CENTER FOR DISEASE CONTROL

September 14, 1979 / Vol. 28 / No. 36

MMWR

MORBIDITY AND MORTALITY WEEKLY REPORT

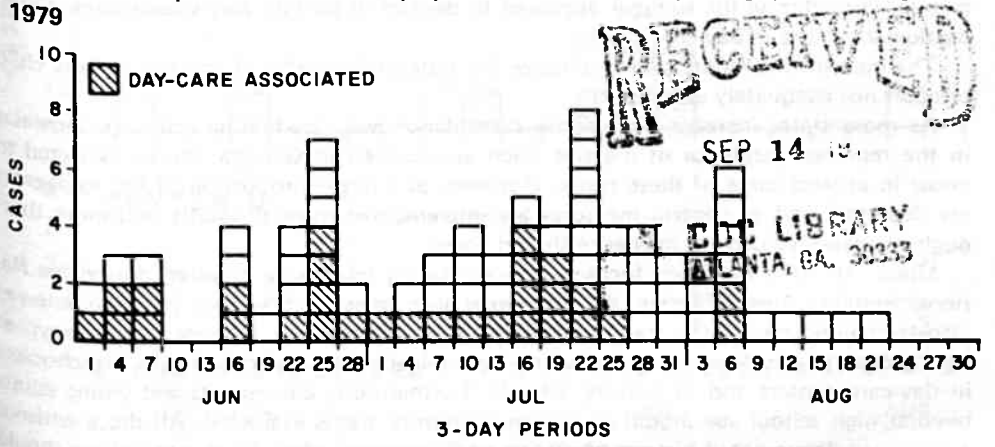
Epidemiologic Notes and Reports

Summertime Measles — Georgia

In late July the Georgia Department of Human Resources, in collaboration with CDC, increased surveillance to identify measles cases and to vaccinate susceptible contacts. Surveillance efforts have involved a mailing to all primary care physicians, school principals, day-care centers, primary-care clinics, summer camps, hospitals, military installations, and county health departments. Information about cases was also sought through press releases, radio and television announcements, lectures to selected groups, special telephone calls to pediatricians and day-care centers, and personal visits to numerous county health departments.

From late July through August 31, 1979, 187 reports of suspected cases—many of them delayed reports—were received from these sources. Although serologic testing was performed on a very limited number of suspected cases, 81 or 43.4% met the clinical case definition of measles (fever ≥101 F, rash ≥4 days, and cough, coryza, or conjunctivitis) and were accepted as measles cases (Figure 1). Measles activity was reported in 19 of Georgia's 159 counties, but most cases were concentrated in 3 counties within the Atlanta metropolitan area. Slightly more than half of the cases occurred among children under 5 years of age, and 28% were in infants under 15 months of age (Table 1). This unusually young age distribution is the result of 4 separate outbreaks among children attending day-care centers (Figures 2,3), and 2 small outbreaks associated with pediatric hospitals, all of which were in the Atlanta metropolitan area.

FIGURE 1. Reported measles cases, by date of onset of rash, Georgia, June 1-August 30, 1979



Measles – Continued

TABLE 1. Reported measles cases by age group, Georgia, June 1-August 31, 1979

Age group	Number of cases	Percentage
0-5 months	0	0.0
6-14 months	23	28.4
15-23 months	8	9.9
2-4 years	14	17.3
5-9 years	11	13.6
10-14 years	7	8.6
15-19 years	11	13.6
≥20 years	7	8.6
TOTAL	81	100.0

Seven of the 81 cases (8.6%) required hospitalization. Five of these were adolescents or young adults who had a history of receiving killed vaccine. Pneumonia developed in at least 4 cases, and 2 of these were diagnosed as atypical measles.

One death from pneumonia and renal failure secondary to measles occurred just before the beginning of summer. This was in a 20-year-old, unvaccinated female who worked as a nurse's aide. She was exposed to a person hospitalized with measles in March.

Reported by C Baker, RN, N Barrett, S Boothe, M Chaney, M Deal, D Duncan, MS, L Griggs, L Howell, D Lockridge, B Mayo, RN, S Register, MS, K Schott, T Seegmueller, G Smith, RN, S Stanley, RN, A Sweat, JS Terry, MD, Acting State Epidemiologist, C Turner, Georgia Dept of Human Resources; Immunization Div, Bur of State Services, CDC.

