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MORBIDITY AND MORTALITY WEEKLY REPORT

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Epidemiologic Notes and Reports

Underreporting of Neonatal Deaths — Georgia, 1974-1977

JUN 11 1979

From 1974 through 1977, an estimated 21% of all deaths of neonates (0-28 days of age) in Georgia and almost one-quarter of deaths of low-birth-weight neonates were not reported. Of nearly 1,000 unrecorded neonatal deaths, 72% were in blacks, and 35% were in infants born out of wedlock. Forty percent of the mothers were less than 20 years of age, and 66% were rural residents. These data were obtained from 2 studies conducted by the Georgia Department of Human Resources (DHR). The first study examined unreported deaths of infants born weighing 1,500 g or less in 1974 through 1976; the second reviewed unreported infant deaths in all weight groups in 1977.

The Georgia DHR linked infant death and birth certificates for the years 1974 through 1976. Data analyzed in May 1977 indicated that weight-specific neonatal mortality rates for low-birth-weight infants were low when compared with published weight-specific mortality rates for the United States in 1960 and New York City in 1968 (1,2). In a follow-up study on infants born weighing 1,500 g or less during the years 1974 through 1976, the neonatal outcome for 3,369 infants was determined. Of these, 103 were reclassified into birth-weight groups of greater than 1,500 g, but 1,465 others were linked with their death certificates. The remaining 1,801 infants—who were purported to be alive and to have weighed 1,500 g or less at birth—were grouped by hospital of birth. A total of 139 hospitals were involved, 49 of which were visited to ascertain the birth weight recorded in the delivery room record and the disposition of the neonate at the time of discharge. The remaining 90 hospitals were contacted by mail survey. All but 18 infants were followed up.

Of the 1,783 infants followed up, 513 were found to have died. Birth certificates of these 513 infants were compared with the unlinked death certificates, and 60 infants who were not previously linked were identified. Therefore, death certificates had not been registered with the local county registrar for 453 infants who had died in the neonatal period. These 453 neonatal deaths represented 25% of all deaths of neonates weighing 1,500 g or less and 13% of all neonatal deaths that occurred during this 3-year period.

Since the initial investigation was restricted to neonates weighing 1,500 g or less, a second investigation was undertaken to examine all birth-weight groups. Hospitals submitted a list of all infant deaths that occurred in those hospitals during 1977. This list was compared with the death certificates that had been filed during 1977 and early 1978 for infants born in 1977. Death certificates had not been filed for 236 infants who were reported to have died in a hospital. Only 60% of the 236 infants weighed 1,500 g or less at birth. Applying this percentage to the 1974-1976 investigation, an estimated 755

Underreporting of Neonatal Deaths — Continued

neonatal deaths occurred without being reported. This represented almost 1,000 unreported neonatal deaths—21% of all neonatal deaths and 17% of all infant deaths—during the years 1974 through 1977.

Although the Georgia DHR did not systematically identify the reasons why these deaths had not been reported, it did identify 2 patterns of nonreporting. First, when the hospital rather than the mortician disposed of the infant's body, the hospital staff often left the completed death certificate on the patient's chart; thus, the certificate was never filed. Second, morticians (who have the responsibility of filing most death certificates, except in cases of stillbirth) sometimes did not file the death certificates because they thought the infant had been born dead rather than alive. Most hospitals did not routinely distinguish between stillbirths and early neonatal deaths in the release form to the mortician. Hence, morticians often thought the hospital staff was filing a stillbirth certificate, while the hospital staff thought the mortician was filing a death certificate on a live-born infant.

Since January 1978 the Georgia DHR has required hospitals to report monthly to the local registrar all deaths which have occurred in the hospital. The registrar then informs the hospital if a death certificate has not been filed. The Georgia DHR is currently following up all live-born infants with birth weight of 1,500 g or less to determine if this review of hospital records will improve the completeness of reporting of infant deaths.

Reported by J Alley, MD, J Terry, MD, Georgia Dept of Human Resources; Family Planning Evaluation Div, Bur of Epidemiology, CDC.

Editorial Note: Currently, 42 states routinely match birth and infant death certificates (D Burnham, National Center for Health Statistics, personal communication). The completeness of reporting of infant deaths may be evaluated by determining weight-specific neonatal mortality rates for low-birth-weight infants. The corrected weight-specific neonatal mortality rate for the 500- to 1,000-g weight group (756 deaths per 1,000 live births) for Georgia and for other states reporting these data suggests that a neonatal mortality rate of less than 750 deaths per 1,000 live births for infants weighing between 500 and 1,000 g at birth may indicate underreporting of infant deaths. In 1959 incompleteness of death reporting for low-birth-weight infants was reported in North Carolina (3). Since then, no follow-up of low-birth-weight infants has been carried out on a statewide basis.

References

1. Department of Health, Education, and Welfare: A Study of Infant Mortality from Linked Records. Washington, D.C., National Center for Health Statistics Report (Series 20, No. 12), May 1972
2. Institute of Medicine, Panel on Health Services Research: Infant Death: An Analysis of Maternal Risk and Health Care. Washington, D.C., National Academy of Sciences, 1973
3. Rogers PB, Council CR, Abernathy JR: Testing death registration completeness in a group of premature infants. Public Health Rep 76:717-724, 1961

Carbon Monoxide Exposure in Aircraft Fuelers — New York City

On April 12, 1979, while investigating workplace health hazards of fuelers of commercial jet aircraft at Kennedy International Airport, investigators from the National Institute of Occupational Safety and Health (NIOSH) learned that in December 1977 a 51-year-old fueler had been found dead in the cab of his fuel truck. Since circumstances suggested the possibility of carbon monoxide (CO) poisoning, investigators examined the fuel trucks. It was noted that the exhaust pipe ran forward under the cab to a muffler mounted behind the front bumper. This configuration, apparently standard at airports, is intended to

Carbon Monoxide Exposure – Continued

minimize the proximity of the exhaust system to the jet fuel in the truck and aircraft.

On April 19-20, CO levels were measured in the cabs of 3 airport fuel trucks, in which the windows had been closed and the heaters turned on to simulate winter operating conditions. One of the 3 trucks had an average CO concentration of 180 parts per million over a sampling period of 103 minutes. The other 2 had average levels less than 50 ppm. (The standard set by the Occupational Safety and Health Administration is 50 ppm.) On April 30, 15 more vehicles were examined. Average levels in 7 exceeded 50 ppm; 1 of 7 exceeded 100 ppm and another, 300 ppm. Ambient CO levels in the test area were less than 1 ppm.

