. However, because their occurrence is not reported, very few data are available to describe their incidence and define the magnitude of the problem created by them.

In 1975, the Venereal Disease Control Division at CDC established an STD study to examine the incidence of nonreported STD in patients attending public clinics. Six STD clinics—located in New Haven, Connecticut; Detroit, Michigan; Lexington, Kentucky; DeKalb County, Georgia; Denver, Colorado; and Minneapolis, Minnesota—were linked by a common protocol to report the incidence of STD in patients attending these clinics. A Los Angeles family planning clinic was included to examine a presumably different patient population. The results and analyses of the first 9 complete months of data collection (October 1, 1976, through June 30, 1977) are presented in Tables 1 and 2.

Excluding follow-up visits, there were 40,821 visits to the 7 clinics. Men accounted for 67.7% of visits. Female patients were younger than male patients. Most women (79.8%) seen in STD clinics were 16-30 years old (median, 23.0 years); the majority of women seen in the family planning clinic were 21-30. The median age of men seen in the 6 STD clinics was 25.1 years.

Most men (64.5%) voluntarily came to these clinics because they were symptomatic. Women were twice as likely to have been referred to the clinic by sex partners.

For male patients, the nongonococcal urethritis case rate was approximately equal to the gonorrhea case rate in all clinics except those in Lexington and Detroit (Table1). For women in the STD clinic population, gonorrhea accounted for almost one-fourth of all STD; trichomoniasis and nonspecific vaginitis were the most common diseases seen in the population attending the family planning clinic (Table 2). Case rates of genital herpes, venereal warts, and nonspecific vaginitis varied considerably. The combined total of cases of STD other than gonorrhea far exceeded the total of gonorrhea cases alone.

Reported by Venereal Disease Control Div, Bur of State Services, CDC.

Editorial Note: Many of the STD clinics in the United States restrict diagnostic and treatment services to syphilis, gonorrhea, chancroid, granuloma inguinale, and lymphogranuloma venereum. However, other sexually transmissible diseases are more prevalent in both men and women attending STD clinics than the 5 historically defined venereal diseases. All STD clinics need to broaden the spectrum of their service to include additional sexually transmissible diseases (*1-3*). Differences in clinics are probably due to 2

Sexually Transmissible Diseases — Continued

factors: varying prevalence of diseases in different areas and lack of objective diagnostic criteria, i.e., cultures, for some diseases such as herpes, trichomoniasis, and nonspecific vaginitis. These results do not reflect disease prevalence in the general community. The data are applicable only to the proportion of the population seeking care in an STD clinic.

TABLE 1. Sexually transmissible diseases (STD) in men, STD clinics, October 1, 1976–June 30, 1977

Diagnoses	Cases per 100 visits by men						
	New Haven	Detroit	Minneapolis	Denver	DeKalb County	Lexington	Total
Gonorrhea	22.3	44.4	20.9	20.1	22.4	36.7	24.0
Nongonococcal urethritis	29.5	25.1	24.6	27.6	24.4	4.2	24.8
Genital herpes	2.7	0.1	4.3	3.0	7.3	1.7	3.4
Venereal warts	1.0	0.1	4.6	5.5	6.5	2.2	4.3
Syphilis	2.5	2.2	1.8	1.2	1.3	3.3	1.7
Scabies	2.2	0.0	1.8	1.0	2.4	0.6	1.3
Pediculosis pubis	4.5	0.4	2.1	4.3	1.8	2.5	2.9
All other*	0.8	0.3	0.3	2.1	2.2	0.1	1.2*
Total	65.5	72.6	60.4	64.8	68.3	51.3	63.6
Total visits	1,900	2,178	6,811	8,919	2,455	1,535	23,798

*Includes (cases per 100 visits): molluscum contagiosum (1.0), chancroid (0.1), lymphogranuloma venereum (<0.1), and granuloma inguinale (0.0).

TABLE 2. Sexually transmissible diseases (STD) in women, STD clinics, October 1, 1976–June 30, 1977

Diagnoses	Cases per 100 visits by women								
	New Haven	Detroit	Minneapolis	Denver	DeKalb County	Lexington	Total STD Clinics	Los Angeles Family Planning	Total
Gonorrhea	23.0	36.2	21.7	20.4	23.0	27.2	23.5	0.3	15.7
Genital herpes	1.9	0.0	2.5	2.1	3.2	0.3	2.1	0.3	1.5
Venereal warts	1.0	0.0	7.0	3.8	5.3	1.2	4.0	1.0	3.0
Syphilis	1.6	1.8	0.9	0.9	1.0	2.1	1.1	1.8	1.4
Trichomonal vaginitis	8.7	25.3	8.5	9.4	11.9	12.1	11.5	8.5	10.4
Candida vaginitis*	12.0	4.8	4.2	12.1	5.9	5.8	7.9	2.5	6.1
Nonspecific vaginitis	3.0	8.6	14.6	4.9	31.5	0.6	12.3	9.5	11.3
Scabies	0.6	0.1	0.5	0.4	1.0	0.1	0.5	0.3	0.4
Pediculosis pubis	2.3	0.6	3.5	2.5	1.5	2.7	2.3	<0.1	1.6
Other**	0.0	0.0	0.1	0.8	0.6	0.0	0.4	0.2	0.3†
Total	54.1	77.4	63.5	57.3	84.9	52.1	65.6	24.5	51.7
Total visits	700	1,082	2,318	3,845	2,352	967	11,264	5,742	17,006

*Although candida vaginitis is a sexually transmissible disease, it is not usually transmitted in this manner.

†Includes molluscum contagiosum (0.3 cases per 100 visits), chancroid (0.1 per 100), lymphogranuloma venereum (0.0), and granuloma inguinale (0.0).

Sexually Transmissible Diseases — Continued

References

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2. Dans PE: The establishment of a university-based venereal disease clinic. I: Description of the clinic and its population. J Am Vener Dis Assoc 1:70-78, 1974
3. Dans PE, Klaus B, Owen M: A problem-oriented approach to the venereal disease clinic patient. J Am Vener Dis Assoc 1:158-162, 1975

Primary and Secondary Syphilis — United States, October 1978

Reported cases of primary and secondary syphilis numbered 1,699 in October 1977 and 1,984* in October 1978, representing an increase of 16.8%. This is the eighth consecutive month that more infections were reported compared with the same month of the previous year.

