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MORBIDITY AND MORTALITY WEEKLY REPORT

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Surveillance Summary

Tubal Sterilization — United States, 1970-1975

By 1975, tubal sterilization had become the third most frequently performed operation on 15- to 44-year-old women in the United States. The estimated number of tubal sterilizations performed on women of this age group rose from 201,000 in 1970 to 550,000 in 1975 (Figure 1). This was a 2.5-fold increase in rate—from 4.7 to 11.7 per 1,000 women age 15-44 (Table 1). The rate increased in all geographic regions; the West had the lowest rate each year.

An increase in rate was observed in all age groups; it was highest among women 25-34 years old. Over 2% of U.S. women in this age group underwent a tubal sterilization in 1975.

In 1970, the rate of tubal sterilization for women of black and other races was over twice that for white women. However, the rate for white women undergoing such procedures increased steadily over the 6-year period, whereas the rate for women of black and other races remained relatively constant. By 1975, both racial groups were undergoing this procedure at nearly equal rates.

At the time of surgery, white women, on the average, were 30.3 years old, and women of black and other races, 28.8 years old. Most women (88%) were married* at the time of their operation; 6% had never married (Table 2).

Three strong shifts in medical practice were noted during the study period: an increase in sterilization among nonpregnant women, an increase in the proportion of laparoscopic sterilizations, and a decrease in the length of hospital stay associated with sterilization.

Interval sterilizations—those performed on women who are not pregnant at the time they are admitted to the hospital—accounted for only 29% of tubal sterilizations in 1970, but for 57% of sterilizations by 1975 (Table 2). This shift was predominant among white women. In 1970, the majority of women in both racial groups who obtained a tubal sterilization were pregnant at the time of hospital admission, but a higher percentage of women of black and other races (84%) were pregnant compared to white women (68%). By 1975, the majority (59%) of white women undergoing tubal sterilization had interval procedures. Although interval sterilization was being used more frequently by women of black and other races by 1975, it accounted for only 40% of their sterilizations.

Laparoscopy was used for fewer than 1% of tubal sterilizations in 1970, but for 35% of those performed in 1975. In 1975, 56% (168,000 procedures) of the interval sterilizations and 55% (13,000 procedures) of tubal sterilizations performed following abortions in hospitals were done with a laparoscope.

For women hospitalized at least 1 night, there was a steady decrease in the average length of hospital stay associated with a tubal sterilization—from 6.5 nights in 1970 to

*This category included women who were separated but not divorced from their husbands.

Tubal Sterilizations — Continued

4.2 nights in 1975. For women obtaining interval sterilizations, the mean length of hospitalization decreased from 6.4 nights to 3.4 nights; by 1975, 58% spent 2 nights or less (in contrast to 5% in 1970). By 1975, 7% of women having interval sterilizations did not stay overnight in a hospital; 92% of the women undergoing interval sterilization who were admitted and discharged the same day had laparoscopic tubal sterilizations.

FIGURE 1. Estimated number of women undergoing tubal sterilization, United States, 1970-1975

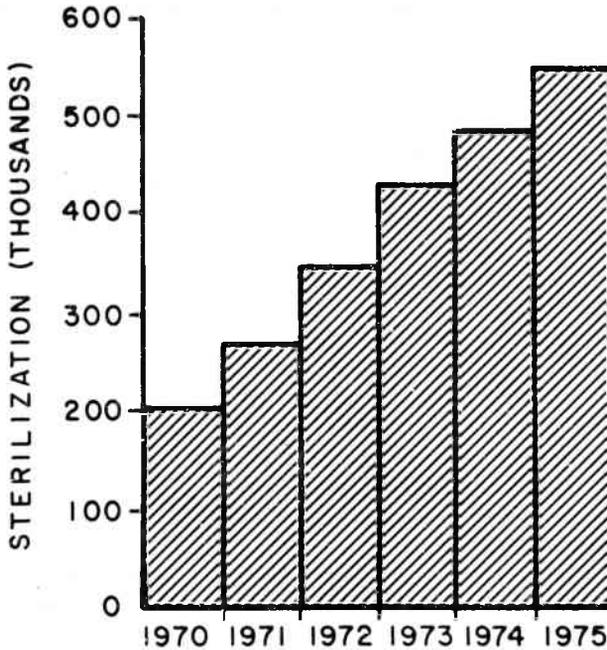


TABLE 1. U.S. tubal sterilization rates* by geographic region, age, and race, 1970 through 1975

Characteristics	Rate*					
	1970	1971	1972	1973	1974	1975
Total	4.7	6.2	7.9	9.6	10.4	11.7
Geographic Region†						
Northeast	4.6	6.8	8.5	10.9	10.9	11.5
North Central	4.3	6.3	7.3	10.6	11.9	13.3
South	5.7	6.6	9.1	9.6	11.4	12.7
West	3.7	4.4	5.5	6.2	6.0	7.6
Age						
15-24	1.6	2.4	3.2	3.7	4.1	4.2
25-34	9.8	12.9	15.2	18.0	19.3	21.8
35-44	4.0	4.4	6.6	8.7	9.6	10.9
Race						
White	4.1	5.3	7.1	9.1	10.1	11.6
Black and others	9.0	12.0	12.7	12.5	12.4	12.0

*per 1000 women aged 15-44.

†Regions are composed of U.S. Census Divisions. Northeast = New England and Middle Atlantic; North Central = E.N. Central and W.N. Central; South = S. Atlantic, E.S. Central, and W.S. Central; and West = Mountain and Pacific.

Tubal Sterilizations — Continued

TABLE 2. Percent distribution of U.S. women age 15-44 undergoing tubal sterilizations, by selected characteristics, 1970 through 1975

Characteristics	Percent distribution					
	1970	1971	1972	1973	1974	1975
Marital status*						
Currently married†	91.3	87.8	89.8	88.1	87.4	86.9
Previously married	3.6	5.3	5.0	6.3	6.5	7.9
Never married	5.1	6.8	5.2	5.6	6.1	5.2
Timing of tubal sterilization in relation to pregnancy						
Not pregnant on hospital admission	29.0	36.3	41.3	50.3	55.0	56.6
Pregnant on hospital admission	71.0	63.7	58.7	49.7	45.0	43.4
Type of procedure						
Laparoscopy	0.6	‡	—	—	—	35.1
Laparotomy and others	99.4	‡	—	—	—	64.9

*Excludes unknown marital status.

