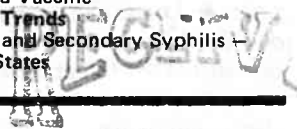


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MORBIDITY AND MORTALITY WEEKLY REPORT

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MAY 24 1979

Epidemiologic Notes and Reports

Poliomyelitis — United States, Canada

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As of May 22, an additional case of polio caused by type 1 poliovirus has been reported in Pennsylvania, bringing to 4 the total number of such cases this year. Two other states have reported suspected cases. Three of the confirmed and both suspected cases are in Amish residents (1,2). In addition, Ontario, Canada, has confirmed a case of paralytic poliomyelitis (type 1 virus) in an Amish woman.

United States: The Pennsylvania Department of Health's most recent report is of a case of non-paralytic polio (aseptic meningitis) in a 36-year-old, non-Amish woman whose vaccination history is unclear. The woman became ill on April 30. She was hospitalized with apparent aseptic meningitis on May 8. The State Laboratory confirmed a poliovirus type 1 isolate from her stool on May 14. The patient is from Mifflin County, where 2 cases of paralytic polio were recently identified in an Amish community (2). Although this woman's husband has had regular contact with Amish farmers in the county, the patient, herself, has had no direct contact with this community. She is the first non-Amish ill person identified in 1979 with confirmed poliovirus type 1.

In addition, Iowa and Wisconsin are each currently evaluating a case of acute paralytic illness in a previously unvaccinated Amish person. These 2 patients became ill on April 30 and May 5, respectively. In Wisconsin at least 8 of 20 stool specimens from the patient's unvaccinated family members showed early growth of probable enterovirus.

Canada: Ontario has reported a case of paralytic poliomyelitis in a previously unvaccinated, 25-year-old Amish woman, hospitalized on May 13 with right lower extremity weakness. Her brother was hospitalized the same day with a similar acute paralytic disorder. Poliovirus type 1 has been confirmed from stool specimens of the woman and from her asymptomatic mother and sister. The female patient had attended an Amish wedding in the United States on April 5; Amish persons from various areas, including Pennsylvania, attended the wedding.

Reported by S Acres, MD, Dept of National Health and Welfare, Ottawa; J Joshua, MD, Ontario Ministry of Health, Toronto; R Gens, MD, WE Parkin, DVM, DrPH, State Epidemiologist, Pennsylvania Dept of Health; LA Wintermeyer, MD, State Epidemiologist, Iowa State Dept of Health; JP Davis, MD, State Epidemiologist, Wisconsin State Dept of Health and Social Services; Bur of State Services, Viral Diseases Div, Bur of Epidemiology, CDC.

Editorial Note: There have now been 5 confirmed and 3 suspected cases of type 1 polio reported in the United States and Canada in 1979. These cases, from geographically distinct areas, are further evidence of the spread of the type 1—presumably wild-type—poliovirus. The virus appears to have spread from 1 unvaccinated Amish group to another, with transmission enhanced by the extensive travel and large social gatherings characteristic of this population. It is unlikely that the wild poliovirus will spread significantly

Polio myelitis — Continued

among the general population, even to areas adjacent to Amish groups, because routine immunization practices have led to a high level of community protection.

Because dissemination of poliovirus is occurring among unvaccinated Amish populations, and because of the possibility for increased (often inapparent) transmission throughout the upcoming summer months, CDC considers the entire American Amish population at risk of infection and recommends vaccination of all unvaccinated Amish persons (including adults) with a full series of trivalent oral poliovirus vaccine (TOPV). TOPV is also recommended for unimmunized persons who are in daily contact with an unvaccinated community from which a wild-type poliovirus is isolated. Immunization levels of children in areas near Amish communities should be reviewed to assure that routine immunizations are up-to-date.

CDC has notified all 21 states known to have Amish residents of the new cases and of current recommendations. These states include Delaware, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maryland, Michigan, Minnesota, Missouri, Montana, New Jersey, New York, Ohio, Oklahoma, Pennsylvania, Tennessee, Virginia, and Wisconsin. Particularly in these states, physicians should include polio in the differential diagnosis of aseptic meningitis and acute paralytic disease.

References

1. MMWR 28:49, 1979
2. MMWR 28:207, 1979

International Notes

Q Fever — United Kingdom

From 1967 to 1974, laboratories in the United Kingdom reported between 48 and 78 cases of Q fever annually, an average of about 59 cases a year. In the last 3 years the numbers have been somewhat greater: 104 cases in 1975, 117 in 1976, and 98 in 1977. Improved diagnostic facilities and case reporting probably accounted for much of this increase. The 215 cases reported in 1976 and 1977 are reviewed here.

As in previous years, cases tended to be reported mostly in the summer months, and this tendency was more apparent in the long, hot summer of 1976 than in the cooler, wetter one of 1977. The preponderance of male cases in 1976 and 1977 was slightly less than in 1974-1975. Most cases reported were in adults of working age: there were 136 men (88%) and 52 women (85%) aged 15-64 years.

Less than 15% of patients gave a history of possible exposure; most had agricultural, forestry, or abattoir exposure. The distribution of cases by region showed that most were reported by laboratories in rural areas.

Pneumonia was reported in 52% of the patients, and pyrexia without localizing signs or symptoms in a further 22%. Seventeen percent of patients developed cardiac disease.

Endocarditis was diagnosed in 31 patients, 7 of whom had a prosthetic cardiac valve; only 12% of the males had endocarditis compared with 21% of the females, a pattern similar to that found in previous years. In 2 of the patients with endocarditis, *Coxiella burnetii* was isolated. One of these patients had had Q fever and a heart-valve replacement 4 years earlier, but high complement-fixation (CF) titers persisted in the intervening period despite intensive chemotherapy; during a clinical relapse the organism was isolated from a splenic biopsy. The other patient was a 26-year-old man with severe aortic regurgitation and endocarditis; both phase 1 and phase 2 antibody titers to *C. burnetii* were greater than 1:8,192, and the organism was isolated from the aortic valve at operation.

Q Fever – Continued

Two patients died. One was a 51-year-old man with pneumoconiosis and chronic bronchitis; he developed myocarditis and hepatitis and died with splenic infarction and massive cerebral emboli. He was thought to have had the infection for a considerable time because CF antibody titers were 1:32,000 for phase 2 and 1:4,096 for phase 1. The other patient who died was a woman with encephalitis, a rare complication, and a CF antibody titer of 1:2,048. Although mortality from Q fever is very low, some deaths from endocarditis, which has a long and chronic course in this disease, may not have been reported.