During the first 10 months of 1978 (January-October), 17,780 cases were reported—4.7% more than the number reported during the same period of 1977. Thirty-one areas reported an increase in the number of cases occurring in 1978 compared with 1977, but only 9 of these areas have experienced an increase of 100 or more cases.

Health officials in areas experiencing an increase in infectious syphilis are determining the reasons for the recent upsurge of infection and methods for containment and control. Twenty-six areas reported fewer cases, and 2 areas reported the same number of cases in the first 10 months of 1978 compared with the same period of 1977 (Table 3). The number of reported early latent (less than 1 year's duration) syphilis cases increased 2.1% to 13,871 during January-October 1978 compared with the same period in 1977.

Reported by Venereal Disease Control Div, Bur of State Services, CDC.

*provisional data

TABLE 3. Summary of reported primary and secondary syphilis cases by reporting area, October 1978 and October 1977 (provisional data)

Reporting Area by HEW Region	October		Calendar Year Cumulative January–October	
	1978	1977	1978	1977
Connecticut	13	14	143	152
Maine	1	4	8	23
Massachusetts	27	30	292	467
New Hampshire	0	1	6	5
Rhode Island	1	0	20	9
Vermont	0	1	3	6
REGION I TOTAL	42	50	472	662
New Jersey	38	38	287	300
New York (Excl. NYC)	10	15	166	226
New York City	178	170	1,589	1,489
REGION II TOTAL	226	223	2,042	2,015
Delaware	0	0	9	16
District of Columbia	42	35	348	462
Maryland (Excl. Baltimore)	18	14	138	132
Baltimore	21	17	239	231
Pennsylvania (Excl. Philadelphia)	8	21	89	143
Philadelphia	25	20	180	208
Virginia	36	42	402	465
West Virginia	9	0	25	3
REGION III TOTAL	158	149	1,438	1,660
Alabama	24	22	161	141
Florida	193	142	1,657	1,543
Georgia (Excl. Atlanta)	80	52	685	678
Atlanta*	62	41	490	372
Kentucky	19	9	126	85
Mississippi	33	20	334	218
North Carolina	70	55	513	695
South Carolina	24	20	245	219
Tennessee	25	36	311	211
REGION IV TOTAL	538	397	4,522	4,162
Illinois (Excl. Chicago)	13	14	129	134
Chicago	139	100	1,152	847
Indiana (Excl. Indianapolis)	6	2	66	80
Indianapolis*	17	2	71	50
Michigan	18	20	196	219
Minnesota	4	13	129	123
Ohio	52	34	372	412
Wisconsin	6	9	55	94
REGION V TOTAL	255	194	2,170	1,959
Arkansas	4	9	61	61
Louisiana	55	54	605	588
New Mexico	3	3	75	74
Oklahoma	10	7	86	69
Texas	214	167	2,049	1,693
REGION VI TOTAL	286	240	2,876	2,485
Iowa	3	5	34	34
Kansas	12	3	80	52
Missouri	16	19	125	145
Nebraska	1	0	12	25
REGION VII TOTAL	32	27	251	256
Colorado	12	4	100	102
Montana	0	1	7	6
North Dakota	0	0	2	3
South Dakota	0	1	3	11
Utah	1	2	12	10
Wyoming	0	0	5	2
REGION VIII TOTAL	13	8	129	134
Arizona	10	12	91	130
California (Excl. LA & SF)	150	148	1,419	1,248
Los Angeles*	142	142	1,411	1,148
San Francisco*	57	58	514	705
Hawaii	7	2	38	28
Nevada	11	1	42	15
REGION IX TOTAL	377	364	3,515	3,274
Alaska	1	2	10	27
Idaho	0	0	9	6
Oregon	26	14	140	122
Washington	37	31	214	218
REGION X TOTAL	64	47	373	373
UNITED STATES TOTAL	1,984	1,699	17,780	16,986
Puerto Rico	50	42	448	508
Virgin Islands	2	0	20	11
UNITED STATES, INCLUDING OUTLYING AREAS	2,036	1,741	18,248	17,488

*County data

Note: Cumulative totals include revised and delayed reports through previous months.

Source: CDC 9-98, HEW, PHS, CDC, BSS, VD Control Division, Atlanta, Georgia 30333

Epidemiologic Notes and Reports

Reye Syndrome in Three Siblings — Georgia

Three siblings in a North Georgia family exhibited Reye syndrome during the same week. This is the first report to CDC of the simultaneous occurrence of Reye syndrome in 3 siblings.

Case 1: On January 28, 1979, a 2½-year-old boy recovering from a mild upper respiratory infection (URI) exhibited decreased appetite and activity accompanied by fever and vomiting. Because of increased vomiting, the patient was taken on the following day to his family physician, who prescribed antiemetics. That evening because of markedly increasing lethargy, the child was transported by ambulance to a local hospital. He had a seizure en route. In the hospital emergency room, a lumbar puncture revealed a glucose level of 11 mg/dl, a protein level of 12 mg/dl, 0 leukocytes, and 2 erythrocytes/ml^3. His blood glucose measured 24 mg/dl. The child was transferred to a referral hospital in Tennessee, where on admission he was in deep stage-2 coma and had flexor responses only to deep pain. His SGOT level was 782 IU/liter, his SGPT level 804 IU/liter, his

(Continued on page 69)

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

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

DISEASE	6th WEEK ENDING		MEDIAN	CUMULATIVE, FIRST 6 WEEKS		
	February 10, 1979	February 11, 1978*	1974-1978**	February 10, 1979	February 11, 1978*	MEDIAN 1974-1978**
Aseptic meningitis	30	29	35	293	226	226
Brucellosis	–	4	4	6	12	13
Chickenpox	6,503	4,089	4,089	30,245	20,489	21,182
Diphtheria	5	–	1	18	8	8
Encephalitis: Primary (arthropod-borne & unspec.)	9	9	14	56	54	77
Post-infectious	3	2	4	11	18	19
Hepatitis, Viral: Type B	209	288	249	1,369	1,678	1,522
Type A	448	540	653	3,009	2,998	4,028
Type unspecified	166	170	163	1,123	905	905
Malaria	7	5	6	37	52	30
Measles (rubeola)	209	396	522	948	1,509	2,449
Meningococcal infections: Total	61	68	40	316	278	193
Civilian	61	68	40	316	277	188
Military	–	–	–	–	1	1
Mumps	297	447	1,246	1,715	2,229	6,682
Pertussis	25	45	35	168	275	154
Rubella (German measles)	142	143	259	624	822	1,163
Tetanus	–	1	1	2	3	7
Tuberculosis	485	596	596	2,862	2,644	2,957
Tularemia	–	2	2	14	12	11
Typhoid fever	4	6	6	30	23	34
Typhus fever, tick-borne (Rky. Mt. spotted)	3	–	1	15	5	6
Venereal diseases:						
Gonorrhea: Civilian	15,148	18,419	18,038	105,541	106,137	112,178
Military	309	695	568	2,866	2,860	3,433
Syphilis, primary & secondary: Civilian	352	399	454	2,513	2,246	2,674
Military	4	4	11	29	31	40
Rabies in animals	37	32	34	260	243	243

