Morbidity and Mortality

Vol. 16, No. 37

WEEKLY REPORT

Week Ending September 16, 1967

PUBLICHEALTHSERWICE

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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

BUREAU OF DISEASE PREVENTION AND ENVIRONMENTAL CONTROL

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CURRENT TRENDS MEASLES - 1967

A total of 225 cases of measles was reported for the week ending September 16, 1967, which is an increase of 31 cases over the 194 cases reported during the previous week. September and October are the months of lowest incidence of measles. The 172 cases reported for the week ending September 2 may represent the low point for 1967. During the current week, increases were noted in seven of the nine geographic divisions. The largest increase in a state occurred in Illinois where reported cases rose from 10 to 25.

Figure 1 presents incidence by 4-week periods for the second half of 1964, 1965, 1966, with current totals for 1967. The national total of 772 cases for weeks 33-36 (August 13-September 9, 1967) reflects a continued seasonal decline from the total of 1,153 cases reported during the preceding 4-week period (MMWR, Vol. 16, No. 32). The 4-week total of 772 cases is 36.5 percent of the total of 2,115 cases reported during the comparable period last year. The rate of decline during the past 4 weeks has been somewhat less marked than during preceding periods of 1967 when incidence has been consistently less than

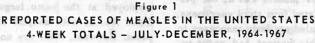
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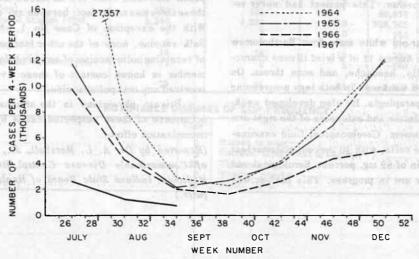
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30 percent of comparable incidence throughout the spring and early summer of 1966.

In eight of the nine geographic divisions of the country, incidence during the past 4 weeks has been markedly lower than that of the comparable periods of 1966 or former years. Only in the West North Central states, where reported cases last year stood at a record low, is the incidence this year slightly increased. This increase is due largely to 17 cases reported in North Dakota. The only other state showing a significant increase above the comparable period last year is Oklahoma where 26 cases were reported compared with 10 in 1966. These increases may well reflect improved reporting practices.

Wisconsin with 91 cases and Texas with 204 cases are the two states with highest reported incidence for the 4-week period. In both states, however, the 1967 prevalence is markedly reduced compared with 1966 and the previous 4 years.





EPIDEMIOLOGIC NOTES AND REPORTS SUSPECTED POLIOMYELITIS - Indiana

Between July 2 and August 11, 1967, three cases of severe paralytic disease suspected to be poliomyelitis occurred among young adults in a tri-county area around Columbus, Indiana, about 40 miles south of Indianapolis. Two additional cases are also under consideration as possible poliomyelitis.

Case No. 1: A 21-year-old white male from Johnson County had onset of general malaise on July 3, and subsequently developed mild pharyngitis, photophobia, headache, nausea, vomiting, myalgia, and fever to 102°F. He also developed stiffness of the neck, and 3 days after onset, muscular weakness was apparent in his arms, legs, and trunk. There was no sensory involvement, but the motor weakness progressed to profound flaccid quadriplegia. He required assisted respiration through a tracheostomy. Cerebrospinal fluid examination shortly after onset revealed a white cell count of 197 with 75 percent mononuclear cells. Spinal fluid protein was 81 mg. percent. Attempts to isolate poliovirus from stool specimens have so far been unsuccessful, but micro-neutralization tests on paired sera collected on July 7 and August 9 demonstrated a fourfold rise in titer to poliovirus type 2. He had received "two or three doses of Salk vaccine" more than 5 years ago. He denied receiving any live attenuated vaccine.

Case No. 2: A 21-year-old male from Jackson County had onset of malaise and headache on July 26, and over the next 5 days developed fever, chills, neck pain, and weakness in both legs which progressed to marked paraplegia and some weakness of the lower trunk. Cerebrospinal fluid revealed a white cell count of 276, of which 95 percent were mononuclear cells. The CSF protein was 62 mg. percent. No poliovirus was isolated from stool specimens, but serologic studies revealed antibody responses to several types of poliovirus. This patient had never received poliovaccine.