†Includes separated.

‡Data not available.

Reported by the Family Planning Evaluation Div, Bur of Epidemiology, CDC.

Editorial Note: Estimates of the number of tubal sterilizations were derived from data collected in the Hospital Discharge Survey, conducted annually by the National Center for Health Statistics (NCHS) (1). Only tubal sterilizations performed in U.S. civilian, short-stay hospitals were included in the estimates. These estimates are probably low because they do not include sterilizations performed in either federally operated hospitals or free-standing, ambulatory, surgical-care clinics. Estimates of rates are also conservative because the denominator each year did not exclude previously sterilized or otherwise sterile women.

Even though the rate for white women nearly equaled that for women of black and other races by 1975, a national study of married couples showed that a higher proportion of white couples than black couples chose contraceptive sterilization (tubal sterilization or vasectomy) in 1973 (2). By 1976, 20% of currently married white couples had had a contraceptive sterilization, compared to 13% of currently married black couples. Among white couples, vasectomies were as frequent as tubal sterilizations. Among black couples, nearly 6 tubal sterilizations were performed for every 1 vasectomy (3).

The shorter hospitalization period noted here appears to be unique to tubal sterilization since no overall decrease in length of hospital stay was observed for 15- to 44-year-old women during this time period (4). This decrease appears to be largely attributable to the use of the laparoscope. In 1975, the laparoscope was associated with more than 80% of hospitalizations of 2 nights or less for tubal sterilization.

References

1. NCHS: Vital and Health Statistics (Series 2 - No. 39). Rockville, Md, NCHS, 1970
2. Westoff CF: Trends in Contraceptive Practice: 1965-1973. *Fam Plann Perspect* 8:54-57, 1976
3. NCHS: Advance Data from Vital and Health Statistics (36:2) Rockville, Md, NCHS, 1978
4. NCHS: Vital and Health Statistics (Series 13 - No. 16:9, 1974; No. 20:6, 1975; No. 25:7, 1976; No. 30:6, 1977). Rockville, Md, NCHS

Current Trends

Destruction of Variola Virus Stock — California

In response to the growing concern that variola virus be restricted to a few research laboratories worldwide (1-4), the Viral and Rickettsial Disease Laboratory at the California State Department of Health Services inventoried its variola virus stocks (variola major, Hartridge strain) on August 18, 1975. On November 18, 1976, investigators there autoclaved all of the virus known to be on hand, including some chorioallantoic membrane passage 5, E-5565, that had been harvested on May 28, 1954.

On March 23, 1979, while staff microbiologists were cataloging old stocks of various lyophilized viruses, additional material of passage E-5565, consisting of 12 ampules of lyophilized virus, was found. Its location had not previously been recorded. The ampules were all intact; there was no laboratory accident or exposure to the virus. Investigators autoclaved these 12 ampules the same day. Subsequently, laboratory records and stock viruses have again been reviewed, and there is no evidence of any additional variola virus stock in the laboratory.

Reported by RW Emmons, MD, Viral and Rickettsial Disease Laboratory, California State Dept of Health Services; Bur of Smallpox Eradication, CDC.

Editorial Note: Eighteen months have passed since the last endemic case of smallpox occurred in Somalia in October 1977. Cases that have occurred since then have been

(Continued on page 177)

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

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

DISEASE	15th WEEK ENDING		MEDIAN 1974-1978**	CUMULATIVE, FIRST 15 WEEKS		
	April 14, 1978	April 15, 1978*		April 14, 1978	April 15, 1978*	MEDIAN 1974-1978**
Asptic meningitis	39	51	35	708	536	534
Brucellosis	1	1	3	20	40	44
Chickenpox	7,451	4,309	4,357	96,711	61,660	61,765
Diphtheria	-	-	1	51	25	69
Encephalitis: Primary (arthropod-borne & unsp.)	9	11	12	133	160	182
Post-infectious	2	2	4	52	42	55
Hepatitis, Viral: Type B	274	302	302	3,069	4,303	4,259
Type A	505	625	625	8,335	7,986	10,284
Type unspecified	221	168	168	3,211	2,310	2,436
Malaria	3	5	5	102	136	91
Measles (rubella)	444	1,115	1,115	4,689	8,866	8,866
Meningococcal infections: Total	62	55	40	973	827	588
Civilian	62	54	39	970	818	583
Military	-	1	1	3	9	9
Mumps	515	635	1,336	6,160	6,612	19,334
Pertussis	18	33	20	397	628	330
Rubella (German measles)	632	590	590	4,341	4,393	5,428
Tetanus	-	5	1	10	15	14
Tuberculosis	555	518	581	7,875	7,626	8,317
Tularemia	4	3	2	31	19	24
Typhoid fever	2	7	6	105	152	100
Typhus fever, tick-borne (Rky. Mt. spotted)	3	2	3	26	16	16
Veneral diseases:						
Gonorrhea: Civilian	15,534	16,967	17,689	272,983	261,648	266,386
Military	513	368	512	8,029	6,855	7,611
Syphilis, primary & secondary: Civilian	311	449	449	6,881	5,865	6,207
Military	7	6	6	92	87	88
Rabies in animals	135	53	62	1,059	747	739

TABLE II. Notifiable diseases of low frequency, United States

	CUM. 1978		CUM. 1978
Anthrax	-	Poliomyelitis: Total	2
Botulism	4	Paralytic	2
Congenital rubella syndrome † (Ill. 8)	16	Psittacosis † (Ups. N.Y. 1, Oreg. 1, Calif. 3)	37
Leprosy (Calif. 3)	50	Rabies in man	1
Leptospirosis † (Ga. 1, Ala. 1)	17	Trichinosis † (R.I. 2)	27
Plague	1	Typhus fever, flea-borne (endemic, murine)	4

*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: Cong. rubella syn.; Ups. N.Y. -2 (1978); Leptospirosis: Ups. N.Y. -1 (1978); Psittacosis: Ark. -1 (1978)

†The following delayed report will be reflected in next week's cumulative totals: Trichinosis: Va. -1.