TABLE II. Notifiable diseases of low frequency, United States

	CUM. 1979		CUM. 1979
Anthrax	–	Poliomyelitis: Total	2
Botulism	3	Paralytic	2
Congenital rubella syndrome	3	Psittacosis † (Ups. N.Y. 8, Minn. 1)	14
Leprosy (Tex. 3)	22	Rabies in man	1
Leptospirosis†	9	Trichinosis (R.I. 1)	3
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.
†Delayed reports: Leptospirosis: Mass. +1 (1978); Psittacosis: Mass. +3 (1978)

TABLE III. Cases of specified notifiable diseases, United States, weeks ending February 10, 1979, and February 11, 1978 (6th week)

REPORTING AREA	ASEPTIC MENINGITIS	BRUCELLOSIS	CHICKEN-POX	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	30	–	6,503	5	18	9	9	3	209	448	166	7	37
NEW ENGLAND	3	–	1,294	–	–	–	–	1	7	16	9	1	3
Maine†	–	–	140	–	–	–	–	–	–	4	–	–	–
N.H.†	–	–	12	–	–	–	–	–	–	–	1	–	–
Vt.	–	–	–	–	–	–	–	–	–	2	2	–	–
Mass.	1	–	360	–	–	–	–	–	–	4	6	–	–
R.I.	–	–	204	–	–	–	–	–	1	1	–	1	3
Conn.	2	–	578	–	–	–	–	1	6	5	–	–	–
MID. ATLANTIC	2	–	304	–	–	–	–	–	28	32	25	–	4
Upstate N.Y.	2	–	245	–	–	–	–	–	10	13	16	–	2
N.Y. City	–	–	59	–	–	–	–	–	7	3	1	–	2
N.J.	–	–	NN	–	–	–	–	–	11	16	8	–	–
Pa.	NA	NA	NA	NA	–	NA	–	–	NA	NA	NA	NA	–
E.N. CENTRAL	3	–	2,419	–	–	2	6	–	57	81	14	–	1
Ohio†	–	–	251	–	–	1	–	–	7	19	–	–	1
Ind.†	1	–	–	–	–	–	1	–	5	4	4	–	–
Ill.	–	–	657	–	–	–	–	–	23	21	4	–	–
Mich.	2	–	1,009	–	–	1	5	–	19	27	6	–	–
Wis.†	–	–	502	–	–	–	–	–	3	10	–	–	–
W.N. CENTRAL	–	–	1,417	–	–	–	–	–	14	41	7	–	1
Minn.†	–	–	–	–	–	–	–	–	4	20	1	–	1
Iowa	–	–	489	–	–	–	–	–	2	5	1	–	–
Mo.	–	–	211	–	–	–	–	–	4	9	4	–	–
N. Dak.	–	–	13	–	–	–	–	–	–	–	–	–	–
S. Dak.†	–	–	20	–	–	–	–	–	1	1	–	–	–
Nebr.	–	–	29	–	–	–	–	–	3	4	–	–	–
Kans.	–	–	655	–	–	–	–	–	–	2	1	–	–
S. ATLANTIC	6	–	460	–	–	2	–	–	41	62	18	4	7
Del.	1	–	4	–	–	–	–	–	5	1	–	–	–
Md.	2	–	87	–	–	–	–	–	14	17	7	2	2
D.C.†	–	–	1	–	–	–	–	–	–	–	–	1	1
Va.	1	–	57	–	–	1	–	–	8	3	1	–	3
W. Va.†	–	–	276	–	–	–	–	–	2	3	1	–	–
N.C.	2	–	NN	–	–	1	–	–	6	7	–	–	–
S.C.	–	–	1	–	–	–	–	–	–	2	2	–	–
Ga.	–	–	–	–	–	–	–	–	4	23	–	–	–
Fla.	–	–	34	–	–	–	–	–	2	6	7	1	1
E.S. CENTRAL	1	–	64	–	–	2	1	–	16	24	3	–	–
Ky.	–	–	55	–	–	–	–	–	–	–	–	–	–
Tenn.	–	–	NN	–	–	1	–	–	7	14	2	–	–
Ala.	1	–	5	–	–	–	1	–	9	5	1	–	–
Miss.	–	–	4	–	–	1	–	–	–	5	–	–	–
W.S. CENTRAL	7	–	217	–	–	–	–	1	18	95	46	–	4
Ark.	–	–	1	–	–	–	–	–	–	10	5	–	1
La.	2	–	NN	–	–	–	–	–	9	12	8	–	–
Okla.	–	–	–	–	–	–	–	1	–	4	5	–	–
Tex.	5	–	216	–	–	–	–	–	9	69	28	–	3
MOUNTAIN	2	–	137	–	1	1	–	–	7	58	37	–	–
Mont.	–	–	36	–	–	–	–	–	–	–	–	–	–
Idaho	–	–	5	–	–	–	–	–	–	4	–	–	–
Wyo.	–	–	–	–	–	–	–	–	–	–	–	–	–
Colo.	–	–	59	–	–	–	–	–	1	5	5	–	–
N. Mex.†	–	–	–	–	–	1	–	–	4	18	3	–	–
Ariz.	–	–	NN	–	1	–	–	–	1	23	25	–	–
Utah	–	–	20	–	–	–	–	–	–	4	3	–	–
Nev.	2	–	17	–	–	–	–	–	1	4	1	–	–
PACIFIC	6	–	191	5	17	2	2	1	21	39	7	2	17
Wash.	4	–	156	5	17	–	–	–	5	14	2	–	–
Oreg.	–	–	2	–	–	2	–	1	13	24	4	2	2
Calif.	NA	NA	NA	NA	–	NA	2	–	NA	NA	NA	NA	15
Alaska	–	–	3	–	–	–	–	–	1	–	–	–	–
Hawaii	2	–	30	–	–	–	–	–	2	1	–	–	–
Guam	NA	NA	NA	NA	–	NA	–	–	NA	NA	NA	NA	–
P.R.	1	–	20	–	–	–	–	–	2	3	28	–	–
V.I.	–	–	2	–	–	–	–	–	–	–	–	–	–
Pac. Trust Terr.	NA	NA	NA	NA	–	NA	–	–	NA	NA	NA	NA	–