Several recommendations were made to the employer: 1) minimize exposure time of the fuelers, 2) maximize fresh air ventilation in the trucks, and 3) improve the maintenance of the vehicles. NIOSH has offered assistance in designing changes to avoid CO exposure.

Reported by NIOSH Representatives, Div of Preventive Health Services, HEW Region II, and the Industry-wide Studies Br, Div of Surveillance, Hazard Evaluations and Field Studies, NIOSH, CDC.

Editorial Note: In 1968-1975, CO was listed on death certificates as the underlying cause in 8,764 deaths in the United States—5,782 by motor vehicle exhaust, 1,093 by incomplete combustion of domestic fuels, and 1,889 through occupational exposure at blast furnaces and kilns or to partially combusted industrial fuels. CO is an occupational hazard for workers involved with internal combustion engines, foundries, petroleum refineries, pulp mills, and steel mills, among others.

The dose-response relationship for CO is strongly time-dependent and reasonably well understood. While CO levels of 200-400 ppm may cause headache, and levels of 800-1,600 ppm, unconsciousness (1), even 50 ppm for 120 minutes has been shown to reduce exercise tolerance in subjects with angina (2). The NIOSH-recommended standard for occupational exposure—35 ppm time-weighted average for a 40-hour workweek with 8 hours' exposure per day and a ceiling concentration of 200 ppm—is designed to avoid adverse cardiovascular effects (3).

It was not proven that CO contributed to the death of the above fueler, but the circumstances indicate the presence of a remediable health hazard.

References

1. Hamilton H, Hardy H: Industrial Toxicology. Littleton, Mass, PSG Publishing Company, Inc, 1974, p 241
2. Aronow W, Isbell MW: Carbon monoxide effect on exercise-induced angina pectoris. *Ann Intern Med* 79:392-395, 1973
3. NIOSH: Criteria for a Recommended Standard Occupational Exposure to Carbon Monoxide. Rockville, DHEW, 1972

Follow-up on Poliomyelitis – United States, Canada

As of June 5, a total of 12 cases of poliomyelitis caused by the type 1 virus had been reported in 1979 from the United States (10 cases) and Canada (2 cases). Ten of the 12 patients had paralytic poliomyelitis; 2 had aseptic meningitis. The total of 12 cases includes the 4 suspected paralytic cases (now confirmed) identified previously in Pennsylvania, Wisconsin, and Iowa (1). In addition, there is 1 more suspected paralytic case that has been reported since May 30 from Wisconsin. All paralytic cases in this outbreak, including the 1 new suspected case, have been in unvaccinated Amish persons. State health departments are continuing their primary effort to vaccinate all Amish persons against poliomyelitis.

Reported by 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

Poliomyelitis - Continued

Epidemiologist, Wisconsin State Dept of Health and Social Services; Immunization Div, Bur of State Services; Viral Diseases Div, Bur of Epidemiology, CDC.

Reference

1. MMWR 28:250-252, 1979

Follow-up on Animal Rabies - U.S.-Mexican Border

From January 1 through May 25, 1979, a total of 49 cases of animal rabies have been reported from 12 of the 26 U.S. Border counties (28 dogs, 15 skunks, 4 bats, 1 fox, and 1 bovine). Seventy-two cases have been reported from 3 of the 12 border cities in Mexico (71 dogs and 1 cat). Outbreaks of canine rabies are occurring in 3 areas along the Border: 1. Cd. Juarez, Chihuahua (55 dogs); El Paso County, Texas (18 dogs, 1 bat); Dona Ana County, New Mexico (3 dogs, 2 skunks); 2. Maverick County, Texas (9 dogs); Piedras Negras, Coahuila (3 dogs); and 3. Mexicali, Baja California (13 dogs, 1 cat).

Intensive immunization and programs to capture stray animals are continuing in the affected areas. In Cd. Juarez, for example, since January 1, 1979, approximately 2,000 dogs have been captured, and over 32,000 dogs have been immunized.

Reported by B Velimirovic, MD, El Paso Field Office, Pan American Health Organization; LR Hutchinson, VMD, BF Rosenblum, MD, El Paso City-County Health Unit; WR Bilderback, DVM, Texas State Dept of Health; JM Mann, MD, State Epidemiologist, Health Services Div, New Mexico State Health and Environment Dept; GL Humphrey, DVM, Veterinary Public Health Unit, California Dept of Health Services; Respiratory and Special Pathogens Br, Viral Diseases Div, Bur of Epidemiology, CDC.

TABLE I. Summary - cases of specified notifiable diseases, United States
(Cumulative totals include revised and delayed reports through previous weeks.)

DISEASE	22nd WEEK ENDING		MEDIAN 1974-1978**	CUMULATIVE, FIRST 22 WEEKS		
	June 2, 1978	June 3, 1978*		June 2, 1978	June 3, 1978*	MEDIAN 1974-1978**
Aseptic meningitis	65	63	43	1,088	873	820
Brucellosis	-	2	4	39	67	78
Chickenpox	5,157	5,487	4,565	146,415	100,798	100,798
Diphtheria	2	3	3	59	35	102
Encephalitis: Primary (arthropod-borne & unspec.)	8	18	14	199	241	273
Post-infectious	10	1	7	89	80	103
Hepatitis, Viral: Type B	241	260	249	5,724	6,345	6,207
Type A	452	551	679	12,151	12,106	15,046
Type unspecified	158	132	150	4,408	3,389	3,569
Malaria	6	17	8	185	225	142
Measles (rubella)	355	1,272	1,272	8,777	17,293	17,293
Meningococcal infections: Total	44	52	26	1,335	1,229	809
Civilian	44	50	26	1,328	1,216	798
Military	-	2	-	7	13	13
Mumps	424	418	917	9,060	10,143	27,406
Pertussis	13	16	18	511	838	514
Rubella (German measles)	302	881	680	8,304	12,109	12,130
Tetanus	2	6	4	20	27	27
Tuberculosis	505	425	543	11,543	11,781	12,653
Tularemia	7	2	3	48	34	40
Typhoid fever	13	7	7	165	209	138
Typhus fever, tick-borne (Rky. Mt. spotted)	26	23	25	137	137	137
Veneral diseases:						
Gonorrhea: Civilian	16,581	15,282	15,526	396,542	389,531	392,087
Military	454	465	465	11,203	10,338	11,216
Syphilis, primary & secondary: Civilian	370	335	335	9,907	8,711	8,711
Military	7	3	5	128	131	131
Rabies in animals	121	68	59	1,938	1,286	1,226