TABLE III. Cases of specified notifiable diseases, United States, weeks ending April 14, 1979, and April 15, 1978 (15th week)

REPORTING AREA	ASEPTIC MENINGITIS	BRUCELLOSIS	CHICKENPOX	DIPHTHERIA		ENCEPHALITIS			HEPATITIS (VIRAL), BY TYPE			MALARIA	
						Primary		Post-infectious	B	A	Unspecified		
						1979	1978*						
UNITED STATES	39	1	7,451	-	51	9	11	2	274	505	221	3	102
NEW ENGLAND	5	-	1,134	-	-	1	-	-	6	12	16	-	5
Maine	-	-	109	-	-	-	-	-	-	3	-	-	-
N.H.	2	-	9	-	-	-	-	-	-	2	-	-	-
Vt.	-	-	3	-	-	-	-	-	-	-	-	-	-
Mass.	-	-	452	-	-	-	-	-	2	3	15	-	1
R.I.	-	-	91	-	-	-	-	-	1	1	-	-	3
Conn.†	3	-	470	-	-	1	-	-	3	3	1	-	1
MID. ATLANTIC	10	-	530	-	-	1	-	1	39	35	13	1	15
Upstate N.Y.	4	-	292	-	-	1	-	1	7	11	2	-	2
N.Y. City	2	-	76	-	-	-	-	-	9	3	1	1	10
N.J.	-	-	NN	-	-	-	-	-	23	21	10	-	1
Pa.	4	-	162	-	-	-	-	-	NA	NA	NA	-	2
E.N. CENTRAL	2	-	3,068	-	-	2	3	-	27	61	12	-	5
Ohio†	-	-	266	-	-	1	2	-	3	16	-	-	2
Ind.†	-	-	357	-	-	-	-	-	1	2	3	-	-
Ill.	-	-	635	-	-	-	-	-	8	13	4	-	1
Mich.	2	-	1,135	-	-	1	1	-	10	20	4	-	2
Wis.	-	-	675	-	-	-	-	-	5	10	1	-	-
W.N. CENTRAL	-	-	1,223	-	-	-	1	-	13	35	6	-	3
Minn.	-	-	5	-	-	-	-	-	2	2	-	-	2
Iowa	-	-	264	-	-	-	-	-	3	4	1	-	-
Mo.	-	-	204	-	-	-	1	-	3	5	5	-	1
N. Dak.†	-	-	11	-	-	-	-	-	-	-	-	-	-
S. Dak.	-	-	26	-	-	-	-	-	1	6	-	-	-
Nebr.	-	-	67	-	-	-	-	-	-	-	-	-	-
Kans.	-	-	646	-	-	-	-	-	4	18	-	-	-
S. ATLANTIC	1	-	467	-	-	2	2	-	54	63	35	-	25
Del.	-	-	2	-	-	-	-	-	2	-	-	-	1
Md.	-	-	51	-	-	-	-	-	15	10	22	-	3
D.C.	-	-	6	-	-	-	-	-	2	-	-	-	4
Va.	-	-	97	-	-	2	-	-	10	7	3	-	6
W. Va.	-	-	94	-	-	-	-	-	-	1	1	-	1
N.C.†	-	-	NN	-	-	2	-	-	2	17	-	-	1
S.C.	-	-	5	-	-	-	-	-	3	6	1	-	1
Ga.†	-	-	7	-	-	-	-	-	14	1	-	-	1
Fla.†	1	-	205	-	-	-	-	-	6	21	8	-	7
E.S. CENTRAL	4	-	73	-	-	2	1	-	19	24	1	-	-
Ky.	-	-	51	-	-	-	-	-	2	6	-	-	-
Tenn.	3	-	NN	-	-	1	-	-	14	9	1	-	-
Ala.	-	-	15	-	-	1	-	-	1	3	-	-	-
Miss.	1	-	7	-	-	-	1	-	2	6	-	-	-
W.S. CENTRAL	1	-	397	-	-	1	-	-	29	98	53	1	9
Ark.	-	-	44	-	-	-	-	-	-	5	2	-	1
La.†	-	-	NN	-	-	-	-	-	8	6	9	1	1
Okla.	-	-	-	-	-	-	-	-	3	4	2	-	-
Tex.	1	-	353	-	-	1	-	-	18	83	40	-	7
MOUNTAIN	2	-	144	-	1	-	1	-	9	58	36	-	2
Mont.	-	-	62	-	-	-	-	-	-	1	-	-	-
Idaho	-	-	-	-	-	-	-	-	-	1	-	-	-
Wyo.	-	-	-	-	-	-	-	-	-	-	-	-	1
Colo.	1	-	59	-	-	-	1	-	2	8	6	-	1
N. Mex.†	1	-	-	-	-	-	-	-	1	22	-	-	-
Ariz.†	-	-	NN	-	1	-	-	-	3	18	21	-	-
Utah	-	-	21	-	-	-	-	-	-	5	8	-	-
Nev.	-	-	2	-	-	-	-	-	3	3	1	-	-
PACIFIC	14	1	415	-	50	-	3	1	78	119	49	1	38
Wash.	-	-	354	-	49	-	-	-	5	18	3	-	2
Oreg.	1	-	3	-	-	-	-	-	6	15	6	-	2
Calif.†	13	1	-	-	1	-	3	1	67	86	40	1	33
Alaska	-	-	19	-	-	-	-	-	-	-	-	-	-
Hawaii	-	-	39	-	-	-	-	-	-	-	-	-	1
Guam†	NA	NA	NA	NA	-	NA	-	-	NA	NA	NA	NA	-
P.R.	1	-	24	-	-	-	-	-	-	-	1	-	-
V.I.	-	-	-	-	-	-	-	-	-	-	-	-	-
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: Aseptic meningitis: Ohio +1, Ind. +1, Fla. +4; Chickenpox: Fla. +131, N. Mex. +1, Calif. +114, Guam +7; Encephalitis: La. -1; Hep. B: Conn. +3, N.C. +1, Ga. +2, Fla. +10, N. Mex. +1; Hep. A: Conn. +5, N. Dak. +1, N.C. -1, Ga. +11, Fla. +16, La. -6; Hep. unsp.: Conn. +1, Fla. +4, Ariz. -1, Guam +7; Malaria: Ga. +1.