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 +1; Chickenpox: Maine +8, N.H. +6, Ind. +207, D.C. +13, W. Va. +12; Enceph, post: Wis. +1; Hep. B.: D.C. +2; Hep. A: N.H. +1, Minn. –2, S. Dak. +14, N. Mex. +2; Hep. unsp.: Wis. +7, Minn. –1; Malaria: D.C. +1.

TABLE III (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending February 10, 1979, and February 11, 1978 (6th 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	209	948	1,509	61	316	278	297	1,715	25	142	624	2
NEW ENGLAND	21	83	29	1	7	20	24	77	–	22	85	–
Maine†	–	–	13	–	–	3	17	41	–	6	8	–
N.H.†	–	1	6	1	1	2	–	3	–	3	7	–
Vt.	–	2	2	–	–	–	2	3	–	3	30	–
Mass.	–	–	7	–	3	8	2	6	–	8	38	–
R.I.	21	80	–	–	–	3	–	5	–	–	–	–
Conn.	–	–	1	–	3	4	3	19	–	2	2	–
MID. ATLANTIC	12	47	136	10	46	37	21	98	6	13	83	1
Upstate N.Y.	9	28	74	5	22	12	4	25	3	8	26	1
N.Y. City	3	15	32	2	13	13	5	18	3	3	7	–
N.J.	–	–	1	3	9	4	12	40	–	2	37	–
Pa.	NA	4	29	–	2	8	NA	15	NA	NA	13	–
E.N. CENTRAL	42	202	742	5	29	27	132	678	8	65	165	–
Ohio	–	2	5	2	9	1	48	177	7	2	10	–
Ind.†	–	12	23	3	7	9	–	37	–	–	21	–
Ill.	3	46	90	–	–	4	27	104	–	–	16	–
Mich.	30	112	591	–	12	11	14	123	1	56	93	–
Wis.†	9	30	33	–	1	2	43	237	–	7	25	–
W.N. CENTRAL	56	122	19	–	7	11	42	94	2	3	25	–
Minn.	–	11	3	–	1	2	–	1	–	–	–	–
Iowa	1	1	4	–	3	1	14	31	–	–	–	–
Mo.	53	105	1	–	2	7	21	23	2	2	4	–
N. Dak.†	–	1	–	–	–	–	–	1	–	–	5	–
S. Dak.	–	–	–	–	–	–	1	1	–	–	–	–
Nebr.	–	–	1	–	–	–	–	2	–	–	–	–
Kans.	2	4	10	–	1	1	6	35	–	1	16	–
S. ATLANTIC	18	77	289	11	88	81	10	59	2	6	58	–
Del.	–	–	1	–	2	–	1	4	–	–	–	–
Md.	–	1	–	–	4	3	2	3	–	–	–	–
D.C.†	–	–	–	–	–	–	–	–	–	–	–	–
Va.	2	9	161	1	12	9	2	18	1	1	3	–
W. Va.†	9	22	51	–	3	3	3	12	1	4	18	–
N.C.	–	1	23	4	14	16	–	4	–	1	8	–
S.C.	–	–	36	1	11	9	1	1	–	–	–	–
Ga.	1	1	–	4	18	9	1	1	–	–	–	–
Fla.	6	43	17	1	24	32	–	16	–	–	29	–
E.S. CENTRAL	1	14	147	8	26	17	15	341	1	17	28	1
Ky.	–	5	28	1	8	6	12	306	–	5	11	–
Tenn.	–	4	99	–	8	6	1	18	–	–	3	–
Ala.	1	4	1	4	5	5	1	4	–	6	7	1
Miss.	–	1	19	3	5	–	1	13	1	6	7	–
W.S. CENTRAL	29	109	60	23	53	35	39	215	5	8	22	–
Ark.†	–	4	1	1	4	4	19	76	–	–	1	–
La.	–	6	20	17	22	6	–	7	3	–	–	–
Okla.	–	–	3	1	5	3	–	–	–	1	2	–
Tex.	29	99	36	4	22	22	20	132	2	7	19	–
MOUNTAIN	7	47	27	–	20	2	6	51	1	4	18	–
Mont.	1	15	22	–	2	–	–	4	–	–	10	–
Idaho	–	–	–	–	1	–	–	–	–	1	2	–
Wyo.	–	–	–	–	–	–	–	–	–	–	–	–
Colo.	1	3	4	–	–	–	2	32	–	2	2	–
N. Mex.	–	10	–	–	2	1	–	–	–	–	–	–
Ariz.	2	2	–	–	12	1	3	5	1	1	4	–
Utah	3	15	1	–	2	–	1	4	–	–	–	–
Nev.	–	2	–	–	1	–	–	6	–	–	–	–
PACIFIC	23	247	60	3	40	48	8	102	–	4	140	–
Wash.	18	174	10	–	3	8	1	32	–	–	24	–
Oreg.	1	3	1	2	2	3	3	11	–	4	10	–
Calif.	NA	63	49	–	33	34	NA	53	NA	NA	105	–
Alaska	–	–	–	–	–	3	–	–	–	–	–	–
Hawaii	4	7	1	1	2	–	4	6	–	–	1	–
Guam	NA	–	1	–	–	–	NA	–	NA	NA	–	–
P.R.	3	7	23	–	–	–	12	65	1	–	2	–
V.I.	–	1	1	–	–	–	–	–	–	–	–	–
Pac. Trust Terr.	NA	2	148	–	1	2	NA	4	NA	NA	–	–

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. +8, Wis. –3; Men. inf.: Wis. +1; Mumps: N.H. –1, Ind. +2, D.C. +1; Pertussis: Ind. +1, Wis. +1, W.Va. +1; Rubella: Maine +1, N.H. +1, Ind. +10, N.Dak. –1, Ark. –1.