TABLE II. Notifiable diseases of low frequency, United States

	CUM. 1978		CUM. 1978
Anthrax	-	Poliomyelitis: Total	16
Bacterium †	7	Paralytic †(Pa. 2, Wis. 1, Iowa 2)	13
Congenital rubella syndrome (Ill. 1)	26	Psittacosis (Wis. 2)	56
Leprosy †(Calif. 1, Hawaii 5, P.R. 1)	72	Rabies in man	1
Leptospirosis	14	Trichinosis †	53
Plague	4	Typhus fever, flea-borne (endemic, murine)	9

* 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 reports will be reflected in next week's cumulative totals: Leprosy: Calif. +2, Polio., para.: Mich. -1, Trichinosis: N.J. +11.

‡ Delayed reports: Botulism: Calif. +14 (1978); Polio., para: Mich. +1 (1978).

TABLE III. Cases of specified notifiable diseases, United States, weeks ending June 2, 1979, and June 3, 1978 (22nd week)

REPORTING AREA	ASEPTIC MENINGITIS			CHICKEN POX	DIPHTHERIA		ENCEPHALITIS			HEPATITIS (VIRAL), BY TYPE			MALARIA	
	BRUCELLOSIS		1978		1979	CUM. 1978	Primary		Post-infectious	B	A	Unspecified	1978	CUM. 1978
	1978	1979					1978	1979*						
UNITED STATES	65	-	5,157	2	59	8	18	10	241	452	158	6	185	
NEW ENGLAND	-	-	738	-	-	-	-	2	3	6	7	2	10	
Maine †	-	-	127	-	-	-	-	-	-	-	-	-	1	
N.H. †	-	-	36	-	-	-	-	1	-	-	-	-	-	
Vt.	-	-	2	-	-	-	-	-	1	-	-	-	-	
Mass.	-	-	196	-	-	-	-	-	1	3	7	1	4	
R.I.	-	-	65	-	-	-	-	-	-	-	-	-	3	
Conn. †	-	-	312	-	-	-	-	1	1	2	-	1	2	
MID. ATLANTIC	13	-	304	-	-	-	3	1	37	42	15	2	24	
Upstate N.Y. †	-	-	152	-	-	-	1	-	8	3	1	1	4	
N.Y. City	3	-	98	-	-	-	-	-	5	7	3	1	13	
N.J. †	5	-	NN	-	-	-	2	1	8	11	9	-	3	
Pa.	5	-	54	-	-	-	-	-	14	21	2	-	4	
E.N. CENTRAL	8	-	2,325	1	1	4	3	4	34	38	13	1	11	
Ohio	-	-	313	-	-	-	2	3	1	7	-	-	-	
Ind.	-	-	119	-	-	-	1	-	4	1	5	-	1	
Ill.	-	-	375	-	-	1	-	-	14	11	3	1	4	
Mich.	2	-	593	-	-	3	-	1	14	14	4	-	4	
Wis.	-	-	525	1	1	-	-	-	1	5	1	-	-	
W.N. CENTRAL	1	-	368	-	-	-	-	-	15	28	6	-	9	
Minn. †	-	-	6	-	-	-	-	-	7	9	-	-	3	
Iowa	-	-	158	-	-	-	-	-	2	4	-	-	-	
Mo.	1	-	122	-	-	-	-	-	3	5	5	-	3	
N. Dak.	-	-	7	-	-	-	-	-	-	1	-	-	-	
S. Dak.	-	-	22	-	-	-	-	-	-	6	-	-	-	
Nebr.	-	-	-	-	-	-	-	-	-	-	-	-	2	
Kans.	-	-	53	-	-	-	-	-	3	3	1	-	1	
S. ATLANTIC	4	-	468	-	-	-	3	1	48	56	21	-	32	
Del. †	-	-	11	-	-	-	-	-	1	-	-	-	1	
Md.	-	-	139	-	-	-	2	-	11	4	3	-	5	
D.C.	-	-	5	-	-	-	-	-	-	-	1	-	5	
Va. †	-	-	15	-	-	-	-	-	6	4	1	-	9	
W. Va. †	-	-	170	-	-	-	-	-	6	4	-	-	1	
N.C. †	-	-	NN	-	-	-	-	-	5	4	2	-	1	
S.C.	-	-	13	-	-	-	1	-	1	2	2	-	1	
Ga. †	-	-	-	-	-	-	-	-	4	20	-	-	2	
Fla.	4	-	115	-	-	-	-	1	14	18	12	-	7	
E.S. CENTRAL	3	-	19	-	-	1	1	-	23	31	4	-	3	
Ky.	3	-	9	-	-	-	-	-	-	-	-	-	-	
Tenn.	-	-	NN	-	-	1	1	-	16	20	4	-	-	
Ala.	-	-	6	-	-	-	-	-	2	1	-	-	2	
Miss.	-	-	4	-	-	-	-	-	5	10	-	-	1	
W.S. CENTRAL	15	-	141	-	-	2	3	1	20	83	29	-	13	
Ark.	-	-	1	-	-	-	-	-	4	4	5	-	-	
La.	2	-	NN	-	-	-	-	-	5	5	3	-	2	
Okla.	1	-	-	-	-	2	2	-	1	1	3	-	2	
Tex.	16	-	140	-	-	1	1	1	10	73	18	-	9	
MOUNTAIN	5	-	164	-	1	-	-	-	12	63	16	-	7	
Mont. †	-	-	33	-	-	-	-	-	-	7	-	-	1	
Idaho	-	-	-	-	-	-	-	-	-	1	-	-	-	
Wyo.	2	-	15	-	-	-	-	-	-	1	-	-	1	
Colo.	2	-	116	-	-	-	-	-	4	12	1	-	2	
N. Mex.	1	-	-	-	-	-	-	-	1	6	-	-	-	
Ariz.	-	-	-	-	1	-	-	-	2	30	10	-	3	
Utah	-	-	-	-	-	-	-	-	-	1	2	-	-	
Nev.	-	-	-	-	-	-	-	-	5	5	3	-	-	
PACIFIC	12	-	630	1	57	1	5	1	49	105	47	1	76	
Wash.	-	-	612	1	56	-	-	-	9	22	1	-	4	
Oreg.	-	-	2	-	-	1	-	-	7	17	5	-	4	
Calif. †	12	-	-	-	1	-	5	1	33	60	39	1	67	
Alaska	-	-	3	-	-	-	-	-	-	-	-	-	-	
Hawaii	-	-	13	-	-	-	-	-	-	6	2	-	1	
Guam †	NA	NA	NA	NA	-	NA	-	-	NA	NA	NA	NA	-	
P.R.	1	-	58	-	-	-	-	-	3	2	1	-	1	
V.I.	-	-	1	-	-	-	-	-	-	-	1	-	-	
Pac. Trust Terr.	NA	NA	NA	NA	-	NA	-	-	NA	NA	NA	NA	-	