Three small outbreaks were reported. A severe influenza-like illness affected 4 of 20 young men in a small army unit. Another outbreak occurred in a family. The mother, aged 51 years, developed a pulmonary infarction in April 1976. Her phase 2 antibody titer rose within 3 weeks from 1:8 to 1:1,024; phase 1 antibody was undetectable on both occasions. Her husband and 2 children had influenza-like illnesses in June; the diagnoses for them were made on the basis of raised, single, phase 2 antibody titers. No common source of infection was discovered. The third outbreak involved 2 members of a film crew who developed pneumonia after handling straw and peat while working on a film.

Reported by the World Health Organization's Weekly Epidemiological Record 54:45-46, 1979.

*Recommendation of the Public Health Service**Advisory Committee on Immunization Practices***Influenza Vaccine****INTRODUCTION**

Influenza virus infections occur every year in the United States, but they vary greatly in incidence and geographic distribution. Infections may be asymptomatic, or they may produce a spectrum of manifestations, ranging from mild upper respiratory infection to pneumonia and death. Influenza viruses A and B are responsible for only a portion of all respiratory disease. However, they are unique in their ability to cause periodic widespread outbreaks of febrile respiratory disease in both adults and children. Influenza epidemics are frequently associated with deaths in excess of the number normally expected. During the period from 1968 to 1979, more than 150,000 excess deaths are estimated to have occurred during epidemics of influenza A in the United States.

Efforts to prevent or control influenza in the United States have been aimed at protecting those at greatest risk of serious illness or death. Observations during influenza epidemics have indicated that influenza-related deaths occur primarily among chronically ill adults and children and in older persons, especially those over age 65. Therefore, annual vaccination is recommended for these "high-risk" individuals.

Influenza A viruses can be classified into subtypes on the basis of 2 antigens: hemagglutinin (H) and neuraminidase (N). Four subtypes of hemagglutinin (HO-H3) and 2 subtypes of neuraminidase (N1, N2) are recognized among viruses causing widespread disease among humans. Immunity to these antigens reduces the likelihood of infection and reduces the severity of disease in infected persons. However, there may be sufficient antigenic variation within the same subtype over time (antigenic drift) that infection or immunization with 1 strain may not induce immunity to distantly related strains. As a consequence, the antigenic composition of the most current strains is considered in selecting the virus strain(s) to be included in the vaccine.

The predominant influenza strain in the United States during 1978-79 was A/Brazil/78—a variant of the H1N1 prototype A/USSR/77. This strain caused outbreaks in schools,

Influenza Vaccine — Continued

colleges, and military bases, as had been the case with the prototype strain. People over 25 years of age generally were not affected, presumably because of previous infection with antigenically related strains that had circulated throughout the world in the early 1950s. Strains of the subtype H3N2 were not isolated in the United States, but other countries reported the isolation of both H1N1 and H3N2 strains. Since it is uncertain which strain will predominate in the future, continued circulation of strains related to A/Texas/77 (H3N2) and A/Brazil/78 (H1N1) must be anticipated.

Outbreaks caused by influenza B viruses occur less frequently than influenza A epidemics, but influenza B infection can also cause serious illness or death. Influenza B viruses have shown much more antigenic stability than influenza A viruses. Strains of influenza B that were isolated in 1978 and 1979 in the United States and elsewhere resembled the B/Hong Kong/5/72 virus.

INFLUENZA VIRUS VACCINE FOR 1979-80

Influenza vaccine for 1979-80* will consist of inactivated trivalent preparations of antigens representative of influenza viruses expected to be prevalent: A/Brazil/78 (H1N1), A/Texas/77 (H3N2), and B/Hong Kong/72. The formulation will contain 7 micrograms of hemagglutinin of each antigen in each 0.5 ml dose. Persons 27 years and older will

*Official name: Influenza Virus Vaccine, Trivalent.

(Continued on page 237)

TABLE I. Summary — cases of specified notifiable diseases, United States
[Cumulative totals include revised and delayed reports through previous weeks.]

DISEASE	20th WEEK ENDING		MEDIAN 1974-1978**	CUMULATIVE, FIRST 20 WEEKS		
	May 19, 1979	May 20, 1978*		May 19, 1979	May 20, 1978*	MEDIAN 1974-1978**
Aseptic meningitis	58	73	44	964	774	708
Brucellosis	5	5	5	37	58	67
Chickenpox	7,076	6,033	6,083	132,945	89,241	89,241
Diphtheria	4	-	3	57	29	100
Encephalitis: Primary (arthropod-borne & unsp.)	12	11	13	181	217	245
Post-infectious	4	7	7	74	71	88
Hepatitis, Viral: Type B	21	11	271	5,218	5,839	5,581
Type A	518	562	582	11,158	10,981	13,617
Type unspecified	225	28	178	4,115	3,109	3,240
Malaria	17	17	6	172	190	133
Measles (rubella)	541	1,147	1,337	7,520	14,625	14,625
Meningococcal infections: Total	51	69	29	1,230	1,118	760
Civilian	51	69	28	1,223	1,108	752
Military	-	-	1	7	10	10
Mumps	361	36	1,218	8,051	9,162	25,409
Pertussis	17	11	23	484	779	472
Rubella (German measles)	129	1,177	1,468	7,446	10,163	10,163
Tetanus	5	-	-	16	21	21
Tuberculosis	552	602	648	10,552	10,731	11,523
Tularemia	5	5	2	41	32	34
Typhoid fever	1	11	7	139	195	126
Typhus fever, tick borne (Rky. Mt. spotted)	16	39	33	85	103	60
Veneral diseases:						
Gonorrhea: Civilian	19,211	19,256	19,248	364,040	354,925	358,135
Military	541	617	470	10,576	9,414	10,294
Syphilis, primary & secondary: Civilian	4,101	4,101	420	9,217	7,959	8,014
Military	4	4	4	117	116	117
Rabies in animals	101	92	59	1,717	1,142	1,103

TABLE II. Notifiable diseases of low frequency, United States

	CUM. 1979		CUM. 1978
Anthrax	-	Poliomyelitis: Total	8
Botulism †	7	Paralytic (N.C. 1)	7
Congenital rubella syndrome (Tex. 1, Ariz. 2, Calif. 1)	22	Psittacosis †	51
Leprosy † (Tex. 1, Calif. 2)	60	Rabies in man	1
Leptospirosis	21	Trichinosis (N.J. 1)	52
Plague	4	Typhus fever, flea-borne (endemic, murine)	6

*Delayed reports received for calendar year 1978 are used to update last year's weekly and cumulative totals.