TABLE III (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending February 10, 1979, and February 11, 1978 (6th 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	485	2,862	14	4	30	3	15	15,148	105,541	106,137	352	2,513	2,246	260
NEW ENGLAND	21	78	–	1	6	–	–	509	3,023	2,558	6	49	64	6
Maine	1	7	–	–	–	–	–	29	216	206	–	–	1	6
N.H.†	–	–	–	–	–	–	–	14	92	117	–	–	1	–
Vt.	–	3	–	–	–	–	–	5	47	78	–	–	–	–
Mass.†	11	39	–	–	4	–	–	189	1,291	1,153	4	37	43	–
R.I.	–	9	–	–	1	–	–	47	246	131	–	–	1	–
Conn.	9	20	–	1	1	–	–	226	1,131	873	2	12	18	–
MID. ATLANTIC	52	470	–	2	6	1	1	1,434	11,642	11,080	59	430	302	2
Upstate N.Y.	11	79	–	1	2	1	1	341	2,099	1,191	–	30	19	2
N.Y. City	32	188	–	1	2	–	–	750	4,520	4,790	46	303	208	–
N.J.	9	88	–	–	1	–	–	343	2,360	2,212	13	61	42	–
Pa.	NA	115	–	NA	1	NA	–	NA	2,663	2,887	NA	36	33	–
E.N. CENTRAL	109	419	–	1	4	–	2	2,298	13,933	13,872	23	245	198	15
Ohio	26	89	–	–	–	–	2	1,007	4,764	4,149	4	74	28	1
Ind.†	14	65	–	–	–	–	–	70	593	1,752	–	5	17	1
Ill.	50	166	–	1	2	–	–	324	3,355	3,032	3	111	124	10
Mich.	16	86	–	–	2	–	–	721	4,012	3,582	14	43	23	–
Wis.†	3	13	–	–	–	–	–	176	1,209	1,357	2	12	6	3
W.N. CENTRAL	27	109	6	–	–	–	1	895	5,230	5,524	8	29	38	58
Minn.	5	17	–	–	–	–	–	122	888	943	4	12	7	10
Iowa	3	14	–	–	–	–	–	83	691	789	1	4	5	20
Mo.	15	54	5	–	–	–	–	502	2,193	2,122	3	8	15	12
N. Dak.	–	2	–	–	–	–	–	11	88	131	–	–	–	3
S. Dak.	2	6	–	–	–	–	–	52	203	226	–	–	1	8
Nebr.	–	2	1	–	–	–	–	28	308	431	–	–	1	–
Kans.	2	14	–	–	–	–	1	97	859	882	–	5	9	5
S. ATLANTIC	111	674	–	–	2	–	7	4,938	26,882	26,566	122	701	616	37
Del.	4	8	–	–	–	–	–	99	420	570	–	4	3	–
Md.	15	115	–	–	–	–	4	537	3,314	3,714	8	46	44	–
D.C.	12	41	–	–	1	–	–	192	1,625	1,703	13	59	52	–
Va.	12	74	–	–	–	–	–	388	2,559	2,366	8	73	56	–
W. Va.	1	24	–	–	–	–	–	72	391	401	1	16	–	–
N.C.	14	109	–	–	–	–	2	591	3,962	3,576	7	71	55	–
S.C.	3	18	–	–	–	–	1	553	2,323	2,167	17	40	27	9
Ga.	23	109	–	–	–	–	–	1,048	4,977	4,874	31	179	147	28
Fla.	27	176	–	–	1	–	–	1,458	7,311	7,195	37	213	232	–
E.S. CENTRAL	52	263	2	–	3	2	3	1,285	9,914	8,828	49	194	87	8
Ky.	10	47	–	–	2	–	–	245	1,385	978	4	18	9	4
Tenn.†	22	68	2	–	–	–	–	444	3,444	3,058	25	88	29	3
Ala.	9	62	–	–	1	2	3	219	2,988	2,771	6	33	15	1
Miss.	11	86	–	–	–	–	–	377	2,097	2,021	14	55	34	–
W.S. CENTRAL	75	309	1	–	1	–	–	2,444	15,192	15,027	73	432	341	109
Ark.	4	11	1	–	–	–	–	240	1,248	812	–	15	17	28
La.	9	63	–	–	–	–	–	655	2,591	2,262	21	81	67	–
Okla.	9	55	–	–	–	–	–	229	1,335	1,306	1	7	13	18
Tex.	53	180	–	–	1	–	–	1,320	10,018	10,647	51	329	244	63
MOUNTAIN	30	85	5	–	1	–	1	562	4,345	3,646	6	45	44	1
Mont.	–	3	–	–	–	–	–	39	191	275	–	1	–	–
Idaho	1	2	–	–	–	–	–	32	182	125	1	3	–	–
Wyo.†	2	3	–	–	–	–	–	18	111	75	–	3	3	–
Colo.	–	–	–	–	–	–	–	179	1,158	1,058	3	21	14	–
N. Mex.	2	15	1	–	–	–	–	88	624	513	–	6	10	–
Ariz.	18	50	–	–	–	–	–	37	1,226	821	–	6	11	1
Utah	1	1	4	–	–	–	–	22	195	208	–	–	1	–
Nev.	6	11	–	–	1	–	1	147	658	571	2	5	5	–
PACIFIC	8	455	–	–	7	–	–	783	15,380	19,036	6	388	556	24
Wash.†	NA	4	–	–	–	–	–	335	1,553	1,124	NA	–	21	–
Oreg.	2	24	–	–	–	–	–	235	1,360	1,259	5	20	10	–
Calif.	NA	390	–	NA	5	NA	–	NA	11,632	15,793	NA	361	517	24
Alaska†	–	–	–	–	–	–	–	128	565	524	1	2	1	–
Hawaii	6	37	–	–	2	–	–	85	270	336	–	5	7	–
Guam	NA	–	–	NA	–	NA	–	NA	–	13	NA	–	–	–
P.R.	16	31	–	–	–	–	–	27	199	303	19	63	45	–
V.I.	–	–	–	–	–	–	–	2	15	32	–	–	3	–
Pac. Trust Terr.	NA	6	–	NA	–	NA	–	NA	34	58	NA	–	–	–

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: N.H. +1, Mass. +7, Alaska +9; GC: N.H. –2 civ., Ind. +628 civ., Wis. +321 civ., Tenn. –13 civ., Wyo. +15 mil., Wash. +107 mil.; Syphilis: N.H. +2 civ., Ind. +12 civ., Wis. +1 civ., Wash. +19 civ. +1 mil.