TABLE III (Cont'd). Cases of specified notifiable diseases, United States, weeks ending April 14, 1979, and April 15, 1978 (15th week)

REPORTING AREA	MEASLES (RUBEOLA)			MENINGOCOCCAL INFECTIONS TOTAL			MUMPS		PERTUSSIS	RUBELLA		TETANUS
	1978	CUM. 1979	CUM. 1978*	1979	CUM. 1979	CUM. 1978*	1979	CUM. 1979	1979	1979	CUM. 1979	CUM. 1979
UNITED STATES	444	4,689	8,866	62	973	827	515	6,160	18	632	4,341	10
NEW ENGLAND	7	131	921	6	34	49	17	252	-	104	585	-
Maine†	-	4	609	-	1	3	7	100	-	-	15	-
N.H.	-	3	11	-	5	5	-	-	-	11	49	-
Vt.	7	24	5	-	2	1	-	4	-	53	219	-
Mass.	-	-	97	1	7	19	4	23	-	32	198	-
R.I.	-	100	4	-	1	9	2	13	-	3	14	-
Conn.	-	-	195	5	18	12	4	110	-	5	90	-
MID. ATLANTIC	79	461	662	10	138	109	128	538	2	137	616	2
Upstate N.Y.	70	284	439	3	48	35	8	68	2	43	223	1
N.Y. City	8	142	88	4	38	28	2	54	-	9	69	1
N.J.	-	24	10	2	35	19	56	273	-	18	182	-
Pa.	1	11	125	1	17	27	62	143	-	67	142	-
E.N. CENTRAL	32	1,042	3,356	8	86	81	185	2,524	1	138	1,048	1
Ohio†	-	4	189	4	28	16	70	885	-	-	24	-
Ind.†	10	90	56	-	18	13	9	147	1	77	336	-
Ill.	3	364	423	-	3	14	20	386	-	1	74	-
Mich.	12	370	2,121	3	28	31	37	502	-	46	510	1
Wis.†	7	214	567	1	9	7	49	604	-	14	104	-
W.N. CENTRAL	58	512	115	3	35	30	45	413	1	10	194	-
Minn.	37	238	14	-	6	4	2	5	-	3	17	-
Iowa	2	5	8	1	5	5	10	147	1	-	42	-
Mo.	19	257	6	-	17	14	10	119	-	-	18	-
N. Dak.†	-	2	49	-	-	-	-	1	-	-	8	-
S. Dak.	-	1	-	-	2	2	1	3	-	-	-	-
Nebr.	-	-	3	-	-	-	-	4	-	-	59	-
Kans.	-	9	35	2	5	5	21	134	-	7	50	-
S. ATLANTIC	67	602	2,167	5	219	219	23	224	5	100	403	2
Del.	-	-	4	-	2	-	-	8	-	-	1	-
Md.	-	5	1	1	18	8	2	29	-	12	12	-
D.C.	-	-	47	-	-	1	-	1	-	-	-	-
Va.†	2	72	1,456	-	37	30	7	50	-	23	41	-
W. Va.	4	38	369	-	3	5	2	55	-	3	64	-
N.C.	16	91	46	1	37	46	11	33	2	41	128	2
S.C.†	-	34	135	-	32	17	-	2	-	3	41	-
Ga.†	27	62	5	2	39	29	-	3	2	-	2	-
Fla.†	18	300	104	1	51	83	1	43	1	18	114	-
E.S. CENTRAL	8	68	659	5	80	67	56	594	-	12	131	2
Ky.	1	15	57	-	13	13	54	509	-	2	39	-
Tenn.	1	12	468	1	25	20	2	56	-	7	58	-
Ala.	6	34	25	2	20	17	-	9	-	3	17	2
Miss.	-	7	109	2	22	17	-	20	-	-	17	-
W.S. CENTRAL	43	529	533	14	189	124	27	1,072	3	12	120	3
Ark.	-	7	8	-	14	13	4	568	-	-	-	2
La.†	-	144	206	3	88	40	-	23	-	-	15	-
Okla.	-	3	7	-	16	10	-	-	-	-	16	-
Tex.	43	375	317	11	71	61	23	481	3	12	89	1
MOUNTAIN	26	109	99	-	43	13	8	167	3	11	168	-
Mont.	14	43	72	-	2	1	-	5	-	2	31	-
Idaho	-	2	1	-	3	1	-	3	-	6	99	-
Wyo.	-	-	-	-	-	-	-	-	-	-	-	-
Colo.	-	8	12	-	1	2	1	51	2	3	17	-
N. Mex.	11	20	-	-	2	2	-	4	-	-	-	-
Ariz.†	1	21	8	-	28	3	7	20	1	-	16	-
Utah	-	13	1	-	3	3	-	76	-	-	5	-
Nev.	-	2	5	-	4	1	-	8	-	-	-	-
PACIFIC	124	1,235	349	11	149	135	26	376	3	108	1,076	-
Wash.	34	548	36	2	22	20	5	137	-	7	98	-
Oreg.	33	52	97	-	9	4	2	35	-	2	42	-
Calif.	55	568	215	8	111	105	18	160	3	99	929	-
Alaska	-	14	-	-	2	5	-	5	-	-	1	-
Hawaii	2	53	1	1	5	1	1	39	-	-	6	-
Guam†	NA	-	1	-	-	-	NA	-	NA	NA	1	-
P.R.	8	140	78	-	-	1	19	285	-	-	17	3
V.I.	-	1	6	-	-	-	-	1	-	-	-	-
Pac. Trust Terr.	NA	5	306	-	1	2	NA	11	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: Maine +2, Ind. -2, Wis. +3, N. Dak. +4, Va. -5, Ga. +28, Fla. +26, La. -1; Men. inf.: Ind. +3, S.C. +1, Ga. +1, Fla. +7, La. -5; Mumps: Fla. +1; Pertussis: Maine +1, Ohio -2, Ind. -4; Rubella: Maine +31, Wis. +3, Fla. +4, Ariz. +5, Guam +2.