**Medians for gonorrhea and syphilis are based on data for 1976-1978.

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

‡Delayed reports: Botulism: Pa. +5 (1978). Psittacosis: Pa. +5 (1978)

TABLE III. Cases of specified notifiable diseases, United States, weeks ending
May 19, 1979, and May 20, 1978 (20th week)

REPORTING AREA	ASEPTIC MENINGITIS		BRUCELLOSIS	CHICKENPOX	DIPHTHERIA		ENCEPHALITIS			HEPATITIS (VIRAL, BY TYPE)			MALARIA	
							Primary	Post-infectious	B	A	Unspecified			
	1978	1979	1978	1978	1978	CUM. 1978	1978	1978*	1979	1978	1979	1978	1979	1978
UNITED STATES	58	5	7,076	4	57		12	11	4	217	518	225	17	172
NEW ENGLAND	1	-	1,092	-	-		2	-	-	6	14	14	-	8
Maine †	-	-	146	-	-		1	-	-	-	3	1	-	1
N.H. †	-	-	10	-	-		-	-	-	-	-	1	-	-
Vt.	-	-	5	-	-		-	-	-	-	-	-	-	-
Mass. †	1	-	473	-	-		1	-	-	2	6	11	-	3
R.I.	-	-	43	-	-		-	-	-	2	1	-	-	3
Conn.	-	-	355	-	-		-	-	-	2	4	1	-	1
MID. ATLANTIC	5	-	642	-	-		1	1	-	47	47	20	1	19
Upstate N.Y.	2	-	345	-	-		-	1	-	8	6	4	1	3
N.Y. City	1	-	122	-	-		1	-	-	8	17	7	-	12
N.J.	1	-	NN	-	-		-	-	-	13	17	8	-	1
Pa.	1	-	175	-	-		-	-	-	18	7	1	-	3
E.N. CENTRAL	7	-	2,996	-	-		2	1	1	32	83	12	1	9
Ohio †	3	-	229	-	-		-	-	1	7	10	-	-	2
Ind. †	-	-	202	-	-		1	-	-	3	5	11	-	1
Ill.	-	-	482	-	-		-	-	-	7	22	-	-	2
Mich.	4	-	1,398	-	-		1	1	-	14	33	1	1	4
Wis. †	-	-	685	-	-		-	-	-	1	13	-	-	-
W.N. CENTRAL	-	-	772	-	-		-	-	2	17	25	12	1	8
Minn.	-	-	4	-	-		-	-	-	6	6	-	-	3
Iowa	-	-	271	-	-		-	-	-	-	2	1	-	-
Mo.	-	-	89	-	-		-	-	-	6	9	9	1	3
N. Dak.	-	-	2	-	-		-	-	-	-	-	-	-	-
S. Dak.	-	-	21	-	-		-	-	-	-	2	-	-	-
Nebr.	-	-	214	-	-		-	-	-	1	-	-	-	1
Kans.	-	-	171	-	-		-	2	-	4	6	2	-	1
S. ATLANTIC	13	3	556	-	-		2	2	1	18	41	18	2	31
Del.	1	-	14	-	-		-	-	-	-	-	-	-	1
Md.	-	-	115	-	-		-	-	-	1	-	-	-	5
D.C.	-	-	14	-	-		-	-	-	2	1	-	1	5
Va.	-	3	24	-	-		1	1	-	5	4	1	1	8
W. Va. †	-	-	250	-	-		1	-	-	-	2	1	-	1
N.C. †	3	-	NN	-	-		-	1	-	6	9	1	-	1
S.C.	-	-	8	-	-		-	-	-	2	2	-	-	1
Ge.	-	-	-	-	-		-	-	-	-	-	-	-	2
Fla.	9	-	131	-	-		-	1	-	2	23	15	-	7
E.S. CENTRAL	1	-	113	-	-		-	-	-	12	33	4	-	3
Ky.	-	-	72	-	-		-	-	-	7	19	1	-	-
Tenn. †	-	-	NN	-	-		-	-	-	1	-	-	-	-
Ala. †	1	-	33	-	-		-	-	-	2	4	3	-	2
Miss.	-	-	8	-	-		-	-	-	2	10	-	-	1
W.S. CENTRAL	17	2	250	-	-		2	4	-	24	115	87	-	12
Ark.	-	-	3	-	-		-	-	-	3	5	3	-	-
La.	-	-	NN	-	-		-	1	-	11	20	8	-	2
Okla.	2	-	-	-	-		2	1	-	-	3	8	-	1
Tex.	15	2	247	-	-		-	2	-	10	87	68	-	9
MOUNTAIN	1	-	146	-	1		-	-	-	11	37	12	3	7
Mont. †	-	-	34	-	-		-	-	-	-	11	-	1	1
Idaho	-	-	4	-	-		-	-	-	-	5	-	-	-
Wyo.	-	-	-	-	-		-	-	-	-	1	-	-	1
Colo.	-	-	-	-	-		-	-	-	-	1	-	-	2
N. Mex. †	1	-	100	-	-		-	-	-	5	9	8	-	-
Ariz.	-	-	8	-	-		-	-	-	4	-	-	-	-
Utah	-	-	NN	-	1		-	-	-	-	-	-	2	3
Nev.	-	-	-	-	-		-	-	-	1	6	3	-	-
PACIFIC	13	-	569	4	56		3	3	-	50	123	46	9	75
Wash.	1	-	501	4	55		1	-	-	2	18	4	1	4
Oreg.	-	-	1	-	-		-	1	-	9	11	3	-	4
Calif. †	10	-	-	-	1		2	2	-	38	77	37	8	66
Alaska	-	-	-	-	-		-	-	-	-	16	2	-	-
Hawaii	2	-	67	-	-		-	-	-	1	1	-	-	1
Guam †	NA	NA	NA	NA	-		NA	-	-	NA	NA	NA	NA	-
P.R.	-	-	22	-	-		-	-	-	1	5	2	-	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: Asep. meng.: Mass. +3, Ohio +3; Chickenpox: N.H. +36, Mass. -26, N. Mex. +10, Calif. +52, Guam +16; Hep.B: N.H. +1, Mass. +29, Ind. +4, W.Va. +3, N.C. -1, Tenn. +2, Ala. +1, Guam +1; Hep.A: Maine -2, N.H. -3, Mass. +39, Ind. +3, Wis. -2, W.Va. -2, Ala. -1, Mont. -1, Guam +3; Hep. unsp.: N.H. +1, Mass. -74, Ind. -8, W.Va. -1, Guam +7.