TABLE IV. Deaths in 121 U.S. cities,* week ending February 10, 1979 (6th week)

REPORTING AREA	ALL CAUSES, BY AGE (YEARS)					P & I** TOTAL
	ALL AGES	≥65	45-64	25-44	<1	
NEW ENGLAND	690	471	164	18	17	38
Boston, Mass.	177	123	35	6	2	8
Bridgeport, Conn.	42	28	12	1	–	4
Cambridge, Mass.	36	25	9	1	1	5
Fall River, Mass.	31	24	7	–	–	2
Hartford, Conn.	57	40	13	3	–	–
Lowell, Mass.	28	18	8	2	–	1
Lynn, Mass.	14	11	3	–	–	2
New Bedford, Mass.	27	20	7	–	–	–
New Haven, Conn.	64	40	15	3	2	–
Providence, R.I.	62	38	18	1	6	4
Somerville, Mass.	12	10	2	–	–	–
Springfield, Mass.	42	26	13	1	1	2
Waterbury, Conn.	26	16	6	–	2	3
Worcester, Mass.	71	52	16	–	3	7
MID. ATLANTIC	2,054	1,370	487	110	44	81
Albany, N.Y.	40	25	9	2	1	3
Allentown, Pa.	21	19	2	–	–	–
Buffalo, N.Y.	129	90	30	3	2	6
Camden, N.J.	49	39	9	1	–	–
Elizabeth, N.J.	27	14	10	1	2	1
Erie, Pa.†	35	18	13	1	3	3
Jersey City, N.J.††	58	43	10	2	2	1
Newark, N.J.	57	27	19	6	3	2
N.Y. City, N.Y.	1,275	845	303	76	26	47
Paterson, N.J.	30	19	7	2	1	1
Philadelphia, Pa.†	409	233	121	37	9	15
Pittsburgh, Pa.†	78	57	19	–	2	4
Reading, Pa.	32	24	7	1	–	2
Rochester, N.Y.	130	87	33	6	2	10
Schenectady, N.Y.	23	16	5	2	–	–
Scranton, Pa.†	30	23	6	1	–	2
Syracuse, N.Y.	94	59	22	4	5	–
Trenton, N.J.	30	21	8	1	–	–
Utica, N.Y.	29	20	7	1	–	4
Yonkers, N.Y.	30	22	6	2	–	4
E.N. CENTRAL	2,325	1,426	574	162	96	55
Akron, Ohio	72	54	11	5	2	–
Canton, Ohio	45	27	13	1	2	3
Chicago, Ill.	539	321	135	48	16	11
Cincinnati, Ohio	165	98	47	4	14	4
Cleveland, Ohio	172	90	51	18	8	2
Columbus, Ohio	137	85	39	9	4	2
Dayton, Ohio	105	63	28	5	6	7
Detroit, Mich.	289	165	71	28	14	1
Evansville, Ind.	47	32	9	1	–	3
Fort Wayne, Ind.	50	42	4	2	2	1
Gary, Ind.	21	9	7	4	–	–
Grand Rapids, Mich.	55	39	9	2	3	5
Indianapolis, Ind.	175	105	43	16	8	7
Madison, Wis.	40	23	9	1	5	2
Milwaukee, Wis.	126	82	32	4	4	2
Peoria, Ill.	43	32	9	2	–	2
Rockford, Ill.	38	25	6	2	4	1
South Bend, Ind.	45	30	11	–	1	2
Toledo, Ohio	104	77	19	4	2	–
Youngstown, Ohio	57	27	21	6	1	–
W.N. CENTRAL	744	500	159	27	26	32
Des Moines, Iowa	69	46	19	2	1	–
Duluth, Minn.	28	23	2	1	–	4
Kansas City, Kans.	30	22	6	1	1	1
Kansas City, Mo.	112	66	30	4	6	5
Lincoln, Nebr.	27	18	5	2	1	4
Minneapolis, Minn.	89	62	22	–	2	2
Omaha, Nebr.	72	49	15	4	2	1
St. Louis, Mo.	196	131	36	8	9	8
St. Paul, Minn.	63	48	9	3	2	2
Wichita, Kans.	58	35	15	2	2	5
S. ATLANTIC	1,467	850	413	88	59	55
Atlanta, Ga.	160	91	53	7	2	4
Baltimore, Md.	383	209	118	26	15	12
Charlotte, N.C.	62	34	15	6	6	2
Jacksonville, Fla.	95	62	22	2	8	3
Miami, Fla.	112	65	34	3	5	5
Norfolk, Va.	44	22	9	5	3	3
Richmond, Va.	85	48	27	5	3	7
Savannah, Ga.	45	26	14	1	2	6
St. Petersburg, Fla.	100	83	10	5	2	2
Tampa, Fla.	78	47	19	3	4	5
Washington, D.C.	257	133	80	22	8	5
Wilmington, Del.	46	30	12	3	1	1
E.S. CENTRAL	717	408	197	45	42	37
Birmingham, Ala.	116	66	30	10	4	1
Chattanooga, Tenn.	60	30	18	5	3	7
Knoxville, Tenn.	50	34	13	1	1	–
Louisville, Ky.	101	63	29	1	7	11
Memphis, Tenn.	159	85	43	10	16	3
Mobile, Ala.	58	35	14	7	1	8
Montgomery, Ala.	48	24	17	3	2	1
Nashville, Tenn.	125	71	33	8	8	6
W.S. CENTRAL	1,432	794	390	118	63	60
Austin, Tex.	58	38	14	2	2	9
Baton Rouge, La.	48	32	7	5	3	7
Corpus Christi, Tex.	36	22	8	3	1	–
Dallas, Tex.	187	97	59	10	10	4
El Paso, Tex.	51	33	13	3	–	–
Fort Worth, Tex.	98	56	23	7	6	3
Houston, Tex.	494	261	138	50	20	14
Little Rock, Ark.	46	21	14	3	4	5
New Orleans, La.	95	48	35	4	4	–
San Antonio, Tex.	174	94	50	18	7	6
Shreveport, La.	65	38	17	7	2	1
Tulsa, Okla.	80	54	12	6	4	11
MOUNTAIN	534	348	105	38	19	27
Albuquerque, N. Mex.	69	42	14	8	1	6
Colo. Springs, Colo.	37	29	4	1	2	10
Denver, Colo.	115	76	27	5	3	6
Las Vegas, Nev.	30	15	9	3	2	1
Ogden, Utah	19	12	4	2	–	1
Phoenix, Ariz.	110	71	22	9	4	1
Pueblo, Colo.	19	13	3	2	–	1
Salt Lake City, Utah	44	24	4	3	3	1
Tucson, Ariz.	91	56	18	5	4	–
PACIFIC	1,829	1,200	416	98	55	53
Berkeley, Calif.	15	9	4	2	–	–
Fresno, Calif.	62	37	11	7	2	3
Glendale, Calif.	15	13	1	–	–	–
Honolulu, Hawaii	66	41	15	4	2	–
Long Beach, Calif.	126	89	27	6	1	4
Los Angeles, Calif.	497	325	112	25	16	11
Oakland, Calif.	69	47	15	3	3	6
Pasadena, Calif.	28	24	4	–	–	2
Portland, Oreg.	134	92	22	8	5	1
Sacramento, Calif.	70	40	20	3	4	2
San Diego, Calif.	162	109	37	7	4	1
San Francisco, Calif.	180	120	40	12	5	–
San Jose, Calif.	177	112	49	7	5	9
Seattle, Wash.	150	97	37	10	3	9
Spokane, Wash.	43	21	15	3	3	2
Tacoma, Wash.	35	24	7	1	2	3
TOTAL	11,792	7,367	2,905	707	421	438
Expected Number	11,706	7,292	2,925	689	417	472