Editorial Note: Special case-finding and immunization activities have been undertaken this summer in several areas of the country, including Georgia, Los Angeles, and the 10 states comprising HEW Regions VII and VIII.

Because cases were reported from sources which had not previously reported measles cases, and because many cases were found only by more thorough contact tracing, the data from Georgia show that when active surveillance is conducted many cases may be uncovered which would otherwise have gone undetected. In Georgia, persistence of measles virus during the summer appeared to depend in part on very young susceptibles, particularly those in day-care centers.

The data in this report also emphasize the potential severity of measles for any child or adult not adequately vaccinated.

As more states increase their active surveillance and case-finding activities, increases in the reported incidence of measles, such as occurred in Georgia, can be expected to occur in at least some of these states. However, as a larger proportion of the total cases are detected, and as control measures are implemented more promptly and more thoroughly, a renewed drop in incidence should occur.

Much attention has been focused on vaccinating school-age children during the National Immunization Initiative. All states now have immunization laws. With the renewed efforts to eliminate measles transmission from the United States, increased attention must be directed to developing and enforcing immunization laws pertaining to preschoolers in day-care centers and in nursery schools. Furthermore, adolescents and young adults beyond high school age should have their immunity status evaluated. All those without a physician-documented history of disease or live vaccine after 12 months of age should be vaccinated.

Measles — Continued

FIGURE 2. Measles in a pre-school group, metropolitan Atlanta, April 28-June 15, 1979

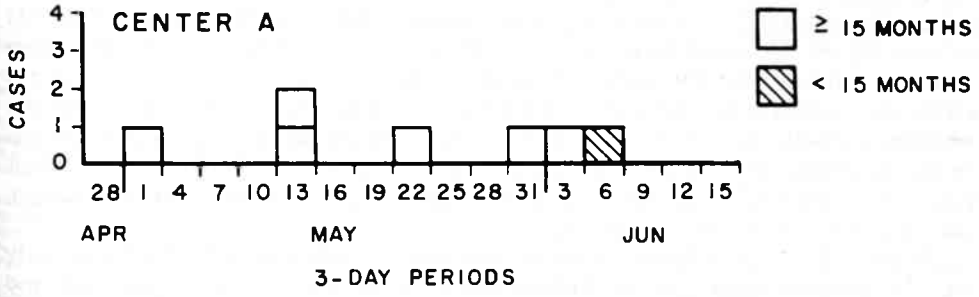
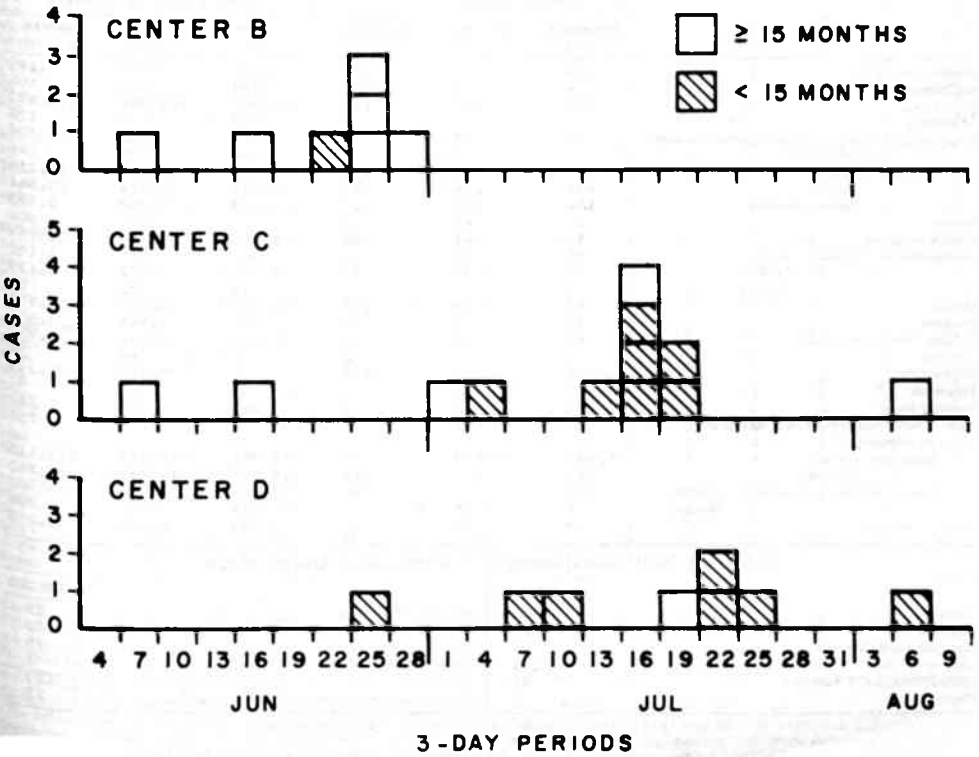