Case No. 3: A 34-year-old white male from Bartholomew County had onset on August 11 of a brief illness characterized by fever, chills, headache, and sore throat. On August 20 he developed weakness in both legs progressing in severity to marked paraplegia. He also developed weakness of trunk musculature and extensors of the right arm and mild bulbar involvement. Cerebrospinal fluid examination revealed 545 white cells, with 40 percent mononuclear cells, and a protein of 82 mg. percent. Serological and viral isolation studies are in progress. This patient was also unvaccinated.

Courty had on August 25 onset of an illness characterized by fever to 102°F, severe headache, myalgia, and pharyngitis. Neurological examination revealed only slight nuchal rigidity. There was no muscular weakness. A cerebrospinal fluid examination demonstrated 111 white cells, 99 percent mononuclear, and a protein of 44 mg. percent. Initial complement fixation tests for poliovirus were negative, but micro-neutralization studies and viral isolation attempts are pending. No poliovaccine had been received.

Case No. 5: A 64-year-old white male became somnolent on September 3 and had symptoms including headache, neck pain, and persistent vomiting. He had fever to 102°F and pharyngitis. His respirations became progressively depressed, and on September 9 he had temperature of 103.4°F, nuchal rigidity, slurring of speech, and questionable weakness of left arm extensors. Fasciculations and diffuse tremors were noted. An initial cerebrospinal fluid specimen contained 143 white cells of which 85 percent were morphonuclear; the protein was 58 mg. percent, and sugar 73 mg. percent. Serological and viral isolation studies are in progress. There was no history of any poliovaccine.

The clinical findings in Cases 1, 2, and 3 are wholly consistent with the diagnosis of paralytic poliomyelitis. Case No. 4 is classical aseptic meningitis compatible with the diagnosis of nonparalytic poliomyelitis. Case No. 5 suggests meningo-encephalitis less characteristic of poliomyelitis. Final etiologic diagnosis must depend upon further laboratory study.

Although the residences of the three paralytic cases are in three separate counties, and their onsets of illness range from July 2 to August 11, both Cases 1 and 2 are employed at the same large industrial plant in Columbus. Case No. 4, with aseptic meningitis, also works at this plant. However, there are no known associations between these three men or, in fact, between any of the five patients. With the exception of Case No. 1, who had received only Salk vaccine, none of the other four patients had a history of receiving poliovaccine of any kind. In addition, no family member or known contact of these five men had recently received any oral poliovaccine.

Private physicians in the area have responded to the occurrence of these suspected cases by intensifying their immunization efforts.

(Reported by Dr. A. L. Marshall, Jr., Director, Division of Communicable Disease Control, Bureau of Preventive Medicine, Indiana State Board of Health; and an EIS Officer.)

CONGENITAL MALARIA - California

A case of congenital malaria in a 2½-month-old son of Chinese parents was recently diagnosed in California. The infant was born there on June 2, 1967, following a full-term pregnancy and normal delivery. The child was healthy until he developed a fever of 104°F for 4 days beginning on August 21, 1967. On admission to a hospital on August 24, physical examination revealed hepato-splenomegaly; the patient's hemoglobin count was 8.5 gram percent and blood and urine cultures were negative. Plasmodium malariae parasites were detected in a routine differential blood smear.

The parents migrated to the United States from South China via Hong Kong in 1949. The 31-year-old mother had had malaria at 6 years of age but has not had any symptoms suggestive of malaria since that time. The 38-year-old father also had had malaria during childhood, his last attack occurring in 1943. The patient's 3-year-old sister has not been ill and, in particular, has had no history of fevers of unknown origin. Blood smears taken from this sibling in August 1967 did not contain malaria parasites.

Careful review of maternal peripheral blood smears taken in August 1967 revealed the presence of one to two schizonts of *P. malariae* per blood smear. Neither mother nor child had received any blood transfusions.

(Reported by Dr. B. Harvey, Pediatrician, Palo Alto; Dr. J. Remington, Associate Professor of Medicine, Stanford University; and Dr. Henry Renteln, Chief, Special Surveillance Unit, California State Department of Public Health.)

Editorial Note:

Only 25 cases of congenital malaria have been recorded in the United States. The last episode occurred in 1966 in Chicago in a $2\frac{1}{2}$ -month-old infant born to Philippine parents. 1,2 The causative organism in that case was also P. malariae.

REFERENCES:

¹McQuay, M., Silberman, S., Mudrik, P., and Keith L.E.: Congenital malaria in Chicago. Amer J Trop Med 16(3):258-266, 1967.

²Morbidity and Mortality Weekly Report 15(34):289-290, 1966.

CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES (Cumulative totals include revised and delayed reports through previous weeks)

	37th WEE	K ENDED	MEDIAN	CUMULATIVE, FIRST 37 WEEKS					
DISEASE	SEPTEMBER 16, 1967	SEPTEMBER 17, 1966	1962 - 1966	1967	1966	MEDIAN 1962 - 1966			
Aseptic meningitis	131	181	102	1,895	1,926	1,354			
Brucellosis	11	5	6	189	169	267			
Diphtheria	10	5	5	83	132	169			
Encephalitis, primary:	,384 - 1.344			1,14	Dhalle res	STATE OF THE REAL PROPERTY.			
Arthropod-borne & unspecified	55	99	***	1,132	1,475				
Encephalitis, post-infectious	10	9		635	589				
Hepatitis, serum Hepatitis, infectious	37 859	26 531	617	1,515 27,034	972 22,694	27,679			
Malaria	47	25	2	1,401	274	66			
Measles (rubeola)	225	397	623	57.842	189,492	358,495			
Meningococcal infections, total		19	26	1.693	2,713	2,044			
Civilian	17	17		1,580	2,439				
Military	estinate Assista	2		113	274				
Poliomyelitis, total	And the Public of		3	25	71	76			
Paralytic			3	21	67	67			
Rubella (German measles)	153	185		39.876	41.689	III II			
Streptococcal sore throat & scarlet fever	5,346	4,261	4,010	328,765	310,200	288.825			
Tetanus	3	8	6	155	128	184			
Tularemia	6	6	5	131	124	202			
Typhoid fever	14	14	16	299	266	297			
Typhus, tick-borne (Rky. Mt. spotted fever).	12	9	8	260	207	189			
Rabies in animals	79	82	81	3,200	3,061	3,061			

NOTIFIABLE DISEASES OF LOW FREQUENCY

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Anthrax: Botulism: Leptospirosis: Plague: Psittacosis: Iowa-1, Pa1	28	Rabies in man: Rubella, Congenital Syndrome: Trichinosis: Typhus, murine: Polio, Unsp.	4 48 31

Morbidity and Mortality Weekly Report

CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

SEPTEMBER 16, 1967 AND SEPTEMBER 17, 1966 (37th WEEK)

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Morbidity and Mortality Weekly Report

CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDED

SEPTEMBER 16, 1967 AND SEPTEMBER 17, 1966 (37th WEEK) - CONTINUED

AREA	MALARIA	ARIA MEASLES (Rubeola) MENINGOCOCCAL INFEC						FECTIONS, POLIOMYELITIS					
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Morbidity and Mortality Weekly Report

CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDED

SEPTEMBER 16, 1967 AND SEPTEMBER 17, 1966 (37th WEEK) - CONTINUED

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AREA STATE	1967	1967	Cum. 1967	1967	Cum. 1967	1967	Cum. 1967	1967	Cum. 1967	1967	Cum. 1967
UNITED STATES	5,346	3	155	6	131	14	299	12	260	79	3,200
NEW ENGLAND	533	- 101	2		1		4		1	2	82
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Ohio	46	211	4	5.	12	SS 1 5	6		11	5	106
Indiana	72	. 12	3	4	2	7111	10		1	2	71
Illinois	77	79	8		10	1	3	5	10	1	62
Michigan	109	- 40	2		1 1	oblin to be	6			ì	21
Wisconsin	56	1 - 52	- 1 24		1 1	001 - 30	1	6 -	< > j	1	51
WEST NORTH CENTRAL	179	133	10	. IT	21	1	17		- 3	15-	71.6
Minnesota	- 175		3		- 21	1	1		3	15	746 145
Iowa	62		1		1	1	3		011	3	101
Missouri	8		5		8	1 24 2	. 8	-	1	4	139
North Dakota	97	1 11		-		4 4 4 8	in -			3	132
South Dakota	4		1	-	2	- 1	+		E 3		92
Nebraska Kansas	8	111		Ī	10	1.5	4		2		50
Kansas	0	17.00			10		1		7,000		87
SOUTH ATLANTIC	620	2 48	38		9	2	48	6	109	. 5	407
Delaware	3		7.	-	-	1 1 1		3 3			description.
Maryland	65	* 84	7.3		1 133	M C 4	2	1	20	1	3
Dist. of Columbia	101			1	- TOUR	1	2	-		150010	4 19-5
Virginia West Virginia	191 214	1 =	9	1	-	1	5	3	27	2	183
North Carolina	4	1 1 15	6	1	2	(5 o 1 5	1 3	2	43		57
South Carolina	5	. 1	1	1	2		10	-	43		
Georgia	11	7 6	3	1	4	0.1.13	14		14	2	98
Florida	127	1 (8	18	1.	1	tre- i	11				63
EAST SOUTH CENTRAL	1 201		24	331				1 1			
Kentucky	1,291 28	11 6 19	24	81	9	5	53 22	8 1	45	20	617
Tennessee.	941	11.0	8		6	15.0.1 E	9		14 23	7 13	143 426
Alabama	183		9		-	1	10	3	8	13	39
Mississippi	139		4		2	3	12	-			9
WEST SOUTH CENTRAL	576		25			1					
Arkansas	576 1	1 1 13	35 5	3	66	ASS 1	33	1	30	20	689
Louisiana.		1 5 5	3	1	39	1	14		8	HOUSE,	92 59
Oklahoma	10		2	î	17	0.2 (5	6	1	15	9	245
Texas	565	1	25		4	mg 4	4	de -	7	11	293
MOUNTAIN	065				1		1				10001
Montana	965 20	1 23	14	J. J.	8	446 7 3	17	1	9	2	103
Idaho	59	113			1	6.53	1	1 1	5 - 5 - 5	STATE AND	
Wyoming.	24		3 3	- 3 2s I	2	** 1 1	-0				5
Colorado	598		100		1	a 0.4 li	12	1	9	1001201	10
New Mexico	124	1 - 51		201		11.4	1			1	30
Arizona	76	* 111	- 3	- 1			0.1.3	-	- 3-12	1	47
Utah Neyada	64	11.34	5.		4		2 1	-		SANTAN	3
E Chicago III					- TA	1.1	1	1 -	1 - 1 - 1	10.72	8
PACIFIC	730	- 04	17	1	5	(50) + i	72	1	Ad 11	8	176
Washington	204	- 12	35		2	11.	1	237	2		1
Oregon	53	13.80	1	1	1	11 1	8,1 +	1	3		3
California	391	5 10	13		2	64 1	68	11 -11	6	8	172
Hawaii	35 47	1 1	3	71	1 1 1 1 1 1 1 1		3	5.0			1 4 1 1 1 1
	7/		3	9 9 1 2		-	3			-	14 1 10 10 10 10 10 10 10 10 10 10 10 10 1

Week No. 37

DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED SEPTEMBER 16, 1966

(By place of occurrence and week of filing certificate. Excludes fetal deaths)