TABLE III (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending April 14, 1979, and April 15, 1978 (15th week)

REPORTING AREA	TUBERCULOSIS		TULA-REMA	TYPHOID FEVER		TYPHUS FEVER (Tick-borne) (RMSF)		VENEREAL DISEASES (Civilian)						RABIES (in Animals)
								GONORRHEA			SYPHILIS (Pri. & Sec.)			
	1978	CUM. 1979	CUM. 1979	1978	CUM. 1979	1978	CUM. 1979	1978	CUM. 1979	CUM. 1978*	1978	CUM. 1979	CUM. 1978*	
UNITED STATES	555	7,075	31	2	105	3	26	15,534	272,983	261,648	311	6,881	5,865	1,059
NEW ENGLAND	19	229	1	-	8	-	-	429	7,384	6,560	8	121	183	14
Maine	3	16	-	-	1	-	-	28	475	500	-	1	3	13
N.H.	-	4	-	-	-	-	-	23	241	309	-	2	1	1
Vt.	-	6	-	-	-	-	-	11	130	167	-	-	-	-
Mass.	15	148	1	-	4	-	-	178	3,034	2,910	3	80	123	-
R.I.	-	13	-	-	1	-	-	47	603	450	-	3	6	-
Conn.	1	42	-	-	2	-	-	142	2,901	2,224	5	35	50	-
MID. ATLANTIC	98	1,307	1	-	16	2	5	1,913	30,267	28,700	83	1,125	793	6
Upstate N.Y.	27	237	1	-	3	1	4	514	5,599	4,561	18	103	56	6
N.Y. City	36	481	-	-	6	1	1	797	11,214	11,600	49	750	556	-
N.J.	5	218	-	-	5	-	-	50	5,632	5,017	14	150	89	-
Pa.	30	371	-	-	2	-	-	552	7,842	7,582	2	122	92	-
E.N. CENTRAL	61	1,095	-	-	8	-	2	2,346	42,100	37,191	42	899	576	78
Ohio †	13	210	-	-	-	-	2	707	11,816	9,893	10	189	124	4
Ind.	4	155	-	-	4	-	-	199	3,453	3,991	1	49	32	21
Ill.	16	392	-	-	4	-	-	565	13,225	10,977	26	522	349	40
Mich.	23	290	-	-	4	-	-	655	9,814	8,801	3	106	53	-
Wis.	5	48	-	-	-	-	-	220	3,792	3,529	2	33	18	13
W.N. CENTRAL	15	257	9	-	3	-	1	799	13,145	12,865	5	100	133	207
Minn.	1	27	-	-	2	-	-	151	2,282	2,364	-	29	56	52
Iowa †	2	27	-	-	-	-	-	95	1,732	1,543	3	13	12	49
Mo.	11	145	7	-	1	-	-	365	5,521	5,015	1	41	31	54
N. Dak.	-	10	-	-	-	-	-	6	217	289	-	-	2	11
S. Dak.	-	13	1	-	-	-	-	25	437	489	-	-	1	13
Nebr.	-	3	1	-	-	-	-	29	870	1,006	-	1	3	-
Kans.	1	32	-	-	-	-	1	128	2,086	2,159	1	16	28	28
S. ATLANTIC	134	1,817	2	1	12	-	9	3,243	64,444	63,036	47	1,683	1,573	135
Del.	-	16	-	-	1	-	-	21	1,011	995	1	11	3	-
Md.	24	255	-	-	5	-	4	445	7,916	8,408	5	120	114	-
D.C. †	13	84	-	-	1	-	-	265	4,086	4,151	7	127	125	-
Va.	17	223	-	-	1	-	-	497	6,290	5,845	6	171	144	3
W. Va.	2	63	-	1	1	-	-	40	943	999	3	25	5	-
N.C. †	21	301	-	-	-	-	4	630	9,978	8,606	7	154	136	-
S.C.	17	82	1	-	1	-	1	494	5,709	6,003	1	87	70	47
Ga. †	-	255	1	-	-	-	-	851	12,535	11,768	17	451	383	84
Fla. †	40	538	-	-	3	-	-	NA	15,976	16,261	NA	537	593	1
E.S. CENTRAL	39	697	5	-	6	1	6	1,303	23,349	22,488	6	460	280	55
Ky.	27	162	2	-	2	-	-	202	3,127	2,496	3	49	33	23
Tenn.	7	201	3	-	1	1	2	280	8,142	8,248	1	185	106	15
Ala.	5	152	-	-	3	-	4	586	7,033	6,747	2	96	38	17
Miss.	-	182	-	-	-	-	-	235	5,047	4,997	-	130	103	-
W.S. CENTRAL	67	940	5	-	7	-	2	2,070	35,885	36,824	61	1,189	882	448
Ark.	1	64	3	-	-	-	1	240	2,851	2,860	1	38	31	105
La.	35	236	1	-	-	-	-	271	6,222	5,953	22	268	172	3
Okla.	3	115	-	-	-	-	-	160	3,197	3,278	1	22	33	69
Tex.	28	525	1	-	7	-	1	1,399	23,615	24,733	37	861	646	271
MOUNTAIN	14	240	6	-	6	-	1	808	10,460	9,734	13	104	111	11
Mont.	-	10	-	-	-	-	-	29	512	615	-	6	6	-
Idaho	-	4	-	-	1	-	-	43	473	330	-	7	1	-
Wyo.	-	3	-	-	-	-	-	11	273	237	-	3	3	-
Colo.	8	33	1	-	1	-	-	209	2,874	2,683	2	34	37	-
N. Mex. †	3	41	1	-	1	-	-	46	1,333	1,384	6	16	30	7
Ariz.	-	120	-	-	2	-	-	303	2,946	2,424	-	19	20	4
Utah	-	6	4	-	-	-	-	30	509	608	-	2	3	-
Nev.	3	23	-	-	1	-	1	137	1,540	1,453	5	17	11	-
PACIFIC	108	1,293	2	1	39	-	-	2,623	45,929	44,190	46	1,200	1,334	105
Wash.	NA	45	1	-	1	-	-	439	4,274	3,154	NA	64	54	-
Oreg.	7	66	-	-	-	-	-	85	2,936	3,108	5	59	41	-
Calif.	97	1,069	1	1	31	-	-	1,874	36,440	35,656	41	1,048	1,220	103
Alaska †	-	24	-	-	-	-	-	156	1,528	1,415	-	5	5	2
Hawaii	4	89	-	-	7	-	-	69	751	857	-	24	14	-
Guam †	NA	5	-	NA	-	NA	-	NA	16	37	NA	-	-	-
P.R.	1	96	-	-	1	-	-	34	554	758	12	157	126	7
V.I.	-	2	-	-	-	-	-	1	46	61	-	-	5	-
Pac. Trust Terr.	NA	0	-	NA	-	NA	-	NA	47	145	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: Iowa +1, D.C. +2, N.C. -2, Fla. -2, Guam +5; T. fever: Ohio +1, Fla. +2; RMSF: Ga. +1; GC: Alaska -3 civ. +2 mil., Guam +4 civ. +14 mil.; An. rabies: Ohio +2, N. Mex. +1.