NA: 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: Conn. +2, Calif. +10; Brucellosis: Maine -2, N.H. +55, Ups. N.Y. -47, Del. +1, Calif. +260, Guam +7; Encephalitis, prim.: Conn. +1, Calif. +1; Encephalitis, post.: Conn. +1, Calif. +1; Hepatitis B: Ups. N.Y. -3, Del. +1, Va. +1, W. Va. +1, Ga. +6, Calif. +82; Hepatitis A: Conn. -1, Ups. N.Y. -6, W. Va. -1, Ga. +10, Mont. +3, Calif. +100, Guam +3; Hepatitis unspecified: Ups. N.Y. -14, N.J. +1, Va. -2, N.C. -1, Calif. +32, Guam +3; Malaria: Conn. +1, Mont. -1, Calif. +13.

TABLE III (Cont'd). Cases of specified notifiable diseases, United States, weeks ending June 2, 1979, and June 3, 1978 (22nd 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. 1978	CUM. 1979
UNITED STATES	355	8,777	17,293	44	1,335	1,229	424	9,060	13	302	8,304	20
NEW ENGLAND	4	246	1,764	5	59	67	12	337	-	43	1,165	1
Maine	1	11	1,226	1	2	4	5	121	-	3	60	-
N.H.†	-	31	34	-	5	6	-	4	-	-	83	-
Vt.	4	90	24	-	3	2	-	5	-	13	371	-
Mass.†	-	10	165	2	16	26	1	26	-	-	380	1
R.I.	-	103	4	-	5	12	1	22	-	3	65	-
Conn.†	1	1	311	2	28	17	5	159	-	24	206	-
MID. ATLANTIC	32	551	1,444	5	192	191	10	757	6	49	1,490	4
Upstate N.Y.†	13	458	961	1	68	60	-	92	1	39	765	1
N.Y. City	15	396	159	2	52	47	-	78	4	8	178	2
N.J.†	-	34	52	-	48	40	5	398	-	-	285	-
Pa.	-	21	272	2	24	44	5	189	1	2	262	1
E.N. CENTRAL	108	2,285	7,475	3	127	119	218	3,954	-	49	1,931	1
Ohio†	45	119	312	-	43	22	136	1,343	-	12	87	-
Ind.†	5	153	128	-	28	21	5	215	-	5	643	-
Ill.	3	1,052	869	-	3	24	6	763	-	1	117	-
Mich.	52	556	5,006	2	40	41	39	790	-	18	895	1
Wis.†	3	405	1,160	1	13	11	32	843	-	13	189	-
W.N. CENTRAL	100	1,120	329	1	38	47	17	593	1	4	305	-
Minn.	78	711	28	1	9	8	-	6	-	-	31	-
Iowa	-	14	50	-	5	9	5	212	-	1	49	-
Mo.	5	355	7	-	17	20	9	167	-	-	28	-
N. Dak.	-	6	176	-	-	3	-	1	-	-	8	-
S. Dak.	-	1	-	-	2	2	-	3	-	2	2	-
Nebr.	-	-	4	-	-	-	-	5	-	1	111	-
Kans.	17	29	64	-	5	5	3	199	1	-	76	-
S. ATLANTIC	28	1,325	3,715	8	330	307	9	314	1	69	959	6
Del.	-	1	5	-	3	1	2	17	-	-	2	-
Md.	-	7	3	-	25	15	2	46	-	-	21	-
D.C.	-	-	47	-	1	1	-	1	-	-	1	-
Va.†	1	166	2,197	-	45	41	-	63	-	22	144	1
W. Va.	1	48	859	-	6	5	3	73	1	1	95	-
N.C.†	-	102	88	2	53	61	1	47	-	42	438	3
S.C.	1	116	178	-	47	20	-	2	-	3	55	-
Ge.†	-	318	12	1	56	39	-	3	-	-	5	-
Fla.	25	567	326	5	94	124	1	62	-	1	198	2
E.S. CENTRAL	2	132	1,018	7	107	102	102	961	-	7	228	5
Ky.	-	20	85	-	18	16	10	756	-	-	48	-
Tenn.	1	45	732	3	34	26	7	79	-	6	80	-
Ala.	-	46	64	2	25	32	1	12	-	-	31	5
Miss.	1	17	137	2	30	28	84	114	-	1	69	-
W.S. CENTRAL	15	815	826	5	235	185	12	1,411	2	10	174	3
Ark.	-	6	13	3	22	16	2	748	-	1	5	1
La.	2	207	300	-	96	68	-	34	1	-	25	-
Okla.	-	22	11	1	20	16	-	-	-	-	22	-
Tex.	13	580	502	1	97	85	10	629	1	9	122	2
MOUNTAIN	16	209	183	5	64	28	13	220	-	15	376	-
Mont.†	1	55	96	-	4	2	-	5	-	1	50	-
Idaho	-	4	1	-	4	2	-	3	-	8	162	-
Wyo.	-	-	-	1	1	-	-	-	-	-	-	-
Colo.	1	31	24	1	4	2	5	64	-	2	25	-
N. Mex.	-	30	-	-	4	5	-	7	-	-	6	-
Ariz.†	13	67	18	1	33	10	8	47	-	4	113	-
Utah	-	15	31	-	6	4	-	84	-	-	20	-
Nev.	1	9	13	2	8	3	-	10	-	-	-	-
PACIFIC	46	1,654	539	5	183	183	31	513	3	56	1,676	-
Wash.†	18	816	50	-	26	32	10	171	-	7	154	-
Oreg.	-	52	132	-	11	9	5	53	-	2	65	-
Calif.†	25	751	354	4	134	135	14	227	-	46	1,446	-
Alaska	-	15	-	1	4	5	-	8	-	-	1	-
Hawaii	1	60	3	-	8	2	2	54	3	1	10	-
Guam†	NA	2	25	-	-	-	NA	5	NA	NA	3	-
P.R.	25	241	141	-	-	2	15	408	-	3	29	-
V.I.	2	4	6	-	2	-	-	4	-	-	-	-
Pac. Trust Terr.	NA	5	47.3	-	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. +2, Mass. +1, Ind. -3, Wis. -29, Va. -1, Ge. +14, Wash. +145, Calif. +26; Men. inf.: N.J. -2 civ. +2 mil., N.C. -2, Ariz. -3, Calif. +6; Mumps: Ups N.Y. -2, Ind. +1, Va. +1, Calif. +8, Guam +1; Pertussis: Calif. +4; Rubella: N.H. +9, Mass. -4, Conn. +2, Ohio -3, Wis. +4, Mont. +5, Calif. +89.