STATE STATE OF THE	All Ca	uses	Pneumonia	Under	of their and sales on	A11 Ca	uses	Pneumonia	Unde
Area	All Ages	Influenzal All II		Area	All Ages	65 years and over	and Influenza All Ages	l yea All Cause	
NEW ENGLAND:	702	423	26	38	SOUTH ATLANTIC:	1,088	582	30	70
Boston, Mass	226	125	6	11	Atlanta, Ga	124	64	4	8
Bridgeport, Conn	36	25	3	3	Baltimore, Md	244	135	4	7
Cambridge, Mass	30	21	7127		Charlotte, N. C	39	18	engele a	4
Fall River, Mass	31	20		1112-111	Jacksonville, Fla	48	25	a management	4
Hartford, Conn	53	30	1 2	4	Miami, Fla	101	51	4	7
Lowell, Mass Lynn, Mass	26 22	18 14	1	TAYA	Norfolk, Va Richmond, Va	49 61	27 34	Suna 4 has	2 2
New Bedford, Mass	26	14	15 3 5 12 4	1	Savannah, Ga	41	22	tile beitrug	1
New Haven, Conn	47	22	1	10	St. Petersburg, Fla	77	63	1=0150 a	î
Providence, R. I	61	39	2	-	Tampa, Fla	54	28	4	2
Somerville, Mass	13	9		2	Washington, D. C	198	85	2	27
Springfield, Mass	46	24	5	4	Wilmington, Del	52	30	4	5
Waterbury, Conn	29	21		2	- control and the second secon			Carry Jan	
Worcester, Mass	56	41	5	1	EAST SOUTH CENTRAL:	675	372	28	30
IDDLE ATLANTIC:	3,161	1,829	123	135	Birmingham, Ala Chattanooga, Tenn	123 49	68	3	8 2
Albany, N. Y	52	27	-	1	Knoxville, Tenn	54	34	2	2
Allentown, Pa	28	12	2	2	Louisville, Ky	136	73	12	4
Buffalo, N. Y	124	70	(IS II pla	5	Memphis, Tenn	139	78	2	5
Camden, N. J	52	31	-	3	Mobile, Ala	37	20	1/42E (126 34	1
Elizabeth, N. J	37	24		2	Montgomery, Ala	37	20	4	3
Erie, Pa	45	27	Ling-Provi	10	Nashville, Tenn	100	56	5	5
Jersey City, N. J	61	39	6	6	and a second sec		pervisión	100	elger.
Newark, N. J	77	40	4	4	WEST SOUTH CENTRAL:	1,176	573	23	82
New York City, N. Y		905	56	61	Austin, Tex	39	25	2	1
Paterson, N. J	39	22	particular sale	1	Baton Rouge, La	50	19	N. 11 1120	3
Philadelphia, Pa	450	256	38	25	Corpus Christi, Tex	31	14	1944 - 193	4
Pittsburgh, Pa	200	109	2	15	Dallas, Tex	155	71	3	13
Reading, Pa	51	35	3	7	El Paso, Tex	37	15	1	5
Rochester, N. Y Schenectady, N. Y	113 30	69 21	7	= ' =	Fort Worth, Tex	94 227	112	2	16
Scranton, Pa	30	19		1	Little Rock, Ark	70	112 31		16
Syracuse, N. Y	68	50	acti Inch	14-02	New Orleans, La	156	71	a resistant l	7
Trenton, N. J	45	31	1	2	Oklahoma City, Okla	90	51	1	5
Utica, N. Y	26	18	ELE PAR I	EP712	San Antonio, Tex	97	48	3	10
Yonkers, N. Y	32	24	2	-	Shreveport, La	55	22	LINGILIPI A	5
		There's		1	Tulsa, Okla	75	50	6	6
EAST NORTH CENTRAL:	2,552	1,417	48	153	A			Statement of	unidad
Akron, Ohio	68	36	-	5	MOUNTAIN:	375	186	18	32
Canton, Ohio	29	21	-	1	Albuquerque, N. Mex	43	16	4	6
Chicago, Ill	736	382	21	36	Colorado Springs, Colo.	19	14	1	1
Cincinnati, Ohio	201	116	6	16	Denver, Colo	99	45	3	5
Cleveland, Ohio	179	95	3U%	11	Ogden, Utah	12	6	2	1
Columbus, Ohio	110	58 47	1	7	Phoenix, Ariz	82	35	5	12
Dayton, Ohio Detroit, Mich	80 358	195	4	4 26	Pueblo, Colo Salt Lake City, Utah	22 49	10	2	5
Evansville, Ind	49	32	i	3	Tucson, Ariz	49	32 28	1	1
Flint, Mich	49	27	-	2	1000011, 11121	49	20	1	1
Fort Wayne, Ind	38	22	1	2	PACIFIC:	1,696	1,019	44	81
Gary, Ind	48	26	3	5	Berkeley, Calif	21	13	1	100
Grand Rapids, Mich	40	32	2	1	Fresno, Calif	45	33	1	1
Indianapolis, Ind	126	66	-	9	Glendale, Calif	40	33	2	2
Madison, Wis	34	16		2	Honolulu, Hawaii	42	25	martin or	6
Milwaukee, Wis	145	84	3	10	Long Beach, Calif	79	54	es Nichola	4
Peoria, Ill	36	24		1	Los Angeles, Calif	581	369	12	18
Rockford, Ill	34	20	3	2	Oakland, Calif.	93	40	5	13
South Bend, Ind	34	23	1	-	Pasadena, Calif	29	22		7
Toledo, Ohio	114	71	1	9	Portland, Oreg	144	92	HALL BY	5
Youngstown, Ohio	44	24	1	1	Sacramento, Calif San Diego, Calif	51	25 49	2	3
VEST NORTH CENTRAL:	906	550	18	52	San Francisco, Calif	86 190	88	8	15
Des Moines, Iowa	70	50	1	2	San Jose, Calif	41	23	6	15
Duluth, Minn	33	20	-	3	Seattle, Wash	150	86	2	6
Kansas City, Kans	53	24	4	13	Spokane, Wash	61	41	3	1
Kansas City, Mo	135	84	i	5	Tacoma, Wash	43	26		1
Lincoln, Nebr	21	14	1	1			1		1
Minneapolis, Minn	131	76	1	7	Total	12,331	6,951	358	673
Omaha, Nebr	74	43		3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
St. Louis, Mo	243	146	6	11		nulative 1			
St. Paul, Minn	86	49		6	including reporte	d correct	ions for	previous we	eeks
Wichita, Kans	60	44	4	1	All Causes, All Ages All Causes, Age 65 and c				