TABLE IV. Deaths in 121 U.S. cities,* week ending
April 14, 1979 (15th week)

REPORTING AREA	ALL CAUSES, BY AGE (YEARS)					P & I** TOTAL	REPORTING AREA	ALL CAUSES, BY AGE (YEARS)					P & I** TOTAL
	ALL AGES	>65	45-64	25-44	<1			ALL AGES	>65	45-64	25-44	<1	
NEW ENGLAND	643	419	155	35	16	29	S. ATLANTIC	1,250	761	320	84	54	49
Boston, Mass.	186	107	53	14	3	14	Atlanta, Ga.	144	90	37	12	3	4
Bridgeport, Conn.	46	30	15	1	-	1	Baltimore, Md.	235	141	66	18	6	3
Cambridge, Mass.	28	25	3	-	-	2	Charlotte, N.C.	58	32	17	4	3	1
Fall River, Mass.	27	20	7	-	-	2	Jacksonville, Fla.	71	50	10	5	3	4
Hartford, Conn.	74	44	15	8	4	1	Miami, Fla.	111	65	28	8	7	3
Lowell, Mass.	24	17	4	2	-	3	Norfolk, Va.	58	36	11	6	2	5
Lynn, Mass.	24	16	4	1	-	1	Richmond, Va.	67	31	24	4	3	5
New Bedford, Mass.	20	17	2	-	1	-	Savannah, Ga.	40	22	13	3	2	2
New Haven, Conn.	38	24	10	2	2	-	St. Petersburg, Fla.	102	86	12	-	2	8
Providence, R.I.	56	37	17	1	3	2	Tampa, Fla.	88	57	23	4	4	3
Somerville, Mass.	10	8	-	2	-	1	Washington, D.C.	225	119	65	16	18	10
Springfield, Mass.	40	23	11	3	2	2	Wilmington, Del.	51	32	14	4	1	1
Waterbury, Conn.	20	16	3	-	-	1	E.S. CENTRAL	643	381	168	42	26	25
Worcester, Mass.	48	35	11	1	1	1	Birmingham, Ala.	107	67	26	9	2	1
MID. ATLANTIC	2,182	1,420	508	135	55	95	Chattanooga, Tenn.	51	31	11	5	2	2
Albany, N.Y.	59	39	10	5	5	-	Knoxville, Tenn.	43	29	10	2	-	-
Allentown, Pa.	20	12	8	-	-	-	Louisville, Ky.	110	66	27	10	5	6
Buffalo, N.Y.	120	81	28	7	1	10	Memphis, Tenn.	111	60	27	7	12	2
Camden, N.J.	35	23	9	2	-	5	Mobile, Ala.	58	39	13	3	-	5
Elizabeth, N.J.	30	19	10	1	-	3	Montgomery, Ala.	35	27	5	1	2	4
Erie, Pa.†	33	20	8	3	1	2	Nashville, Tenn.	128	62	49	5	3	5
Jersey City, N.J.	54	33	18	2	-	-	W.S. CENTRAL	1,362	780	360	112	39	56
Newark, N.J.	49	27	9	4	7	1	Austin, Tex.	36	21	9	1	2	3
N.Y. City, N.Y.	1,406	919	306	95	35	56	Baton Rouge, La.	37	24	10	2	-	5
Paterson, N.J.	23	11	10	2	-	-	Corpus Christi, Tex.	38	22	9	4	-	-
Philadelphia, Pa.†	350	200	98	26	16	13	Dallas, Tex.	196	106	57	20	3	4
Pittsburgh, Pa.†	51	31	14	4	-	2	El Paso, Tex.	28	16	5	2	2	5
Reading, Pa.	32	23	5	2	1	3	Fort Worth, Tex.	74	47	14	7	2	6
Rochester, N.Y.	139	92	37	3	3	7	Houston, Tex.	468	244	130	49	13	13
Schenectady, N.Y.	32	25	5	2	-	1	Little Rock, Ark.	67	42	17	4	2	3
Scranton, Pa.†	27	20	6	1	-	1	New Orleans, La.	83	47	22	8	2	1
Syracuse, N.Y.	95	58	29	5	3	2	San Antonio, Tex.	163	100	41	11	0	4
Trenton, N.J.	31	20	10	1	-	1	Shreveport, La.	75	47	22	1	5	2
Utica, N.Y.	28	19	7	1	-	3	Tulsa, Okla.	97	64	24	3	2	10
Yonkers, N.Y.	29	19	7	3	-	3	MOUNTAIN	591	380	128	43	18	24
E.N. CENTRAL	2,095	1,279	544	127	84	62	Albuquerque, N. Mex.	57	27	13	8	4	3
Akron, Ohio	76	59	9	3	4	-	Colo. Springs, Colo.	37	24	8	2	1	4
Canton, Ohio	38	27	10	-	-	-	Denver, Colo.	123	84	21	10	4	4
Chicago, Ill.	547	314	143	47	21	7	Las Vegas, Nev.	57	32	17	3	1	4
Cincinnati, Ohio	149	93	40	7	4	5	Ogden, Utah	21	10	9	1	-	2
Cleveland, Ohio	136	83	38	6	6	3	Phoenix, Ariz.	128	89	25	6	5	3
Columbus, Ohio	140	76	37	14	8	8	Pueblo, Colo.	27	17	8	2	-	1
Dayton, Ohio	86	52	24	2	8	3	Salt Lake City, Utah	46	32	7	4	2	3
Detroit, Mich.	261	152	67	23	10	7	Tucson, Ariz.	95	65	20	7	1	-
Evansville, Ind.	45	33	11	1	-	2	PACIFIC	1,800	1,152	411	97	74	58
Fort Wayne, Ind.	64	43	16	2	2	6	Berkeley, Calif.	9	9	-	-	-	1
Gary, Ind.	15	9	7	1	2	1	Fresno, Calif.	82	46	28	3	2	7
Grand Rapids, Mich.	48	35	11	-	-	4	Glendale, Calif.	23	20	2	1	-	1
Indianapolis, Ind.	134	77	39	6	2	2	Honolulu, Hawaii	53	27	15	6	2	1
Madison, Wis.	31	16	9	2	2	3	Long Beach, Calif.	95	61	24	5	2	1
Milwaukee, Wis.	88	64	20	1	1	4	Los Angeles, Calif.	564	339	134	40	25	14
Peoria, Ill.	39	21	15	1	2	4	Oakland, Calif.	63	37	16	5	3	1
Rockford, Ill.	36	25	6	3	2	2	Pasadena, Calif.	32	25	5	-	2	4
South Bend, Ind.	37	25	9	2	1	3	Portland, Ore.	135	97	25	5	4	2
Toledo, Ohio	73	46	20	3	1	2	Sacramento, Calif.	85	46	25	7	3	1
Youngtown, Ohio	50	29	13	3	3	2	San Diego, Calif.	119	76	27	5	7	1
W.N. CENTRAL	743	480	166	43	27	24	San Francisco, Calif.	158	99	44	7	4	1
Des Moines, Iowa	67	41	20	5	1	3	San Jose, Calif.	152	108	23	6	10	6
Duluth, Minn.	32	21	7	3	-	4	Seattle, Wash.	148	102	26	6	7	3
Kansas City, Kans.	30	15	11	1	1	3	Spokane, Wash.	40	28	8	-	3	3
Kansas City, Mo.	131	88	24	8	7	3	Tacoma, Wash.	44	32	9	1	-	2
Lincoln, Nebr.	32	26	4	2	-	-	TOTAL	11,300	7,052	2,760	718	393	422
Minneapolis, Minn.	101	68	19	5	6	2	Expected Number	10,790	6,749	2,709	652	398	412
Omaha, Nebr.	78	47	21	2	4	1							
St. Louis, Mo.	148	91	37	6	4	4							
St. Paul, Minn.	63	49	9	4	1	3							
Wichita, Kans.	61	34	14	7	3	3							