TABLE III (Cont. 'd). Cases of specified notifiable diseases, United States, weeks ending June 2, 1979, and June 3, 1978 (22nd week)

REPORTING AREA	TUBERCULOSIS		TULA-REMIA	TYPHOID FEVER		TYPHUS FEVER (Tick-borne) (RMSF)		VENEREAL DISEASES (Civilian)							RABIES (in Animals)
								GONORRHEA			SYPHILIS (Pri. & Sec.)				
	1978	CUM. 1978	CUM. 1978	1978	CUM. 1978	1978	CUM. 1978	1978	CUM. 1978	CUM. 1978*	1978	CUM. 1978	CUM. 1978*	CUM. 1978	
UNITED STATES	505	11,543	48	13	165	26	137	16,581	390,542	389,531	370	9,907	8,711	1,938	
NEW ENGLAND	12	315	1	2	14	-	-	351	10,170	9,982	-	163	270	22	
Maine	-	23	-	-	1	-	-	17	703	772	-	5	6	16	
N.H.†	-	8	-	-	-	-	-	8	343	455	-	2	4	1	
Vt.	-	14	-	-	-	-	-	15	226	254	-	-	1	-	
Mass.	7	178	1	1	9	-	-	136	4,114	4,340	-	104	175	4	
R.I.	3	26	-	1	2	-	-	44	846	723	-	6	10	-	
Conn.	2	66	-	-	2	-	-	131	3,938	3,438	-	46	74	1	
MID. ATLANTIC	54	1,881	1	-	26	1	6	1,891	43,841	42,124	74	1,559	1,172	12	
Upstate N.Y.†	21	324	1	-	6	-	4	222	7,756	6,765	3	117	91	11	
N.Y. City	33	650	-	-	12	-	1	822	16,838	16,673	58	1,059	831	-	
N.J.	21	357	-	-	6	1	1	396	7,952	7,424	4	202	127	1	
Pa.	19	510	-	-	2	-	-	451	11,295	11,264	9	181	123	-	
E.N. CENTRAL	57	1,614	-	-	10	-	1	2,931	61,460	57,783	36	1,349	568	154	
Ohio†	17	320	-	-	1	-	-	1,126	17,078	15,191	-	240	192	10	
Ind.	-	216	-	-	-	-	-	213	5,269	5,942	3	77	52	41	
Ill.	13	588	-	-	4	-	-	1,018	19,718	18,119	25	834	604	79	
Mich.†	21	420	-	-	5	-	1	574	14,163	13,233	8	155	89	-	
Wis.	6	70	-	-	-	-	-	NA	5,232	5,298	NA	43	31	24	
W.N. CENTRAL	12	383	9	-	6	5	11	592	19,222	19,411	9	138	203	394	
Minn.	6	56	-	-	2	-	-	64	3,305	3,487	-	39	96	87	
Iowa	-	35	-	-	2	4	6	62	2,400	2,247	1	21	20	77	
Mo.	5	205	7	-	1	-	2	329	8,232	7,926	5	57	49	127	
N. Dak.	1	12	-	-	-	-	-	11	332	374	1	1	2	18	
S. Dak.†	-	22	1	-	-	-	-	22	660	709	1	1	1	27	
Nebr.	-	3	1	-	-	-	-	17	1,247	1,492	-	1	5	-	
Kans.	-	50	-	-	1	1	3	87	3,046	3,176	1	18	30	58	
S. ATLANTIC	121	2,681	2	-	22	11	64	4,119	95,375	93,784	97	2,421	2,314	243	
Del.	1	27	-	-	-	-	2	73	1,562	1,334	-	13	4	-	
Md.†	10	358	-	-	6	4	8	661	11,570	12,149	9	171	179	9	
D.C.	21	135	-	-	1	-	-	275	6,092	6,328	4	186	180	-	
Va.	10	306	-	-	2	2	23	307	9,127	8,618	3	233	204	4	
W. Va.	4	104	-	-	1	-	-	48	1,362	1,415	5	37	8	-	
N.C.†	14	415	-	-	5	23	506	14,078	13,030	7	200	205	2		
S.C.	4	142	1	-	3	-	7	590	8,801	8,964	2	112	106	83	
Ga.†	25	413	1	-	-	-	1	950	18,627	17,750	35	646	567	140	
Fla.†	28	781	-	-	9	-	-	709	24,156	24,196	32	823	861	5	
E.S. CENTRAL	44	1,089	9	2	8	5	27	1,464	34,267	33,673	21	654	419	120	
Ky.†	28	287	2	-	2	1	3	109	4,421	3,972	1	66	49	50	
Tenn.	9	297	7	-	1	4	18	528	12,071	12,337	12	274	157	42	
Ala.	4	246	-	2	5	-	5	617	10,450	9,933	6	133	62	28	
Miss.	3	259	-	-	-	-	1	210	7,325	7,431	2	181	151	-	
W.S. CENTRAL	72	1,404	15	7	23	4	26	1,874	51,584	54,065	75	1,748	1,308	822	
Ark.	5	91	11	-	-	-	14	48	4,003	4,094	-	52	37	193	
La.†	17	304	1	3	3	-	-	355	8,812	8,919	16	394	256	11	
Okla.	2	149	-	-	-	3	6	99	4,672	4,836	3	33	39	125	
Tex.	48	860	3	4	20	1	6	1,372	34,097	36,216	56	1,269	976	493	
MOUNTAIN	21	340	7	1	9	-	2	1,103	15,727	14,109	9	196	161	33	
Mont.	2	12	1	-	-	-	1	30	729	881	-	6	7	-	
Idaho†	-	5	-	-	1	-	-	48	658	517	-	14	2	-	
Wyo.†	-	3	-	1	1	-	-	15	362	331	-	5	4	-	
Colo.	8	53	1	-	2	-	-	209	4,183	4,064	3	47	46	3	
N. Mex.†	4	63	1	-	-	-	-	110	2,060	1,989	-	33	47	21	
Ariz.	4	159	-	-	3	-	-	573	4,480	3,381	3	60	31	8	
Utah	-	13	4	-	-	-	-	42	813	832	-	3	7	1	
Nev.	3	32	-	-	1	-	1	76	2,442	2,114	3	28	17	-	
PACIFIC	72	1,836	4	1	47	-	-	2,256	64,896	64,666	45	1,679	1,896	138	
Wash.	1	93	3	-	1	-	-	262	5,787	4,961	NA	36	80	-	
Oreg.	3	92	-	-	-	-	-	151	4,383	4,487	3	82	66	-	
Calif.†	52	1,474	1	1	38	-	-	1,661	51,582	51,828	45	1,456	1,726	136	
Alaska†	10	44	-	-	1	-	-	84	2,205	2,075	-	12	7	2	
Hawaii	6	133	-	-	7	-	-	58	1,139	1,249	1	43	17	-	
Guam†	NA	16	-	NA	-	NA	-	NA	29	51	NA	-	-	-	
P.R.†	2	115	-	-	3	-	-	31	859	1,066	-	201	188	7	
V.I.†	-	3	-	-	1	-	-	5	71	95	-	3	6	-	
Pac. Trust Terr.	NA	10	-	NA	-	NA	-	NA	112	206	NA	-	-	-	