*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.

††Data not available. Figures are estimates based on average percent of regional totals.

Reye Syndrome – Continued

blood ammonia level 492 mg/dl, and his prothrombin time 18 seconds (control, 12 seconds). Liver biopsy showed fatty infiltration consistent with Reye syndrome. The patient has been managed with subarachnoid pressure monitoring and intravenous mannitol to control cerebral edema and has improved steadily.

Case 2: The 4-year-old brother of Patient 1, who was also recovering from a mild URI, began vomiting on January 27. He was seen on January 29 by his family physician, who prescribed antiemetics. Because of lethargy and confusion, he was brought to the emergency room of the referral hospital approximately 4 hours after admission of his younger brother. In the emergency room he was combative and rapidly deteriorating. He was therefore admitted to the intensive care unit. On admission the following laboratory results were obtained: SGOT level 432 IU/liter, SGPT level 1,046 IU/liter, ammonia level 282 mg/dl, and prothrombin time 15 seconds (control, 12 seconds). Liver biopsy revealed fatty infiltration consistent with Reye syndrome. This child was also managed by subarachnoid pressure monitoring and intravenous mannitol as needed to control cerebral edema. He has shown improvement.

Case 3: The 16-month-old sister of Patients 1 and 2 was admitted at the same time as her 4-year-old brother because of the seriousness of her brother's illness and the similarity of her prodrome. She was noted to be slightly lethargic but responsive to verbal commands. Her admission laboratory work showed an SGOT level of 732 IU/liter, an SGPT level of 554 IU/liter, a blood ammonia level of 52 mg/dl, a blood glucose level of 90 mg/dl, and a prothrombin time of 13 seconds (control, 12 seconds). Her liver biopsy was also consistent with Reye syndrome. She was hospitalized in the intensive care unit for 2 days and after showing marked improvement was transferred to a ward.

Toxicologic screens of blood and urine performed for all 3 children were negative. An environmental examination of the children's home and the houses of their babysitter and of close relatives where the children spent time during the previous 2 weeks revealed no toxic agents that might explain their illness. There have been no influenza isolates from their county of residence, although there have been reports of influenza activity in the area. Histocompatibility locus antigen (HLA) typing for the 3 children and their father is pending, as are viral cultures and viral titers for the 3 children.

Reported by JE McCroan, Phd, State Epidemiologist, D Smith, Div of Physicial Health, Georgia Dept of Human Resources; RH Hutcheson, Jr, MD, State Epidemiologist, Tennessee State Dept of Public Health; Immunology Div, Bur of Laboratories, Enteric and Neurotropic Diseases Br, Viral Diseases Div, Bur of Epidemiology, CDC.

Editorial Note: Although there have been several reports in the literature (*1,2*), the multiple occurrence of Reye syndrome in families continues to be a relatively rare event. Most cases of Reye syndrome in siblings have not occurred together in time. In addition, the second case has often been considerably milder than the first, and the diagnosis in the second case has been made only because of the high index of suspicion caused by the first. Genetic or environmental factors could be responsible for the occasional occurrence in siblings; however, to date no specific HLA locus or environmental agent has been shown to occur with increased frequency in children with Reye syndrome. Further work is needed in evaluating sibling pairs to determine what risk factors may be involved in Reye syndrome.

References

1. Becroft DMO: Syndrome of encephalopathy and fatty degeneration of the viscera in New Zealand children. Br Med J 2:135-140, 1966
2. Thaler MM, Bruhn FW, Applebaum MN: Reye's syndrome in twins. J Pediatr 77:638-646, 1970

Epidemiologic Notes and Reports

Follow-up on Trichinosis Associated with Bear Meat — Alaska, California

Twenty-seven cases of trichinosis have now been identified in the outbreak involving persons in Alaska and California who ate the meat of a single Alaskan black bear (*1*). Nineteen of the cases have occurred in Alaska, and 8 in California after a portion of the meat was taken to Los Angeles. Sixty-three people attended meals where the implicated meat was served, and 30 of these ate the meat. The 27 known cases indicate an attack rate of 90% in people who ate this meat.

Reported by J Cinque, MD, LAC-USC General Hospital, Los Angeles; S Fannin, MD, Los Angeles County Dept of Health; R Brodsky, MD, Alaska Native Medical Center, Anchorage; J Farrell, TL Woodard, MD, Acting State Epidemiologist, Anchorage; U.S. Dept of Agriculture, Palmer, Alaska; Alaska Investigations Div, Field Services Div, Bur of Epidemiology, CDC.