*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.

Variola Virus Stock — Continued

laboratory associated. In order to prevent reoccurrence of laboratory-associated infection, as occurred in Birmingham, England, in August 1978 (2), global efforts are being made to restrict smallpox virus stock to the 4 World Health Organization collaborating centers (5), all of which must meet rigid safety requirements. Since 1976, the number of laboratories holding virus has been reduced from 76 to 8. The incident reported here points up the need for any laboratory that once held the variola virus to be alert to the possibility of unrecorded or unrecognized smallpox virus still being stored in freezers.

References

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*International Notes***Influenza — Japan**

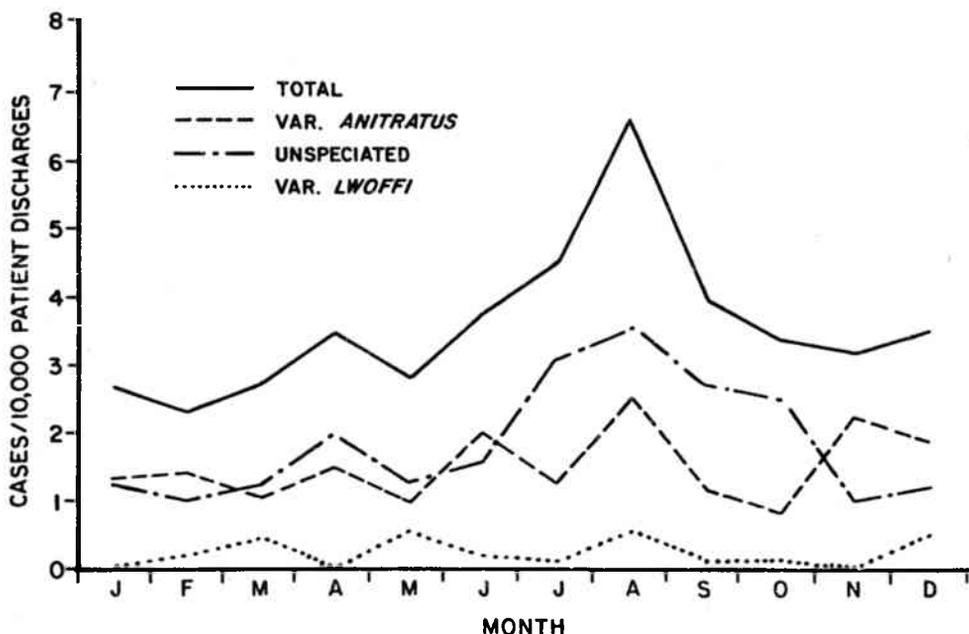
The National Influenza Center, Tokyo, has reported the isolation of 4 influenza A(H1N1) strains which closely resemble earlier reference strains, A/FLW/52 and A/Omachi/53, indicating a continuing antigenic drift away from the prototype influenza A/USSR/77(H1N1) strain. Two of the 4 strains were isolated from sporadic illnesses in adults >25 years of age in Fukushima Prefecture in December 1978. The remaining 2 were isolated from a limited outbreak in a school in Kagoshima Prefecture in March 1979. A/Brazil/78(H1N1)-like strains were also isolated from the school outbreak. The World Health Organization (WHO) Collaborating Centers for Influenza in Atlanta and London have also demonstrated that A/Fukushima/103/78 is similar to the 1952-1953 reference strains.

Reported by the National Influenza Center, National Institute of Health, Tokyo, Japan; and the WHO Collaborating Center for Influenza, Atlanta.

*Surveillance Summary***Nosocomial Infections Caused
by *Acinetobacter calcoaceticus* — United States, 1978**

Acinetobacter calcoaceticus was reported as causing 474 nosocomial infections by the 82 hospitals participating in the National Nosocomial Infections Study (NNIS) during 1978 for a rate of infection of 3.54 per 10,000 patients discharged. This rate is 14% higher than that reported during the years 1974-1977 (1). Of the 2 subspecies of *A. calcoaceticus*, 41.6% of the isolates were var. *anitratus* (formerly *Herellea vaginicola*), and 6.1% were var. *lwoffii* (formerly *Mima polymorpha*); 52.3% of the isolates were not subspecies. As has been observed previously (1), the rate of infection with this pathogen demonstrated a marked seasonal variation with a maximum rate during the summer months (6.52/10,000 in August) and a minimum rate during the winter months (2.29 in February) (Figure 2). Although this trend is clear for var. *anitratus* and unspecified isolates, the number of isolates of var. *lwoffii* is too small to determine whether a similar seasonal variation exists with this subspecies.

