



Morbidity and Mortality

Vol. 16, No. 37

WEEKLY REPORT

Week Ending
September 16, 1967

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

PUBLIC HEALTH SERVICE

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

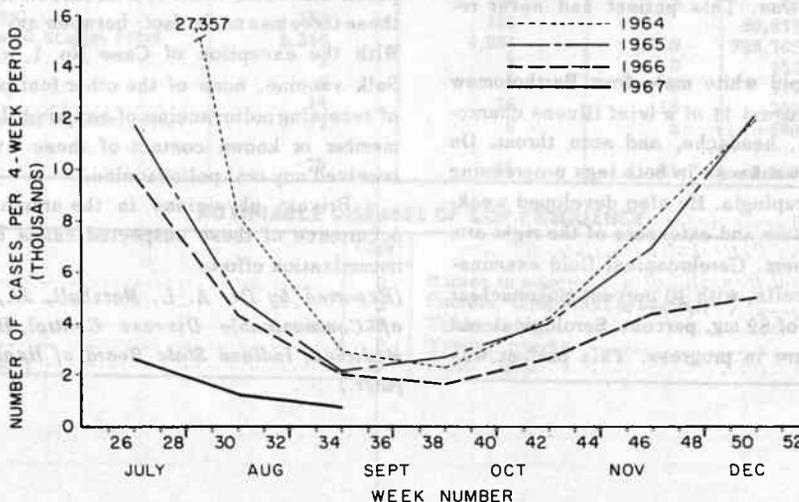
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30 percent of comparable incidence throughout the spring and early summer of 1966.

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.

Figure 1
REPORTED CASES OF MEASLES IN THE UNITED STATES
4-WEEK TOTALS - JULY-DECEMBER, 1964-1967



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.

Case No. 4: A 24-year-old white male from Bartholomew County 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 2½-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)

DISEASE	37th WEEK ENDED		MEDIAN 1962 - 1966	CUMULATIVE, FIRST 37 WEEKS		
	SEPTEMBER 16, 1967	SEPTEMBER 17, 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:						
Arthropod-borne & unspecified	55	99	---	1,132	1,475	---
Encephalitis, post-infectious	10	9	---	635	589	---
Hepatitis, serum	37	26	617	1,515	972	27,679
Hepatitis, infectious	859	531		27,034	22,694	
Malaria	47	25	2	1,401	274	66
Measles (rubeola)	225	397	623	57,842	189,492	358,495
Meningococcal infections, total	17	19	26	1,693	2,713	2,044
Civilian	17	17	---	1,580	2,439	---
Military	---	2	---	113	274	---
Poliomyelitis, total	---	---	3	25	71	76
Paralytic	---	---	3	21	67	67
Rubella (German measles)	153	185	---	39,876	41,689	---
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

	Cum.		Cum.
Anthrax	2	Rabies in man	2
Botulism	2	Rubella, Congenital Syndrome	4
Leptospirosis	28	Trichinosis	48
Plague	2	Typhus, murine	31
Psittacosis: Iowa-1, Pa.-1	33	Polio, Unsp.	4

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CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