TABLE III (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending May 19, 1979, and May 20, 1978 (20th 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	541	7,520	14,625	51	1,230	1,118	301	8,051	19	728	7,446	16
NEW ENGLAND	20	223	1,609	4	49	62	10	321	-	75	1,045	1
Maine	4	8	1,109	-	1	4	3	115	-	3	57	-
N.H.†	1	23	28	-	5	6	1	4	-	2	76	-
Vt.	14	85	24	-	3	2	1	5	-	21	348	-
Mass.†	1	7	142	1	10	23	2	27	-	37	347	1
R.I.	-	100	4	1	4	11	2	20	-	3	39	-
Conn.	-	-	302	2	26	16	1	150	-	9	178	-
MID. ATLANTIC	77	820	1,220	3	179	158	30	706	1	167	1,209	3
Upstate N.Y.	42	440	797	1	65	51	4	87	-	115	593	1
N.Y. City	32	330	145	-	46	38	4	70	1	16	147	1
N.J.	1	30	27	1	46	32	15	370	-	23	263	-
Pa.	2	20	251	1	22	37	7	179	-	13	206	1
E.N. CENTRAL	163	1,892	5,886	6	113	104	156	3,318	7	239	1,783	1
Ohio	19	65	268	3	33	21	13	1,175	3	21	71	-
Ind.†	7	134	100	-	28	19	12	194	1	18	612	-
Ill.	70	898	684	-	3	20	25	468	1	21	99	-
Mich.	43	488	3,876	3	37	35	70	714	-	166	842	1
Wis.†	24	307	958	-	12	9	36	767	2	13	159	-
W.N. CENTRAL	94	975	280	1	37	42	31	558	1	41	281	-
Minn.	84	599	24	1	8	6	1	6	-	5	31	-
Iowa†	-	7	48	-	5	8	5	204	-	5	48	-
Mo.	9	350	7	-	17	18	10	153	-	4	28	-
N. Dak.	-	6	155	-	-	3	-	1	-	-	8	-
S. Dak.	-	1	-	-	2	2	-	3	-	-	-	-
Nebr.†	-	-	4	-	-	-	-	1	5	-	17	96
Kans.	1	12	42	-	5	5	14	186	1	10	70	-
S. ATLANTIC	39	938	3,355	21	296	290	11	283	3	80	815	5
Del.	-	-	5	-	3	1	-	12	-	-	2	-
Md.	-	6	3	4	25	13	6	41	-	1	21	-
D.C.	-	-	47	-	1	1	-	1	-	-	1	-
Va.†	19	130	2,116	3	46	40	-	61	-	19	102	i
W. Va.†	3	47	705	2	5	5	3	70	-	-	1	-
N.C.†	4	100	82	-	46	60	-	42	-	54	381	2
S.C.	-	47	166	5	45	18	-	2	-	-	50	-
Ga.	-	172	12	-	51	37	-	3	-	-	5	-
Fla.	13	435	219	7	74	115	2	51	3	5	172	2
E.S. CENTRAL	30	125	858	1	99	96	15	812	-	6	215	3
Ky.	2	20	80	-	18	16	7	701	-	3	47	-
Tenn.	27	47	633	-	31	26	3	71	-	1	73	-
Ala.	1	43	33	-	23	30	-	11	-	2	30	3
Miss.	-	15	112	1	27	24	5	29	-	-	65	-
W.S. CENTRAL	25	779	768	10	222	168	23	1,385	2	2	158	3
Ark.	-	6	13	1	17	14	1	744	-	-	4	i
La.	4	201	285	1	96	62	-	34	-	-	24	-
Okla.	1	22	10	1	18	15	-	-	-	-	22	-
Tex.	20	550	460	7	91	77	22	607	2	2	108	2
MOUNTAIN	28	177	163	1	58	26	2	197	3	31	330	-
Mont.	1	48	94	-	4	2	-	3	-	3	48	-
Idaho†	-	2	1	-	4	2	-	-	-	7	150	-
Wyo.	-	-	-	-	-	-	-	-	-	-	-	-
Colo.	5	28	13	-	3	2	2	59	1	1	22	-
N. Mex.	1	26	4	-	4	6	-	7	-	2	6	-
Ariz.	20	50	16	1	32	9	-	33	2	16	85	-
Utah	-	15	31	-	6	4	-	10	-	2	19	-
Nev.	1	6	8	-	5	3	-	8	-	-	-	-
PACIFIC	65	1,591	486	4	177	172	23	471	2	87	1,610	-
Wash.	39	740	43	1	26	29	7	157	-	10	139	-
Oreg.	-	52	126	-	10	9	2	43	-	-	59	-
Calif.	24	722	314	2	130	128	14	213	2	75	1,400	-
Alaska	-	15	-	-	3	5	-	8	-	-	1	-
Hawaii	2	62	3	1	8	1	-	50	-	2	11	-
Guam†	NA	-	25	-	-	-	NA	-	NA	NA	3	-
P.R.	5	183	116	-	-	2	21	366	-	2	25	3
V.I.	-	2	6	-	2	-	-	4	-	-	-	-
Pac. Trust Terr.	NA	5	419	-	1	2	NA	16	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: N.H. +5, Mass. +2, Ind. +2, Iowa +7, N.C. +1, Idaho +1, Guam +2, Men. Inf., Mass. +4; Mumps: Mass. -3, Guam +5; Rubella: N.H. +5, Mass. -11, Wis. -1, Nebr. +2, Va. -2, W.Va. +3, N.C. -1.