Nosocomial Infections — Continued

FIGURE 2. Nosocomial *Acinetobacter calcoaceticus* infection rate; NNIS* hospitals, 1978

*National Nosocomial Infections Study

The most frequent site of infection with *Acinetobacter* was the lower respiratory tract, primarily in cases of pneumonia (infection rate 1.3/10,000); almost 38% of isolates of *A. calcoaceticus* were from this site. This is a higher percentage of isolates from this site than for any other pathogen reported to NNIS except *Streptococcus pneumoniae* and *Haemophilus influenzae*, in which over 80% of the nosocomial isolates were from the lower respiratory tract. Per 10,000 patients discharged, the rate of *Acinetobacter* infection was 0.8 for the urinary tract, 0.7 for surgical wounds, 0.3 for blood, 0.2 for skin, and 0.1 for cardiovascular sites. Eight percent of nosocomial *Acinetobacter* infections with a defined site were associated with secondary bacteremia. Overall, 14.8% of infections with this pathogen were bacteremic.

The reported rates of infection varied widely with the service and category of hospital. Patients on the medical service developed nosocomial infection with *A. calcoaceticus* at a rate of 3.3/10,000 patients discharged, whereas patients on the surgical service had a rate of 6.6. The rate of infection on all other services ranged from 0.3 to 0.9. University hospitals reported *Acinetobacter* infections at a rate of 7.2/10,000—almost 5 times the rate reported by community hospitals (1,5). Community-teaching, federal, and municipal-county hospitals reported intermediate rates of infection with this pathogen (3.1, 3.2, and 3.8/10,000, respectively).

Reported by Hospital Infections Br, Bacterial Diseases Div, Bur of Epidemiology, CDC.

Editorial Note: *A. calcoaceticus* is one of the less frequently reported nosocomial pathogens, accounting for 1% of the bacterial isolates associated with nosocomial infection reported by the NNIS hospitals. *Acinetobacter* organisms are gram-negative, nonfermentative, aerobic bacteria. They are widely distributed in nature and frequently form part of the normal flora of humans, particularly of the skin but occasionally also of the oral cavity, upper respiratory tract, and lower gastrointestinal tract. Because of

Nosocomial Infections — Continued

this distribution in humans, evaluation of the clinical significance of isolates from surgical wound and sputum specimens may be difficult. However, reports in the medical literature document the increasing frequency with which this organism is recognized as a nosocomial pathogen associated with both endemic and epidemic disease (1-5). *A. calcoaceticus* is frequently an opportunistic pathogen, causing disease in severely compromised hosts. This fact may partially explain the markedly higher rate of reported infection with this organism from university hospitals compared with community hospitals.

An unusual feature of nosocomial infections caused by *A. calcoaceticus* reported by NNIS hospitals is the marked and consistent seasonal fluctuation in rates of infection that peaks in the summer each year (1). This pattern is in contrast to the overall relatively stable trend of reported nosocomial infections from this group of hospitals. This seasonal fluctuation was consistent for all categories of hospitals, for medical and surgical services, and for all major sites of infection. It was consistent for hospitals in the northern and southern United States and for those with and without training programs for house staff. The higher rate was not a reflection of seasonal epidemics at a small number of the NNIS hospitals but rather a general increase in reporting of infections with this pathogen from most hospitals. Information about community-acquired infections is not collected from NNIS hospitals, and it is not known whether the seasonal pattern of infections with this pathogen reflects community-acquired disease or colonization within the hospital.

References

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*Epidemiologic Notes and Reports***Staphylococcal Food Poisoning Associated with Genoa and Hard Salami — United States**

Since January 1, 1979, 8 incidents of staphylococcal food poisoning associated with salami products produced by the Patrick Cudahy, Inc. plant, Establishment 28, Cudahy, Wisconsin, have been reported. The reports came from Pennsylvania (4), Virginia (2), Minnesota (1), and Wisconsin (1). Nineteen persons have become ill with symptoms compatible with staphyloenterotoxigenosis after an average incubation period of 4 hours. At least 7 persons were hospitalized.

The Morbidity and Mortality Weekly Report, circulation 90,000, is published by the Center for Disease Control, Atlanta, Georgia. The data in this report are provisional, based on weekly telegrams 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.

Staphylococcal Food Poisoning — Continued

Although laboratory analysis of remaining specimens of the implicated salami did not reveal staphylococcal enterotoxin or high counts of *Staphylococcus aureus*, investigation found that the procedure used by the company to manufacture the salami did not provide adequate controls to prevent staphylococcal growth and concomitant enterotoxin production. In addition, analysis of other products with the same establishment code and lot numbers as the salami associated with illness revealed counts of coagulase-positive staphylococci ranging from 16,000 to 930,000 organisms per gram; staphylococcal enterotoxin was identified in 1 lot.

On March 9, the U.S. Department of Agriculture (USDA) announced a voluntary recall of 4 implicated lots of 4 oz., sliced, vacuum-packaged Genoa salami with labels marked "sell by" 1 of 4 dates: February 25, March 9, March 30, and April 20. Since that announcement, 4 more outbreaks have occurred associated with products not involved in the initial recall; Genoa and hard salamis, sliced to order from whole sticks sold in groceries and delicatessens, were implicated. Analysis of random sticks of these 2 types of salami from Establishment 28, found in marketing channels, revealed counts of coagulase-positive staphylococci ranging from 0 to $>10^6$ organisms/g. Independent laboratory testing of company-supplied samples of Genoa salami, obtained by USDA at Establishment 28 after the recall, revealed counts of coagulase-positive staphylococci ranging from 2,600 to $>10^6$ organisms/g. One specimen also contained staphylococcal enterotoxin C. On April 13, on the basis of these findings, the manufacturer voluntarily recalled its Genoa salami and hard salami produced at Establishment 28.

Editorial Note: In the production of fermented sausage, lightly salted meat is intentionally temperature-controlled to allow lactobacilli to grow; these usually inhibit the growth of other organisms. However, if the procedure is not adequately monitored, *S. aureus* organisms may multiply on the surface of the sausage and produce enterotoxin. The typical 1- to 2-month curing period for sausage will eventually cause these staphylococcal organisms to die off, but the enterotoxin—which causes human illness—will remain. Detection of enterotoxin is difficult because: (1) it is found only in the outer, one-eighth inch surface of the salami and then only in random locations (it varies from salami to salami and within individual sticks); and (2) the *in vitro* tests used to detect its presence are not sufficiently sensitive to detect small amounts.

Reported by Epidemiology Br, Food Safety and Quality Services, USDA.

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