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

AREA	MALARIA		MEASLES (Rubeola)		MENINGOCOCCAL INFECTIONS, TOTAL			POLIOMYELITIS			RUBELLA
	1967	1966	Cumulative		1967	Cumulative		Total	Paralytic		1967
			1967	1966		1967	1966		1967	Cum. 1967	
UNITED STATES...	47	225	57,842	189,492	17	1,693	2,713	-	-	21	153
NEW ENGLAND.....	-	6	854	2,258	-	68	121	-	-	-	25
Maine.....	-	1	239	201	-	3	9	-	-	-	2
New Hampshire.....	-	-	74	80	-	2	9	-	-	-	1
Vermont.....	-	-	42	233	-	1	4	-	-	-	-
Massachusetts.....	-	4	347	780	-	32	49	-	-	-	4
Rhode Island.....	-	-	62	72	-	4	13	-	-	-	1
Connecticut.....	-	1	90	892	-	26	37	-	-	-	17
MIDDLE ATLANTIC.....	9	6	2,261	18,000	2	275	324	-	-	5	17
New York City.....	4	3	456	8,282	-	48	45	-	-	1	9
New York, Up-State.	-	2	585	2,532	-	67	91	-	-	1	8
New Jersey.....	2	1	487	1,846	-	93	97	-	-	-	-
Pennsylvania.....	3	-	733	5,340	2	67	91	-	-	3	-
EAST NORTH CENTRAL...	1	58	5,445	68,662	3	240	424	-	-	3	43
Ohio.....	-	3	1,142	6,340	-	80	115	-	-	-	-
Indiana.....	1	2	595	5,698	1	35	74	-	-	-	4
Illinois.....	-	25	977	11,358	-	54	79	-	-	-	1
Michigan.....	-	11	932	14,432	2	55	114	-	-	3	19
Wisconsin.....	-	17	1,799	30,834	-	16	42	-	-	-	19
WEST NORTH CENTRAL...	-	12	2,849	8,677	-	72	144	-	-	3	2
Minnesota.....	-	2	123	1,640	-	18	34	-	-	-	-
Iowa.....	-	1	749	5,305	-	14	22	-	-	1	1
Missouri.....	-	-	333	531	-	15	55	-	-	-	-
North Dakota.....	-	8	870	1,084	-	1	11	-	-	-	1
South Dakota.....	-	1	53	40	-	6	4	-	-	-	-
Nebraska.....	-	-	628	77	-	12	8	-	-	-	-
Kansas.....	-	-	93	NN	-	6	10	-	-	2	-
SOUTH ATLANTIC.....	16	10	6,880	15,235	5	326	454	-	-	2	13
Delaware.....	-	-	46	257	-	6	4	-	-	-	-
Maryland.....	2	1	158	2,105	2	43	46	-	-	1	4
Dist. of Columbia..	-	-	22	382	-	10	11	-	-	-	-
Virginia.....	1	1	2,189	2,179	2	41	54	-	-	-	1
West Virginia.....	-	3	1,386	5,260	1	25	24	-	-	-	4
North Carolina.....	12	1	849	484	-	67	115	-	-	1	-
South Carolina.....	1	-	511	656	-	29	48	-	-	-	-
Georgia.....	-	2	36	234	-	49	63	-	-	-	-
Florida.....	-	2	1,683	3,678	-	56	89	-	-	-	4
EAST SOUTH CENTRAL...	-	19	5,196	19,690	-	129	239	-	-	1	9
Kentucky.....	-	6	1,331	4,708	-	35	85	-	-	-	4
Tennessee.....	-	8	1,872	12,283	-	55	79	-	-	-	5
Alabama.....	-	4	1,329	1,685	-	26	53	-	-	-	-
Mississippi.....	-	1	664	1,014	-	13	22	-	-	1	-
WEST SOUTH CENTRAL...	1	56	17,392	24,492	1	219	373	-	-	7	2
Arkansas.....	1	-	1,404	971	1	31	35	-	-	-	-
Louisiana.....	-	-	155	99	-	86	138	-	-	-	-
Oklahoma.....	-	-	3,351	484	-	16	18	-	-	1	-
Texas.....	-	56	12,482	22,938	-	86	182	-	-	6	2
MOUNTAIN.....	6	23	4,655	11,948	1	31	85	-	-	-	15
Montana.....	-	-	282	1,813	1	1	4	-	-	-	-
Idaho.....	-	4	384	1,563	-	3	5	-	-	-	2
Wyoming.....	-	-	181	159	-	1	6	-	-	-	-
Colorado.....	6	6	1,561	1,312	-	13	46	-	-	-	6
New Mexico.....	-	5	586	1,132	-	3	10	-	-	-	-
Arizona.....	-	3	1,018	5,291	-	4	10	-	-	-	5
Utah.....	-	5	374	635	-	4	-	-	-	-	2
Nevada.....	-	-	269	43	-	2	4	-	-	-	-
PACIFIC.....	14	35	12,310	20,530	5	333	549	-	-	-	27
Washington.....	2	9	5,431	3,537	-	29	37	-	-	-	12
Oregon.....	-	11	1,604	1,784	-	25	34	-	-	-	3
California.....	9	10	4,964	14,564	4	265	459	-	-	-	7
Alaska.....	-	2	140	508	1	10	15	-	-	-	4
Hawaii.....	3	3	171	137	-	4	4	-	-	-	1
Puerto Rico.....	-	4	2,112	2,728	-	12	11	-	-	-	-