TABLE III (Cont'd). Cases of specified notifiable diseases, United States, weeks ending May 19, 1979, and May 20, 1978 (20th week)

REPORTING AREA	TUBERCULOSIS		TULA-REMIA	TYPHOID FEVER		TYPHUS FEVER (Typh bone)		VENEREAL DISEASES (Civilian)						RABIES (in Animals)
	1978	CUM. 1978	CUM. 1978	1978	CUM. 1978	1978	CUM. 1978	GONORRHEA			SYPHILIS (Pri. & Sec.)			CUM. 1978
								1979	CUM. 1979	CUM. 1978*	1979	CUM. 1979	CUM. 1978*	
UNITED STATES	559	10,552	41	7	139	16	85	18,017	364,040	354,925	406	9,217	7,959	1,717
NEW ENGLAND	7	299	1	-	10	-	-	463	9,522	9,070	4	156	248	17
Maine	-	22	-	-	1	-	-	27	549	690	-	3	5	14
N.H.	-	8	-	-	-	-	-	18	322	409	-	2	1	1
Vt.	2	15	-	-	-	-	-	24	193	242	-	-	1	-
Mass.t	2	170	1	-	6	-	-	220	3,954	3,945	4	103	162	2
R.I.	-	23	-	-	1	-	-	41	777	652	-	5	9	-
Conn.	3	61	-	-	2	-	-	133	3,627	3,132	-	43	70	-
MID. ATLANTIC	81	1,707	1	2	25	-	5	1,909	40,030	39,088	61	1,432	1,093	11
Upstate N.Y.	10	294	1	-	6	-	4	308	7,174	6,124	4	111	84	10
N.Y. City	25	624	-	2	11	-	1	857	15,211	15,382	45	964	770	-
N.J.	33	319	-	-	6	-	-	287	7,320	7,166	6	192	119	1
Pa.	13	470	-	-	2	-	-	457	10,225	10,416	6	165	120	-
E.N. CENTRAL	85	1,465	-	-	10	1	1	2,428	55,521	51,763	54	1,289	856	138
Ohio	29	296	-	-	1	-	-	560	15,166	13,685	14	240	175	9
Ind.t	10	208	-	-	4	-	-	273	4,685	5,399	4	74	48	37
Ill.	22	523	-	-	4	-	-	726	17,749	15,765	27	784	527	68
Mich.t	21	368	-	-	5	1	1	673	13,011	12,055	4	142	78	-
Wis.t	3	60	-	-	-	-	-	196	4,910	4,859	5	49	28	24
W.N. CENTRAL	17	342	9	1	6	1	2	1,190	17,680	17,462	2	128	189	355
Minn.	4	50	-	-	2	-	-	316	3,053	3,077	1	39	90	82
Iowa	1	34	-	-	2	-	-	131	2,225	2,042	-	19	18	71
Mo.t	8	175	7	-	1	1	1	410	7,494	7,165	1	52	44	112
N. Dak.	-	11	-	-	-	-	-	16	304	353	-	-	2	15
S. Dak.	4	22	1	-	-	-	-	35	600	643	-	-	1	24
Nebr.	-	3	1	-	-	-	-	93	1,147	1,293	-	1	5	-
Kans.	-	47	-	1	1	-	1	189	2,857	2,889	-	17	29	51
S. ATLANTIC	141	2,439	2	1	18	8	42	4,786	86,459	85,844	114	2,231	2,095	206
Del.	1	26	-	-	-	1	1	49	1,351	1,254	-	12	3	-
Md.	25	338	-	-	6	-	3	623	10,392	11,227	4	154	169	9
D.C.	5	106	-	-	1	-	-	265	5,192	5,839	17	170	161	-
Va.	11	277	-	-	2	3	16	474	8,283	7,861	13	223	187	4
W. Va.	3	93	-	-	1	-	-	56	1,240	1,309	-	30	8	-
N.C.t	18	392	-	-	4	15	724	12,992	12,304	4	188	184	1	
S.C.	9	127	1	1	3	-	6	569	7,793	7,877	2	106	92	67
Ge.	22	368	1	-	-	-	1	817	16,878	16,083	34	589	520	123
Fla.t	47	712	-	-	5	-	1,209	22,338	22,090	40	759	771	2	
E.S. CENTRAL	70	999	6	-	6	6	17	1,302	30,938	30,321	27	599	384	104
Ky.	18	249	2	-	2	-	-	204	4,103	3,448	4	65	46	42
Tenn.t	24	280	4	-	1	6	12	648	10,884	11,161	16	256	141	36
Ala.t	21	232	-	-	3	-	4	177	9,305	8,970	7	121	53	26
Miss.	7	238	-	-	-	-	1	273	6,646	6,742	-	157	144	-
W.S. CENTRAL	55	1,258	11	1	11	-	16	2,585	47,996	49,789	89	1,591	1,192	727
Ark.	7	85	7	-	-	-	13	120	3,859	3,785	4	50	35	174
La.	10	280	1	-	-	-	-	373	8,429	8,275	15	372	229	8
Okla.	-	142	-	-	-	-	1	270	4,310	4,493	-	30	38	106
Tex.t	38	751	3	1	11	-	2	1,822	31,398	33,236	70	1,139	890	439
MOUNTAIN	18	299	7	-	8	-	2	556	13,924	12,897	9	165	147	27
Mont.	-	10	1	-	-	-	1	40	678	831	-	6	6	-
Idaho	-	4	-	-	1	-	-	25	583	462	-	12	2	-
Wyo.t	-	3	-	-	-	-	-	32	335	289	2	5	3	-
Colo.	2	41	1	-	2	-	-	161	3,799	3,629	5	44	46	3
N. Mex.	3	54	1	-	1	-	-	110	1,813	1,835	1	28	43	19
Ariz.	12	149	-	-	3	-	-	37	3,741	3,167	-	42	25	5
Utah	-	9	4	-	-	-	-	48	735	744	-	3	6	-
Nev.	1	29	-	-	1	-	1	103	2,240	1,940	1	25	16	-
PACIFIC	85	1,744	4	2	45	-	-	2,798	61,970	58,691	46	1,626	1,755	132
Wash.	5	81	3	-	1	-	-	138	5,266	4,501	NA	86	72	-
Oreg.	10	89	-	-	-	-	-	213	3,930	4,007	-	76	60	-
Calif.	58	1,422	1	2	37	-	-	2,295	49,721	47,099	40	1,411	1,602	130
Alaska	-	34	-	-	-	-	-	95	2,017	2,017	3	12	5	2
Hawaii	12	118	-	-	7	-	-	57	1,036	1,177	3	41	16	-
Guam †	NA	14	-	NA	-	NA	-	NA	20	51	NA	-	-	-
P.R.	6	104	-	3	-	-	-	33	787	977	-	187	174	7
V.I.	-	3	-	-	1	-	-	3	66	85	1	3	6	-
Pac. Trust Terr.	NA	10	-	NA	-	NA	-	NA	112	187	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: Vt. -1, Mich. -2, Mo. +7, N.C. -3, Ala. -1, Guam +2; T. fever: Fla. +1; GC: Mass. -185 civ., Tenn. +20 civ., Wyo. +12 mil., Guam +9 civ. +16 mil.; Syphilis: Wis. -7, Tex. +1; An. rabies: Ind. -1.