Reference

1. MMWR 28:12, 1979

Influenza — Washington State, Worldwide

Washington State: In mid-December 1978, the Epidemiology Section, Department of Social and Health Services, Washington State, was notified that the state's first outbreak of influenza-like illness was occurring in Centralia Junior High School, Centralia. Illness in the students involved acute onset of fever, headache, sore throat, rhinorrhea, myalgias, and malaise. Infrequently, gastrointestinal distress and persistent cough were also reported.

Paired acute and convalescent serum specimens showed 4-fold or greater titer elevations to influenza A(H1N1) in 5 persons by hemagglutination inhibition. Attempts at virus isolation were unsuccessful for 20 people (including 5 who had titer elevations) who had onset of illness within 24 hours before the culture was taken.

Review of the school's attendance records showed that 10% of the 538 enrolled students were absent on December 5; this figure rapidly increased to 40% on December 15. Between December 4 and December 22, a total of 432 students became ill with the syndrome, for an overall attack rate of 80%. The duration of illness, expressed in school days absent, was from 1 to 12 days; the average time absent was 3.2 days. Four patients reported complications requiring hospitalization; 3 had secondary pneumonia, and 1 had severe dehydration. All recovered without sequelae.

The entire school district (3,423 students) had increased absenteeism during the month, peaking on December 22, when 26% (882) of the students were absent. School was dismissed for Christmas vacation on that day. The attack rate for the school district for the month was not determined.

When school reconvened on January 2, 1979, the junior high school reported only 9.6% absenteeism, and the school district reported 10.2% absenteeism.

Worldwide: Influenza A(H1N1) viruses were isolated in January for the first time this winter in Czechoslovakia, Finland, Israel, and Switzerland, primarily from outbreaks and sporadic cases of illness in children and young adults. Influenza B viruses have caused outbreaks in school children in Germany and have also been isolated from several persons in Alberta and Saskatchewan, Canada. Influenza A(H3N2) viruses were also isolated in January from sporadic illnesses in Canada, Italy, and the United Kingdom. The H3N2 viruses isolated in Italy and the United Kingdom and a virus isolated in December in the USSR (*1*) have been identified at the World Health Organization (WHO) Collaborating Centers for Influenza, Atlanta and London, as resembling A/Texas/1/77.

Influenza — Continued

Reported by Cascade Family Medical Clinic, Centralia, Washington; D Bower, RN, Centralia School District, Centralia; R Cole, MD, MPH, Lewis County Health District; Washington State Laboratories, JW Taylor, MD, MPH, State Epidemiologist, Washington Dept of Social and Health Services; the WHO in the Weekly Epidemiological Record, February 2, 1979; WHO Collaborating Center for Influenza, Bur of Laboratories, Field Services Div, Bur of Epidemiology, Bur of State Services, CDC.

Reference

1. MMWR 28:52, 1979

International Notes

Quarantine Measures

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

GUINEA-BISSAU

Yellow fever — Delete note and insert: Except that no certificate is required from travelers who arrive from a non-infected area in a country NOT listed below and stay less than 2 weeks:

Africa: Angola; Benin; Burundi; Cameroon, United Republic of; Central African Empire; Chad; Congo; Ethiopia; Gabon; Gambia; Ghana; Guinea; Ivory Coast; Kenya; Liberia; Mali; Madagascar; Mozambique; Niger; Nigeria; Rwanda; Sao Tome and Principe; Senegal; Sierra Leone; Somalia; Tanzania, United Republic of; Togo; Uganda; Upper Volta; Zaire; Zambia

Americas: Belize, Bolivia, Brazil, Colombia, Costa Rica, Ecuador, French Guiana, Guatemala, Honduras, Nicaragua, Panama, Peru, Surinam, Venezuela

Smallpox — Insert: A certificate is required ALSO from travelers arriving from:

Africa: Ethiopia, Somalia

Asia: Bangladesh, India, Pakistan

ALSO on page 13 insert * after code.

GUYANA

Smallpox — Change code to III. Delete note. ALSO on page 13 change code to III and delete *.

HAITI

Smallpox — Change code to II. Delete note. ALSO on page 13 change code to II and delete *.

IRAQ

Cholera — Delete code >6 mos. Insert: None. ALSO on page 13 delete code. Insert: None.

Smallpox — Change code to III. ALSO on page 13 change code to III.

ITALY

Smallpox — Delete from note: Pakistan

JAPAN

Smallpox — Delete note. ALSO on page 14 delete * by code.

KENYA

Smallpox — Change code to III. ALSO on page 14 change code to III.

KOREA, REPUBLIC OF

Smallpox — Change code to III. ALSO on page 14 change code to III.

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.

Yellow Fever — Trinidad

The Government of Trinidad and Tobago has notified the World Health Organization of 1 human death from sylvatic yellow fever and another death that is being investigated. That government has now designated all of the island of Trinidad as infected with yellow fever. Tobago is not infected. In view of these developments, although the risk is low the U.S. Public Health Service recommends that all U.S. travelers to Trinidad be vaccinated for yellow fever. In addition, many countries *require* vaccination of travelers arriving from yellow fever-infected areas such as Trinidad. Information on the location of yellow fever vaccination centers is available from state and local health departments.

As previously noted (*1*), the Ministry of Health for Trinidad and Tobago received reports on November 7, 1978, that monkeys were dying in the forested areas of southeastern Trinidad. Subsequent investigation and laboratory studies revealed that selected species of mosquitoes and monkeys in the area were infected with yellow fever virus. In response to this information the Ministry of Health immediately began to intensify vaccination against yellow fever, surveillance for human disease, and efforts to control the *Aedes aegypti* mosquito, the urban vector of yellow fever. Since then, there has been continued evidence of yellow fever virus activity in the forested areas of Trinidad. Yellow fever vaccination efforts in the country have continued, and vaccine is now being offered to all residents on the island including those in urban areas.

Reported by the Pan American Health Organization; Quarantine Div, Viral Diseases Div, Bur of Epidemiology, CDC.

Reference

1. MMWR 27:509, 1978

Errata, Index, Vol. 27

p539 The title of the Annual Supplement Summary to Volume 27 of the MMWR is "Reported Morbidity and Mortality in the United States, 1978."

p544 In the "Measles" entry, line 2, delete "ball pythons 321".

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