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CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDED

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

AREA	STREPTOCOCCAL SORE THROAT & SCARLET FEVER	TETANUS		TULAREMIA		TYPHOID		TYPHUS FEVER TICK-BORNE (Rky. Mt. Spotted)		RABIES IN ANIMALS	
	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	-	2	-	1	-	4	-	1	2	82
Maine.....	69	-	-	-	-	-	-	-	-	-	16
New Hampshire.....	-	-	-	-	-	-	-	-	-	-	42
Vermont.....	-	-	-	-	-	-	-	-	-	2	20
Massachusetts.....	129	-	1	-	1	-	2	-	1	-	2
Rhode Island.....	78	-	-	-	-	-	1	-	-	-	2
Connecticut.....	257	-	1	-	-	-	1	-	-	-	-
MIDDLE ATLANTIC.....	92	-	12	-	-	4	29	3	30	2	69
New York City.....	4	-	6	-	-	2	15	-	-	-	-
New York, Up-State.	82	-	1	-	-	1	8	1	8	2	59
New Jersey.....	NN	-	1	-	-	-	3	-	12	-	-
Pennsylvania.....	6	-	4	-	-	-	3	2	10	-	10
EAST NORTH CENTRAL...	360	-	17	-	12	1	26	-	22	5	311
Ohio.....	46	-	4	-	-	-	6	-	11	-	106
Indiana.....	72	-	3	-	2	-	10	-	1	2	71
Illinois.....	77	-	8	-	10	1	3	-	10	1	62
Michigan.....	109	-	2	-	-	-	6	-	-	1	21
Wisconsin.....	56	-	-	-	-	-	1	-	-	1	51
WEST NORTH CENTRAL...	179	-	10	-	21	1	17	-	3	15	746
Minnesota.....	-	-	3	-	-	-	1	-	-	4	145
Iowa.....	62	-	1	-	1	1	3	-	-	3	101
Missouri.....	8	-	5	-	8	-	8	-	1	4	139
North Dakota.....	97	-	-	-	-	-	-	-	-	3	132
South Dakota.....	4	-	1	-	2	-	-	-	-	-	92
Nebraska.....	-	-	-	-	-	-	4	-	2	1	50
Kansas.....	8	-	-	-	10	-	1	-	-	-	87
SOUTH ATLANTIC.....	620	2	38	-	9	2	48	6	109	5	407
Delaware.....	3	-	-	-	-	-	-	-	-	-	-
Maryland.....	65	-	-	-	-	-	2	1	20	1	3
Dist. of Columbia..	-	-	-	-	-	-	2	-	-	-	-
Virginia.....	191	1	9	-	-	1	5	3	27	2	183
West Virginia.....	214	-	1	-	2	-	1	-	1	-	57
North Carolina.....	4	-	6	-	-	-	3	2	43	-	3
South Carolina.....	5	-	1	-	2	1	10	-	4	-	-
Georgia.....	11	-	3	-	4	-	14	-	14	2	98
Florida.....	127	1	18	-	1	-	11	-	-	-	63
EAST SOUTH CENTRAL...	1,291	-	24	-	9	5	53	-	45	20	617
Kentucky.....	28	-	3	-	1	1	22	-	14	7	143
Tennessee.....	941	-	8	-	6	-	9	-	23	13	426
Alabama.....	183	-	9	-	-	1	10	-	8	-	39
Mississippi.....	139	-	4	-	2	3	12	-	-	-	9
WEST SOUTH CENTRAL...	576	1	35	5	66	1	33	1	30	20	689
Arkansas.....	1	-	5	3	39	-	9	-	8	-	92
Louisiana.....	-	-	3	1	6	1	14	-	-	-	59
Oklahoma.....	10	-	2	1	17	-	6	1	15	9	245
Texas.....	565	1	25	-	4	-	4	-	7	11	293
MOUNTAIN.....	965	-	-	-	8	-	17	1	9	2	103
Montana.....	20	-	-	-	1	-	1	-	-	-	-
Idaho.....	59	-	-	-	-	-	-	-	-	-	-
Wyoming.....	24	-	-	-	2	-	-	-	-	-	5
Colorado.....	598	-	-	-	1	-	12	1	9	-	10
New Mexico.....	124	-	-	-	-	-	1	-	-	1	30
Arizona.....	76	-	-	-	-	-	3	-	-	1	47
Utah.....	64	-	-	-	4	-	-	-	-	-	3
Nevada.....	-	-	-	-	-	-	-	-	-	-	8
PACIFIC.....	730	-	17	1	5	-	72	1	11	8	176
Washington.....	204	-	-	-	2	-	1	-	2	-	1
Oregon.....	53	-	1	1	1	-	-	1	3	-	3
California.....	391	-	13	-	2	-	68	-	6	8	172
Alaska.....	35	-	-	-	-	-	-	-	-	-	-
Hawaii.....	47	-	3	-	-	-	3	-	-	-	-
Puerto Rico.....	5	-	11	-	-	-	4	-	-	-	26