TABLE IV. Deaths in 121 U.S. cities,* week ending
May 19, 1979 (20th 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	710	470	172	38	12	41	S. ATLANTIC	1,375	832	348	96	41	51
Boston, Mass.	186	110	51	16	4	16	Atlanta, Ga.	112	68	22	11	4	-
Bridgeport, Conn.	42	25	12	2	2	2	Baltimore, Md.	409	230	118	33	12	7
Cambridge, Mass.	29	21	7	1	-	-	Charlotte, N.C.	70	50	12	2	1	3
Fall River, Mass.	21	13	7	-	-	-	Jacksonville, Fla.	89	60	19	6	2	6
Hartford, Conn.	67	36	18	7	3	2	Miami, Fla.	129	78	33	11	2	8
Lowell, Mass.	20	19	1	-	-	-	Norfolk, Va.	57	35	16	2	1	3
Lynn, Mass.	35	31	3	-	-	-	Richmond, Va.	73	37	24	8	1	5
New Bedford, Mass.	36	31	4	1	-	2	Savannah, Ga.	47	29	8	2	2	6
New Haven, Conn.	46	25	15	2	1	1	St. Petersburg, Fla.	100	76	18	2	1	4
Providence, R.I.	75	49	21	3	-	7	Tampa, Fla.	66	38	13	5	8	6
Somerville, Mass.	3	3	-	-	-	-	Washington, D.C.	163	96	46	12	5	2
Springfield, Mass.	53	36	13	2	-	2	Wilmington, Del.	60	35	19	2	2	1
Waterbury, Conn.	30	23	5	2	-	5							
Worcester, Mass.	67	48	15	2	2	3							
							E.S. CENTRAL	654	369	182	41	34	32
MID. ATLANTIC	2,147	1,424	486	122	57	97	Birmingham, Ala.	102	55	38	4	2	2
Albany, N.Y.	51	29	10	5	4	-	Chattanooga, Tenn.	55	35	17	-	1	9
Allentown, Pa.	17	13	4	-	-	-	Knoxville, Tenn.	34	30	3	-	-	1
Buffalo, N.Y.	112	73	23	8	4	7	Louisville, Ky.	110	48	33	10	12	9
Camden, N.J.	55	36	13	2	3	3	Memphis, Tenn.	140	82	37	4	12	2
Elizabeth, N.J.	21	12	8	1	-	-	Mobile, Ala.	45	23	16	3	3	5
Erie, Pa.†	26	17	7	-	1	2	Montgomery, Ala.	57	33	14	5	3	-
Jersey City, N.J.	43	32	8	3	-	-	Nashville, Tenn.	111	63	24	15	1	4
Newark, N.J.	77	37	24	8	4	4							
N.Y. City, N.Y.	1,401	935	310	88	30	64	W.S. CENTRAL	1,066	611	278	75	57	34
Peterston, N.J.	23	14	6	1	-	4	Austin, Tex.	34	25	5	3	-	1
Philadelphia, Pa.†	222	139	50	19	11	7	Baton Rouge, La.	53	31	12	4	4	4
Pittsburgh, Pa.†	64	38	21	4	1	5	Corpus Christi, Tex.	36	21	8	1	3	2
Reading, Pa.	29	24	5	-	-	2	Dallas, Tex.	181	111	43	10	11	2
Rochester, N.Y.	108	73	25	3	5	5	El Paso, Tex.	52	31	13	6	-	2
Schenectady, N.Y.	28	19	8	1	-	-	Fort Worth, Tex.	94	54	29	7	1	4
Scranton, Pa.†	30	24	6	-	-	1	Houston, Tex.	123	54	39	13	10	3
Syracuse, N.Y.	105	69	25	-	7	5	Little Rock, Ark.	60	32	16	5	5	6
Tranton, N.J.	25	17	8	-	-	1	New Orleans, La.	132	76	35	6	9	-
Utica, N.Y.	28	22	5	1	-	1	San Antonio, Tex.	160	79	48	15	9	3
Yonkers, N.Y.	24	19	4	1	-	1	Shreveport, La.	77	49	18	3	4	-
							Tulsa, Okla.	64	48	12	2	1	7
E.N. CENTRAL	2,388	1,433	614	132	112	52	MOUNTAIN	561	353	120	41	20	25
Akron, Ohio	57	34	17	2	3	-	Albuquerque, N. Mex.	53	31	12	6	-	6
Canton, Ohio	36	20	9	3	3	-	Colo. Springs, Colo.	34	20	8	2	1	2
Chicago, Ill.	614	358	154	41	33	10	Denver, Colo.	129	82	31	8	3	7
Cincinnati, Ohio	143	82	43	9	5	2	Las Vegas, Nev.	55	28	19	5	1	2
Cleveland, Ohio	148	76	41	13	11	4	Ogden, Utah	20	14	3	1	2	3
Columbus, Ohio	177	108	50	9	6	4	Phoenix, Ariz.	95	65	15	7	6	-
Dayton, Ohio	96	59	31	4	2	2	Pueblo, Colo.	27	17	5	3	-	-
Detroit, Mich.	275	162	67	15	18	4	Salt Lake City, Utah	37	20	6	1	6	-
Evanston, Ind.	39	28	9	1	1	1	Tucson, Ariz.	111	76	21	8	1	5
Fort Wayne, Ind.	60	42	14	1	2	6							
Gary, Ind.	16	9	2	2	-	-							
Grand Rapids, Mich.	50	34	4	2	6	1							
Indianapolis, Ind.	170	83	57	12	7	2	PACIFIC	1,790	1,140	392	140	40	63
Madison, Wis.	26	19	7	-	-	3	Berkeley, Calif.	16	13	3	-	-	1
Milwaukee, Wis.	143	102	26	6	1	2	Fresno, Calif.	53	33	10	5	1	2
Peoria, Ill.	57	30	16	4	6	7	Glendale, Calif.	26	17	6	2	-	1
Rockford, Ill.	41	29	9	-	3	1	Honolulu, Hawaii	61	35	12	7	-	3
South Bend, Ind.	68	42	19	4	1	3	Long Beach, Calif.	90	61	18	5	4	3
Toledo, Ohio	105	73	21	1	4	-	Los Angeles, Calif.	568	371	111	56	7	19
Youngstown, Ohio	67	43	18	3	1	-	Oakland, Calif.	100	52	29	5	10	3
							Pasadena, Calif.	24	19	4	-	1	2
							Portland, Oreg.	150	105	34	6	2	3
W.N. CENTRAL	674	439	145	37	30	30	Sacramento, Calif.	65	42	14	4	2	2
Des Moines, Iowa	54	39	11	2	2	3	San Diego, Calif.	129	67	38	14	4	1
Duluth, Minn.	21	13	5	-	1	2	San Francisco, Calif.	131	83	35	8	1	5
Kansas City, Kans.	35	17	7	6	2	2	San Jose, Calif.	146	87	31	11	1	7
Kansas City, Mo.	98	70	19	5	3	1	Seattle, Wash.	137	93	23	11	5	8
Lincoln, Nebr.	16	12	2	1	1	1	Spokane, Wash.	55	35	15	4	1	2
Minneapolis, Minn.	79	57	17	-	4	2	Tacoma, Wash.	39	27	9	2	1	2
Omaha, Nebr.	68	40	17	4	3	2							
St. Louis, Mo.	188	114	43	16	7	7							
St. Paul, Minn.	55	39	12	-	3	2							
Wichita, Kans.	60	38	12	3	4	8							
							TOTAL	11,366	7,071	2,737	722	403	425