NA: Not available.

*Delayed reports received for 1978 are not shown below but are used to update last year's weekly and cumulative totals.

†The following delayed reports will be reflected in next week's cumulative totals: TB: N.H. -1, U.S. N.Y. -10, Mich. -1, Md. +5, N.C. -1, Fla. -3, Ky. -1, Calif. +84, Guam +2; T. Fever: Calif. +4; RMSF: Ga. +7; GC: U.S. N.Y. -1044 civ. -7 mil., La. +422 civ. -3 mil., Wyo. +10 mil., Calif. +2678 civ. +30 mil., Alaska +9, Guam +1 civ. +1 mil., V.I. +5 civ.; Syphilis: U.S. N.Y. -5, La. +29, N.Mex. -2, Calif. +162; An. rabies: Ohio +3, S. Dak. +14, Ky. +1, Calif. +2.

TABLE IV. Deaths in 121 U.S. cities,* week ending
June 2, 1979 (22nd 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	628	400	171	30	11	44	S. ATLANTIC	877	496	251	64	24	34
Boston, Mass.	169	103	46	14	2	9	Atlanta, Ga.	129	65	42	12	3	6
Bridgeport, Conn.	43	28	9	1	1	4	Baltimore, Md.	148	80	35	17	7	3
Cambridge, Mass.	20	11	8	-	1	2	Charlotte, N.C.	54	33	14	4	2	2
Fall River, Mass.	29	23	5	-	-	2	Jacksonville, Fla.	73	38	29	1	1	2
Hartford, Conn.	40	15	12	5	3	1	Miami, Fla.	37	21	9	3	1	2
Lowell, Mass.	21	15	5	-	-	1	Norfolk, Va.	44	23	14	6	1	2
Lynn, Mass.	19	12	7	-	-	2	Richmond, Va.	55	28	20	3	2	4
New Bedford, Mass.	25	15	7	2	-	2	Savannah, Ga.	42	25	13	1	1	5
New Haven, Conn.	40	25	14	1	-	1	St. Petersburg, Fla.	66	56	9	1	-	3
Providence, R.I.	71	35	26	2	2	6	Tampa, Fla.	60	38	13	4	-	3
Somerville, Mass.	13	10	2	1	-	1	Washington, D.C.	140	75	45	10	4	2
Springfield, Mass.	42	30	7	2	2	5	Wilmington, Del.	29	14	10	2	2	2
Waterbury, Conn.	36	25	10	1	-	2							
Worcester, Mass.	56	41	13	1	-	8							
							E.S. CENTRAL	595	340	156	45	23	15
MID. ATLANTIC	2,303	1,490	562	127	67	93	Birmingham, Ala.	91	47	26	10	4	-
Albany, N.Y.	51	28	13	4	3	1	Chattanooga, Tenn.	50	33	7	4	4	2
Allentown, Pa.	26	19	7	-	-	-	Knoxville, Tenn.	40	26	9	2	1	-
Buffalo, N.Y.	75	44	22	3	3	12	Louisville, Ky.	97	59	26	4	4	6
Camden, N.J.	38	18	16	1	1	-	Memphis, Tenn.	137	78	33	14	5	2
Elizabeth, N.J.	30	17	11	1	-	1	Mobile, Ala.	39	21	11	2	2	1
Erie, Pa.†	24	17	5	-	1	5	Montgomery, Ala.	43	21	15	3	-	-
Jersey City, N.J.	46	32	9	4	-	1	Nashville, Tenn.	98	55	29	6	3	4
Newark, N.J.	68	27	25	6	3	6							
N.Y. City, N.Y.	1,191	805	255	71	31	36	W.S. CENTRAL	990	558	250	80	49	39
Paterson, N.J.	29	20	3	3	2	2	Austin, Tex.	35	17	11	3	2	1
Philadelphia, Pa.†	318	183	97	20	14	15	Baton Rouge, La.	45	30	10	2	2	4
Pittsburgh, Pa.†	40	26	9	-	3	2	Corpus Christi, Tex.	29	23	5	-	-	1
Reading, Pa.	28	23	3	-	1	2	Dallas, Tex.	147	78	30	17	12	3
Rochester, N.Y.	133	52	30	4	4	8	El Paso, Tex.	25	11	9	1	2	3
Schenectady, N.Y.	30	18	10	2	-	-	Fort Worth, Tex.	73	46	12	9	2	6
Scranton, Pa.†	27	17	9	-	-	-	Houston, Tex.	219	100	73	24	11	4
Syracuse, N.Y.	82	52	25	4	-	-	Little Rock, Ark.	45	27	12	5	-	6
Trenton, N.J.	21	13	6	-	1	1	New Orleans, La.	108	55	33	9	6	-
Utica, N.Y.	25	20	2	3	-	-	San Antonio, Tex.	132	85	28	5	5	1
Yonkers, N.Y.	23	17	5	1	-	1	Shreveport, La.	67	48	11	1	4	5
							Tulsa, Okla.	65	38	16	4	3	5
E.N. CENTRAL	2,054	1,257	511	121	89	62	MOUNTAIN	490	297	116	33	24	14
Akron, Ohio	54	44	4	2	4	-	Albuquerque, N. Mex.	55	30	14	4	3	1
Canton, Ohio	53	34	15	2	2	1	Colo. Springs, Colo.	30	19	7	2	1	3
Chicago, Ill.	524	303	143	29	28	12	Denver, Colo.	100	66	24	5	1	1
Cincinnati, Ohio	133	56	28	4	1	2	Las Vegas, Nev.	33	17	11	2	2	2
Cleveland, Ohio	134	75	38	7	1	-	Odgen, Utah	20	11	6	1	2	2
Columbus, Ohio	134	66	43	11	8	6	Phoenix, Ariz.	125	73	28	9	9	1
Dayton, Ohio	90	56	16	8	8	4	Pueblo, Colo.	17	12	1	1	1	2
Detroit, Mich.	231	125	61	21	12	3	Salt Lake City, Utah	38	20	7	6	3	-
Evansville, Ind.	50	35	10	-	3	2	Tucson, Ariz.	72	49	18	3	2	2
Fort Wayne, Ind.	46	25	13	3	1	3							
Gary, Ind.	12	5	5	1	-	-	PACIFIC	1,420	901	329	102	42	52
Grand Rapids, Mich.	56	42	4	5	5	6	Berkeley, Calif.	15	12	3	-	-	-