INTERNATIONAL NOTES OBSCURE DISEASE RELATED TO AFRICAN MONKEYS Germany

A total of 30 cases of the obscure disease related to African monkeys (MMWR, Vol. 16, No. 36) has now been officially reported; six of these occurred among persons who had contacts with monkey tissues or cell cultures in Frankfurt and 20 such cases in Marburg. In addition, there were four cases in medical and paramedical personnel. The suspected case in Biberach did not show sufficient symptoms or signs to warrant the diagnosis. The last known case had onset on September 5; no new cases have been reported since that time.

The following epidemiologic features of the cases in Germans should be known by persons working with Cercopithecus aethiops:

- There have been no cases attributed to contact with intact animals only, despite many exposures of persons who handled animals which when sacrificed were associated with the spread of the illness.
- No unusual clinical signs or pathologic lesions were noted in the animals during the period of observation prior to experimental use.
- Most of the cases occurred among persons who performed nephrectomies on these animals to obtain kidney tissue for cell cultures.
- A few cases occurred among persons presumably having contact only with uninoculated tissue cultures prepared from these kidneys. These cultures exhibited no cytopathic effect.
- 5. Only a few shipments of monkeys from Uganda in late July were associated with these outbreaks; however, at present there is no evidence to rule out the possibility that additional monkeys from Uganda, or Cercopithecus monkeys from other areas, may be infected.

The following measures have been recommended to handlers of newly imported *Cercopithecus* species until further information becomes available.

- Because of the possibility that an arbovirus may be involved, these animals should be housed in mosquito-proof quarters.
- 2. Necropsies of these animals should be performed only by personnel trained in the techniques of handling infectious material. Such necrospaies should be performed only in quarters suitable for the handling of such material, and the necropsy area and equipment should be thoroughly decontaminated following the necropsies.
- Animals that die that are not necropsied as well as the carcasses of necropsied animals should be placed in plastic bags and incinerated.
- Tissue cultures prepared from organs of these animals should be handled as though they were infected, whether or not inoculated, and whether or not a cytopathic effect is present.

(Reported by Professor Werner Anders, Chief, Epidemiology Department, Max von Pettenkofer Institute. Ministry of Health, Berlin, Federal Republic of Germany; and the Foreign Quarantine Program, NCDC.)

THE MORBIDITY AND MORTALITY WEEKLY REPORT, WITH A CIRCULA-TION OF 17,000, IS PUBLISHED AT THE NATIONAL COMMUNICABLE DISEASE CENTER, ATLANYA, GEORGIA.

DIRECTOR, NATIONAL COMMUNICABLE DISEASE CENTER
DAVID J. SENCER, M.D.
CHIEF, EPIDEMIOLOGY PROGRAM
A.D. LANGMUIR, M.D.
ACTING CHIEF, STATISTICS SECTION
IDA L. SHERMAN, M.S.

IN ADDITION TO THE ESTABLISHED PROCEDURES FOR REPORTING MORBIDITY AND MORTALITY, THE NATIONAL COMMUNICABLE DISEASE CENTER WELCOMES ACCOUNTS OF INTERESTING OUTBREAKS OR CASE INVESTIGATIONS WHICH ARE OF CURRENT INTEREST TO HEALTH OFFICIALS AND WHICH ARE DIRECTLY RELATED TO THE CONTROL OF COMMUNICABLE DISEASES. SUCH COMMUNICATIONS SHOULD BE ADDRESSED TO:

THE EDITOR
MORBIDITY AND MORTALITY WEEKLY REPORT
NATIONAL COMMUNICABLE DISEASE CENTER
ATLANTA, GEORGIA 30333

NOTE: THE DATA IN THIS REPORT ARE PROVISIONAL AND ARE BASED ON WEEKLY TELEGRAMS TO THE NCDC BY THE INDIVIDUAL STATE HEALTH DEPARTMENTS. THE REPORTING WEEK CONCLUDES ON SATURDAY; COMPILED DATA ON A NATIONAL BASIS ARE RELEASED ON THE SUCCEEDING FRIDAY.

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