*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.

Influenza Vaccine - Continued

require only 1 dose. Because of lack of previous contact with H1N1 strains, persons less than 27 who did not receive at least 1 dose of the 1978-79 trivalent vaccine will require 2 doses of the 1979-80 vaccine. Those who received the 1978-79 vaccine will require only 1 dose. The vaccine will be available as whole virion (whole-virus) and subvion (split-virus) preparations. Based on past data, split-virus vaccines have been associated with somewhat fewer side effects than whole-virus vaccines in children. Thus, only split-virus vaccines are recommended for persons less than 13 years of age. The vaccines prepared for the 1978-79 respiratory disease season contained A/USSR/77 as the H1N1 component. Because of the antigenic similarities between the A/USSR/77 and the A/Brazil/78 strains, the stocks of vaccine remaining from last year may be used, until the expiration date, according to the instructions on the package insert.

VACCINE USAGE**General Recommendations**

Annual vaccination is strongly recommended for all individuals at increased risk of adverse consequences from infections of the lower respiratory tract. Conditions predisposing to such risk include (1) acquired or congenital heart disease associated with altered circulatory dynamics, actual or potential (for example, mitral stenosis, congestive heart failure, or pulmonary vascular overload); (2) any chronic disorder with compromised pulmonary function, such as chronic obstructive pulmonary disease, bronchiectasis, tuberculosis, severe asthma, cystic fibrosis, neuromuscular and orthopedic disorders with impaired ventilation, and residual pulmonary dysplasia following the neonatal respiratory distress syndrome; (3) chronic renal disease with azotemia or the nephrotic syndrome; (4) diabetes mellitus and other metabolic diseases with increased susceptibility to infection; (5) chronic, severe anemia, such as sickle cell disease; and (6) conditions which compromise the immune mechanism, including certain malignancies and immunosuppressive therapy.

Vaccination is also recommended for older persons, particularly those over age 65, because excess mortality in influenza outbreaks occurs in this age group.

In considering vaccination of persons who provide essential community services or who may be at increased risk of exposure, such as medical care personnel, the inherent benefits, risks, and cost of vaccination should be taken into account.

Table 1 summarizes vaccine and dosage recommendations by age group for 1979-80.

TABLE 1. Influenza vaccine* dosage, by age, 1979-80

Age group	Product	Dosage (ml)	Number of doses
27 years and older	whole virion (whole virus) or subvirion (split virus)	0.5	1
13-26 years	whole virion (whole virus) or subvirion (split virus)	0.5	2**
3-12 years	subvirion (split virus)	0.5	2**
6-35 months***	subvirion (split virus)	0.25	2**

* Contains 7 µg each of A/Brazil/78, A/Texas/77, B/Hong Kong/72 hemagglutinin antigens in each 0.5 ml.

** 4 weeks or more between doses; both doses essential for good protection, unless the individual received at least 1 dose of 1978-79 vaccine.

*** Based on limited data. Since the likelihood of febrile convulsions is greater in this age group, special care should be taken in weighing relative risks and benefits.

*Influenza Vaccine – Continued***Use in Pregnancy**

Although the issue has been much discussed, only in the pandemics of 1918-19 and 1957-58 has strong evidence appeared relating influenza infections with increased maternal mortality. Although several studies have reported an increased risk of congenital malformations and childhood leukemia among children born to women who had influenza infection during pregnancy, other studies have not shown an increased risk; the issue is not settled.

Physicians prudently limit prescription of drugs and biologics for pregnant women. However, no evidence has been presented to suggest that influenza vaccination of pregnant women poses any special maternal or fetal risk. Furthermore, because influenza vaccine is an inactivated viral preparation, it does not share the theoretical risks that impel caution in the use of live virus vaccines. Taking the above uncertainties into account, physicians should evaluate pregnant women for influenza immunization according to the same criteria applied to other persons. (See VACCINE USAGE—General Recommendations.)

SIDE EFFECTS AND ADVERSE REACTIONS

Recent influenza virus vaccines have been associated with few side effects. Local reactions, consisting of redness and induration at the site of injection lasting 1 or 2 days, have been observed in less than one-third of vaccinees. Three types of systemic reactions to influenza vaccines have been described.

1. Fever, malaise, myalgia, and other systemic symptoms of toxicity, although infrequent, occur more often in children and others who have had no experience with influenza viruses containing the vaccine antigen(s). These reactions, which begin 6-12 hours after vaccination and persist 1-2 days, are usually attributed to the influenza virus itself (even though it is inactivated) and constitute most of the side effects of influenza vaccination.

2. Immediate—presumably allergic—responses, such as flare and wheal or various respiratory expressions of hypersensitivity occur extremely rarely after influenza vaccination. They probably derive from sensitivity to some vaccine component, most likely residual egg protein. Although current influenza vaccines contain only a small quantity of egg protein, on rare occasions they can provoke hypersensitivity reactions. Individuals with anaphylactic hypersensitivity to eggs should not be given influenza vaccine. This would include persons who, upon ingestion of eggs, develop swelling of the lips or tongue or who experience acute respiratory distress or collapse.