Indianapolis, Ind.	137	83	33	10	5	3	Fresno, Calif.	59	38	16	2	3	2
Madison, Wis.	36	15	13	5	-	3	Glendale, Calif.	11	7	3	1	-	2
Milwaukee, Wis.	107	77	28	1	-	6	Honolulu, Hawaii	35	18	10	5	1	3
Peoria, Ill.	39	27	7	1	3	2	Long Beach, Calif.	73	42	18	5	3	7
Rockford, Ill.	39	24	7	1	4	2	Los Angeles, Calif.	371	225	85	41	9	9
South Bend, Ind.	43	30	7	3	-	4	Oakland, Calif.	76	50	17	6	-	1
Toledo, Ohio	79	45	18	7	2	3	Pasadena, Calif.	25	19	5	1	-	1
Youngstown, Ohio	57	36	18	-	2	3	Portland, Oreg.	122	90	16	9	4	6
							Sacramento, Calif.	58	25	23	3	2	-
W.N. CENTRAL	642	404	146	26	33	30	San Diego, Calif.	110	74	24	7	3	-
Des Moines, Iowa	50	35	10	1	1	1	San Francisco, Calif.	152	101	34	8	5	7
Duluth, Minn.	21	17	2	1	-	2	San Jose, Calif.	153	87	42	8	3	4
Kansas City, Kans.	32	14	8	3	3	1	Seattle, Wash.	107	77	20	2	6	4
Kansas City, Mo.	112	67	31	6	5	4	Spokane, Wash.	28	15	7	2	2	2
Lincoln, Nebr.	31	22	5	1	2	5	Tacoma, Wash.	25	17	6	1	1	-
Minneapolis, Minn.	76	47	18	2	6	2							
Omaha, Nebr.	64	35	17	2	3	3							
St. Louis, Mo.	118	71	27	4	9	4							
St. Paul, Minn.	72	55	11	2	-	2							
Wichita, Kans.	66	36	17	4	4	6	TOTAL	9,959	6,143	2,492	628	362	243

*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, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

Epidemiologic Notes and Reports

Death Due to Gonococcal Endocarditis — Washington State

The Washington Department of Social and Health Services recently reported a death secondary to gonococcal endocarditis.

In January 1979, a 54-year-old man was admitted to the psychiatric service of a local hospital because of worsening confusion and depression of approximately 4 to 6 week's duration. Before the initiation of tricyclic antidepressants, a screening electrocardiogram revealed a right bundle branch block. Seven days after admission, a cardiology consultant noted subtle heart murmurs consistent with aortic insufficiency and mitral stenosis. Shortly afterwards, the patient developed a fever of 38 C; 5 blood cultures were obtained, and he was transferred to the medical service. Within 24 hours, he developed acute left ventricular failure, and an emergency cardiac catheterization demonstrated severe aortic insufficiency and moderate mitral regurgitation. Following the cardiac catheterization, the patient had a cardiopulmonary arrest; resuscitation was unsuccessful. Autopsy showed destruction of the left coronary cusp of the aortic valve with granular vegetations extending into the left ventricle. Other findings revealed congestion of the lungs, liver, and spleen, consistent with the clinical picture. Four of the 5 blood cultures revealed *Neisseria gonorrhoeae*. No other sites were cultured on media suitable for detection of *N. gonorrhoeae*.

Reported by F Condie, MS, Veterans Administration Hospital, Seattle, Washington; HH Handsfield, MD, Seattle-King County Health Dept; JW Taylor, MD, MPH, State Epidemiologist, L Klopfenstein, Washington State Dept of Social and Health Services; Field Services Div, Bur of Epidemiology, CDC.

Editorial Note: The last reported death due to *N. gonorrhoeae* in Washington State before this case was in 1973; it also resulted from gonococcal endocarditis. Neither that patient nor the one described here had arthritis or dermatitis. In the pre-antibiotic era approximately 10% of bacterial endocarditis was due to *N. gonorrhoeae* (1,2), and the majority of such patients showed signs of the gonococcal arthritis/dermatitis syndrome (GADS). It seems likely that GADS is now diagnosed and treated relatively promptly, preventing many cases of endocarditis, and that most cases of diagnosed gonococcal endocarditis therefore result from atypical, disseminated gonococcal infection, without GADS.