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

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

Area	All Causes		Pneumonia and Influenza All Ages	Under 1 year All Causes	Area	All Causes		Pneumonia and Influenza All Ages	Under 1 year All Causes
	All Ages	65 years and over				All Ages	65 years and over		
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	-	-	Charlotte, N. C.-----	39	18	1	4
Fall River, Mass.-----	31	20	-	-	Jacksonville, Fla.-----	48	25	-	4
Hartford, Conn.-----	53	30	1	4	Miami, Fla.-----	101	51	-	7
Lowell, Mass.-----	26	18	2	-	Norfolk, Va.-----	49	27	4	2
Lynn, Mass.-----	22	14	1	-	Richmond, Va.-----	61	34	1	2
New Bedford, Mass.-----	26	14	-	1	Savannah, Ga.-----	41	22	1	1
New Haven, Conn.-----	47	22	1	10	St. Petersburg, Fla.-----	77	63	5	1
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	EAST SOUTH CENTRAL:	675	372	28	30
Worcester, Mass.-----	56	41	5	1	Birmingham, Ala.-----	123	68	-	8
MIDDLE ATLANTIC:	3,161	1,829	123	135	Chattanooga, Tenn.-----	49	23	3	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	-	5	Memphis, Tenn.-----	139	78	2	5
Camden, N. J.-----	52	31	-	3	Mobile, Ala.-----	37	20	-	1
Elizabeth, N. J.-----	37	24	-	2	Montgomery, Ala.-----	37	20	4	3
Erie, Pa.-----	45	27	-	-	Nashville, Tenn.-----	100	56	5	5
Jersey City, N. J.-----	61	39	6	6	WEST SOUTH CENTRAL:	1,176	573	23	82
Newark, N. J.-----	77	40	4	4	Austin, Tex.-----	39	25	2	1
New York City, N. Y.-----	1,601	905	56	61	Baton Rouge, La.-----	50	19	-	3
Paterson, N. J.-----	39	22	-	1	Corpus Christi, Tex.-----	31	14	-	4
Philadelphia, Pa.-----	450	256	38	25	Dallas, Tex.-----	155	71	3	13
Pittsburgh, Pa.-----	200	109	2	15	El Paso, Tex.-----	37	15	1	5
Reading, Pa.-----	51	35	3	-	Fort Worth, Tex.-----	94	44	2	4
Rochester, N. Y.-----	113	69	7	7	Houston, Tex.-----	227	112	-	16
Schenectady, N. Y.-----	30	21	-	-	Little Rock, Ark.-----	70	31	4	3
Scranton, Pa.-----	30	19	-	1	New Orleans, La.-----	156	71	-	7
Syracuse, N. Y.-----	68	50	1	-	Oklahoma City, Okla.-----	90	51	1	5
Trenton, N. J.-----	45	31	1	2	San Antonio, Tex.-----	97	48	3	10
Utica, N. Y.-----	26	18	1	-	Shreveport, La.-----	55	22	1	5
Yonkers, N. Y.-----	32	24	2	-	Tulsa, Okla.-----	75	50	6	6
EAST NORTH CENTRAL:	2,552	1,417	48	153	MOUNTAIN:	375	186	18	32
Akron, Ohio-----	68	36	-	5	Albuquerque, N. Mex.-----	43	16	4	6
Canton, Ohio-----	29	21	-	1	Colorado Springs, Colo.-----	19	14	1	1
Chicago, Ill.-----	736	382	21	36	Denver, Colo.-----	99	45	3	5
Cincinnati, Ohio-----	201	116	6	16	Ogden, Utah-----	12	6	2	1
Cleveland, Ohio-----	179	95	-	11	Phoenix, Ariz.-----	82	35	5	12
Columbus, Ohio-----	110	58	1	7	Pueblo, Colo.-----	22	10	2	2
Dayton, Ohio-----	80	47	-	4	Salt Lake City, Utah-----	49	32	-	5
Detroit, Mich.-----	358	195	4	26	Tucson, Ariz.-----	49	28	1	1