3. Guillain-Barré syndrome (GBS) is an uncommon illness characterized by ascending paralysis which is usually self-limited and reversible. Though most persons with GBS recover without residual weakness, approximately 5% of cases are fatal. Before 1976, no association of GBS with influenza vaccination was recognized. That year, however, GBS appeared in excess frequency among persons who had received the A/New Jersey/76 influenza vaccine. For the 10 weeks following vaccination the excess risk was found to be approximately 10 cases of GBS for every million persons vaccinated—an incidence 5-6 times higher than that in unvaccinated persons. Younger persons (under 25 years) had a lower relative risk than others and also had a lower case-fatality rate. Preliminary analysis of data from GBS surveillance during the 1978-79 influenza season suggests that, in contrast to the 1976 situation, the risk of GBS in recipients of the 1978-79 vaccine was not significantly higher than that in non-vaccinees. Nonetheless, persons who receive influenza vaccine should be made aware of this possible risk as compared with the risk of influenza and its complications.

Influenza Vaccine — Continued

SELECTED BIBLIOGRAPHY

- Clinical studies on influenza vaccines—1976. (A conference held at the National Institutes of Health, Bethesda, Maryland, January 20-21, 1977.) *J Infect Dis* 136 (Suppl): S345-S742, 1977
- Dowdle WR, Coleman MT, Gregg MB: Natural history of influenza type A in the United States, 1957-1972. *Prog Med Virol* 17:91-135, 1974
- Eickhoff TC: Immunization against influenza: Rationale and recommendations. *J Infect Dis* 123: 446-454, 1971
- Kilbourne ED (ed): *The Influenza Viruses and Influenza*. New York, Academic Press, 1975
- Leneman F: The Guillain-Barre syndrome. *Arch Intern Med* 118:139-144, 1966
- Parkman PD, Galasso GH, Top FH, Noble GR: Summary of clinical trials of influenza vaccines. *J Infect Dis* 134:100-107, 1976
- Wright PF, Dolin R, LaMontagne JR: Summary of clinical trials of influenza vaccines II. *J Infect Dis* 134:633-638, 1976

Current Trends**Primary and Secondary Syphilis — United States**

During the first quarter of 1979 (January-March), reported cases of primary and secondary syphilis numbered 5,952* (Table 2), an increase of 957 (19.2%) over the number reported last year. During March 1979, primary and secondary syphilis cases numbered 2,157, up 23.5% from the number reported in March 1978.

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

Editorial Note: The increase of infectious syphilis cases may be associated with a shift in emphasis in many programs from syphilis control activities to gonorrhea control activities, especially new efforts to reduce the damaging effects of gonococcal pelvic inflammatory disease.

Congenital syphilis has not increased among infants, in part because health departments maintain strong prenatal syphilis surveillance. During calendar year 1978, reported cases of congenital syphilis occurring among infants less than 1 year of age numbered 104, a decrease of 22.4% from the 134 such cases reported in 1977.

*Provisional data.

(Continued on page 240)

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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.

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Syphilis - Continued

TABLE 2. Summary of reported primary and secondary syphilis cases by reporting area, March 1979* and March 1978

Reporting Area by HEW Region	March		Calendar Year Cumulative January-March		Reporting Area by HEW Region	March		Calendar Year Cumulative January-March		Reporting Area by HEW Region	March		Calendar Year Cumulative January-March	
	1979	1978	1979	1978		1979	1978	1979	1978		1979	1978		
Connecticut	9	14	23	39	Illinois	16	4	38	27	Arizona	8	3	19	23
Maine	0	2	1	3	(Excl. Chicago)					California				
Massachusetts	13	37	83	91	Chicago	135	100	352	314	(Excl. LA & SF)	126	129	358	461
New Hampshire	1	0	5	1	Indiana					Los Angeles †	163	125	430	398
Rhode Island	2	1	4	3	(Excl. Indianapolis)	6	7	19	15	San Francisco †	74	72	214	179
Vermont	0	0	0	0	Indianapolis †	7	5	19	15	Hawaii	14	5	23	12
REGION I TOTAL	25	54	118	137	Michigan	29	22	96	56	Nevada	5	3	12	10
New Jersey	53	26	128	76	Minnesota	6	20	23	43	REGION IX TOTAL	390	337	1058	1083
New York					Ohio	54	40	151	94	Alaska	3	1	5	5
(Excl. NYC)	38	21	80	56	Wisconsin	8	5	27	16	Idaho	2	0	5	0
New York City	205	151	624	434	REGION V TOTAL	262	203	725	580	Oregon	14	16	51	32
REGION II TOTAL	298	198	833	586	Arkansas	13	4	33	28	Washington	24	23	66	49
Delaware	2	0	6	3	Louisiana	60	54	194	158	REGION X TOTAL	43	40	127	88
District of Columbia	43	40	118	115	New Mexico	3	14	10	31	UNITED STATES TOTAL	2157	1747	6952	4995
Maryland	10	14	43	46	Oklahoma	12	6	21	28	Puerto Rico	49	32	145	125
(Excl. Baltimore)	22	28	50	69	Texas	249	185	686	525	Virgin Islands	0	2	0	6
Baltimore					REGION VI TOTAL	357	283	964	771	UNITED STATES, INCLUDING OUTLYING AREAS	2208	1781	6097	5125
Pennsylvania					Iowa	1	4	7	10	Note: Cumulative totals include revised and delayed reports through previous months.				
(Excl. Philadelphia)	16	11	36	32	Kansas	6	8	13	25					
Philadelphia	24	14	36	36	Missouri	14	8	30	27	Source: CDC 9-88 CDC, VD Control Division, Atlanta, Georgia 30333				
Virginia	65	39	160	122	New Mexico	3	14	10	31					
West Virginia	3	3	9	4	Nebraska	1	2	1	3					
REGION III TOTAL	185	150	488	429	REGION VII TOTAL	22	23	51	65					
Alabama	32	11	80	29	Colorado	5	10	25	32					
Florida	204	211	507	519	Montana	2	0	6	5					
Georgia					North Dakota	0	2	0	2					
(Excl. Atlanta)	90	76	223	180	South Dakota	0	0	0	1					
Atlanta †	61	31	180	122	Utah	1	1	2	3					
Kentucky	14	11	44	25	Wyoming	0	0	3	3					
Mississippi	49	37	119	92	REGION VIII TOTAL	8	13	36	48					
North Carolina	41	29	143	105										
South Carolina	29	25	83	66										
Tennessee	49	35	177	80										
REGION IV TOTAL	569	486	1659	1232										

*Provisional data.
†County data.

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