References

1. Williams RH: Gonococcal endocarditis: A study of twelve cases with ten postmortem examinations. Arch Intern Med 61:26-38, 1938
2. Holmes KK, Counts GW, Beaty HN: Disseminated gonococcal infection. Ann Intern Med 74:979-993, 1971

Q Fever in a U.S. Traveler to the Middle East

In March 1979, CDC was notified of a febrile illness occurring in a 64-year-old man from Syracuse, New York, who had recently participated in a group tour of the Middle East. The patient recalled having a mild upper-respiratory infection about 8 days after he and the group rode camels at Wadi Rum in Jordan. He was downwind of bedouins' flocks of goats and sheep longer than most of the group and was exposed to large amounts of dust blown from the direction of the animals. He noted no other potential exposure. He took tetracycline for 3 days and recovered.

One month later the patient was hospitalized with high fever, chills, malaise, and lethargy. Multiple non-caseating granulomas discovered by liver biopsy, a positive PPD*

*Purified protein derivative of tuberculin.

Q Fever – Continued

skin test, and inflammatory apical lung disease (indicated by radioactive isotope scan) led to an initial diagnosis of tuberculosis. Since chest X rays were normal, and cultures of liver and gastric washings did not yield mycobacteria, Q fever was suspected and later confirmed by significant rises in antibody titers to *Coxiella burnetii*. The patient recovered spontaneously and was subsequently treated with tetracycline. Upon request, the travel agency contacted the other 107 members of the tour. Twenty-five returned health questionnaires. None reported serious illness, although one noted symptoms of a mild upper-respiratory infection.

Reported by H Feldman, MD, Dept of Preventive Medicine, D Bornstein, MD, Dept of Medicine, Upstate University, Syracuse, New York; JS Marr, MD, New York City Epidemiologist, Bur of Preventable Diseases, New York City Dept of Health; R Rothenberg, MD, State Epidemiologist, New York State Dept of Health; P Fiset, MD, PhD, Univ of Maryland School of Medicine, Baltimore; Field Services Div, Respiratory and Special Pathogens Br, Viral Diseases Div, Bur of Epidemiology, CDC.

Editorial Note: Since Q fever was first described in 1937 in Australia, it has been recognized throughout the world, including in Jordan (1,2). *C. burnetii*, a rickettsia, is the infectious agent of Q fever. It may be harbored, inapparently, in reservoirs of cattle, sheep, goats, camels, wild animals, and ticks (2,3). This disease is commonly transmitted to humans in 2 ways: 1) by airborne dissemination in dust contaminated with rickettsia from placental or birth tissues or from excreta of infected animals, or 2) by processing infected animal products. The incubation period depends on the infecting dose but usually varies from 2 to 3 weeks. The severity of illness ranges from subclinical disease to a febrile pneumonia with sudden onset, retrobulbar headache, weakness, malaise, and diaphoresis. Mortality of untreated cases is less than 1%, but chronic endocarditis, hepatitis, and generalized infections can complicate the course. Diagnosis is usually made by noting a 4-fold complement-fixing, microagglutinating, or indirect-fluorescent antibody titer rise to *C. burnetii*.

Although this patient reported that he had probably received greater rickettsial exposure than other tour members, there may be other reasons why he contracted disease and others did not. However, it is possible that some members experienced mild or subclinical illness which was not reported. Q fever should be considered as a possible cause of acute illness in persons having contact with livestock in endemic areas of the world.

References

1. Hart RJC: The epidemiology of Q fever. *Postgrad Med J* 49:535-538, 1973
2. Kaplan MM, Bertagna P: The geographical distribution of Q fever. *Bull WHO* 13:829-860, 1955
3. American Public Health Association: Q fever, in Benenson AS (ed): *Control of Communicable Diseases in Man*. 12th Ed. Washington D.C., American Public Health Association, 1975, pp 248-250

International Notes

Cholera Surveillance – Worldwide

During the first 10 weeks of 1979, 4,927 cases of cholera have been reported by 17 countries to the World Health Organization (WHO). During the same period in 1978, 2,790 cases were reported by 11 countries. This increase in the number of reporting countries and reported cases appears to be largely due to relatively large numbers of cholera cases being reported by some countries in Asia and Africa that were affected during the latter part of 1978.

There have been no countries or areas which have been affected for the first time in this pandemic in 1979.

Reported by the WHO in the *Weekly Epidemiological Record* 54:93, 1979.

Quarantine Measures

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

BRAZIL

Smallpox — Change code to III. ALSO on page 10 change code to III.

BURUNDI

Smallpox — On page 11 insert * by code.

MALTA

Cholera — Delete: None. Insert code II. ALSO on page 15 delete: None. Insert code II.

PAPUA NEW GUINEA

Cholera — Delete note. ALSO on page 16 delete * by code.

Smallpox — Delete all information. Insert code III >1 yr. ALSO on page 16 change code to III.

QATAR

Smallpox — Change code to III. ALSO on page 16 change code to III.

SAUDI ARABIA

Cholera — Delete all information. Insert: None. ALSO on page 17 delete *. Insert: None.

SENEGAL

Cholera — Delete all information. Insert: None. ALSO on page 17 delete code II. Insert: None.

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 telegraphs to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the succeeding Friday. The editor welcomes accounts of interesting cases, outbreaks, environmental hazards, or other public health problems of current interest to health officials. Send reports to: Center for Disease Control, Attn: Editor, Morbidity and Mortality Weekly Report, Atlanta, Georgia 30333. Send mailing list additions, deletions, and address changes to: Center for Disease Control, Attn: Distribution Services, GSO, 1-SB-36, Atlanta, Georgia 30333. When requesting changes be sure to give your former address, including zip code and mailing list code number, or send an old address label.

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PUBLIC HEALTH SERVICE / CENTER FOR DISEASE CONTROL
ATLANTA, GEORGIA 30333 OFFICIAL BUSINESS**



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William H. Foege, M.D.
Director, Bureau of Epidemiology
Philip S. Brachman, M.D.
Editor
Michael B. Gregg, M.D.
Managing Editor
Anne D. Mather, M.A.

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Mrs Mary Alice Mills
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