Evansville, Ind.-----	49	32	1	3	PACIFIC:	1,696	1,019	44	81
Flint, Mich.-----	49	27	-	2	Berkeley, Calif.-----	21	13	1	-
Fort Wayne, Ind.-----	38	22	1	2	Fresno, Calif.-----	45	33	1	1
Gary, Ind.-----	48	26	3	5	Glendale, Calif.-----	40	33	2	2
Grand Rapids, Mich.-----	40	32	2	1	Honolulu, Hawaii-----	42	25	1	6
Indianapolis, Ind.-----	126	66	-	9	Long Beach, Calif.-----	79	54	-	4
Madison, Wis.-----	34	16	-	2	Los Angeles, Calif.-----	581	369	12	18
Milwaukee, Wis.-----	145	84	3	10	Oakland, Calif.-----	93	40	5	13
Peoria, Ill.-----	36	24	-	1	Pasadena, Calif.-----	29	22	-	-
Rockford, Ill.-----	34	20	3	2	Portland, Oreg.-----	144	92	-	5
South Bend, Ind.-----	34	23	1	-	Sacramento, Calif.-----	51	25	1	3
Toledo, Ohio-----	114	71	1	9	San Diego, Calif.-----	86	49	2	2
Youngstown, Ohio-----	44	24	1	1	San Francisco, Calif.-----	190	88	8	15
WEST NORTH CENTRAL:	906	550	18	52	San Jose, Calif.-----	41	23	6	4
Des Moines, Iowa-----	70	50	1	2	Seattle, Wash.-----	150	86	2	6
Duluth, Minn.-----	33	20	-	3	Spokane, Wash.-----	61	41	3	1
Kansas City, Kans.-----	53	24	4	13	Tacoma, Wash.-----	43	26	-	1
Kansas City, Mo.-----	135	84	1	5	Total	12,331	6,951	358	673
Lincoln, Nebr.-----	21	14	1	1	Cumulative Totals including reported corrections for previous weeks				
Minneapolis, Minn.-----	131	76	1	7	All Causes, All Ages-----				456,090
Omaha, Nebr.-----	74	43	-	3	All Causes, Age 65 and over-----				260,152
St. Louis, Mo.-----	243	146	6	11	Pneumonia and Influenza, All Ages-----				16,122
St. Paul, Minn.-----	86	49	-	6	All Causes, Under 1 Year of Age-----				23,216
Wichita, Kans.-----	60	44	4	1					

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*:

1. 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.
2. No unusual clinical signs or pathologic lesions were noted in the animals during the period of observation prior to experimental use.
3. Most of the cases occurred among persons who performed nephrectomies on these animals to obtain kidney tissue for cell cultures.
4. 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.

1. 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 necropsies 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.
3. Animals that die that are not necropsied as well as the carcasses of necropsied animals should be placed in plastic bags and incinerated.
4. 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 CIRCULATION OF 17,000, IS PUBLISHED AT THE NATIONAL COMMUNICABLE DISEASE CENTER, ATLANTA, GEORGIA.

DIRECTOR, NATIONAL COMMUNICABLE DISEASE CENTER

CHIEF, EPIDEMIOLOGY PROGRAM
ACTING CHIEF, STATISTICS SECTION

DAVID J. SENCER, M.D.
A. D. LANGMUIR, M.D.
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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