FIGURE 3. Measles in pre-school groups, metropolitan Atlanta, June 4-August 9, 1979



International Notes

Tick Paralysis — Canal Zone, Panama

At approximately 5:00 AM on June 19, 1979, a 38-year-old U.S. Army sergeant participated in a field training exercise in the jungle of the Canal Zone. About 11:00 AM on June 20, he developed fever (37.7 C), listlessness, and stomach cramps. He became increasingly drowsy; by the evening of June 21, weakness had developed in his legs and ankles, and he was unable to walk or stand for more than a few minutes. This weakness increased gradually over the next 2 days; by June 24, he had some difficulty in breathing. On the afternoon of June 24, the sergeant's wife discovered a tick on the back of his head and removed it. The sergeant was then brought to the base hospital for examination, and the tick was presented for inspection.

Observation of the sergeant's scalp showed that the tick had been attached directly over the occipital ridge. Clinical findings were non-specific; the patient was pale and apprehensive, had shallow, rapid respiration, and felt weak. He began to improve within 30 minutes of the tick's removal. He was almost normal within 24 hours, complaining only of feeling slightly weak, with some specific weakness in his ankles. By 48 hours after the tick was removed, he was completely normal. The tick was identified by U.S. Army entomologists as *Amblyomma ovale* (Koch).

(Continued on page 433)

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

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

DISEASE	36th WEEK ENDING		MEDIAN	CUMULATIVE, FIRST 36 WEEKS		
	September 8, 1979	September 9, 1978*	1974-1978**	September 8, 1979	September 9, 1978*	MEDIAN 1974-1978**
Aseptic meningitis	236	249	135	4,124	3,527	2,193
Brucellosis	6	7	5	104	124	156
Chickenpox	223	205	210	171,007	123,892	123,892
Diphtheria	–	–	–	62	59	126
Encephalitis: Primary (arthropod-borne & unspec.)	27	38	38	561	735	735
Post-infectious	–	5	5	164	159	194
Hepatitis, Viral: Type B	199	265	244	9,773	10,399	10,264
Type A	436	624	516	19,877	19,814	23,561
Type unspecified	164	197	117	7,169	5,753	5,753
Malaria	11	12	10	445	511	308
Measles (rubeola)	41	161	88	12,083	23,744	23,744
Meningococcal infections: Total	20	26	12	1,911	1,794	1,142
Civilian	20	26	12	1,901	1,772	1,125
Military	–	–	–	10	22	22
Mumps	43	69	142	11,118	13,367	32,515
Pertussis	21	49	43	932	1,447	1,055
Rubella (German measles)	41	49	49	10,634	16,734	14,748
Tetanus	3	–	2	47	59	59
Tuberculosis	406	452	477	19,286	20,120	21,149
Tularemia	2	9	2	141	87	97
Typhoid fever	11	7	10	316	355	273
Typhus fever, tick-borne (Rky. Mt. spotted)	24	32	27	834	851	708
Venereal diseases:						
Gonorrhea: Civilian	16,484	20,708	19,384	670,991	682,113	682,113
Military	585	454	518	18,918	17,838	18,740
Syphilis, primary & secondary: Civilian	398	359	362	16,409	14,301	14,301
Military	8	4	5	214	200	200
Rabies in animals	78	76	51	3,380	2,198	2,040

TABLE II. Notifiable diseases of low frequency, United States

	CUM. 1979		CUM. 1979
Anthrax	–	Poliomyelitis: Total	23
Botulism	15	Paralytic	20
Congenital rubella syndrome† (Hawaii 1)	35	Psittacosis (Ups. NY 1)	75
Leprosy†	112	Rabies in man	2
Leptospirosis (La. 1, Hawaii 1)	31	Trichinosis	109
Plague	9	Typhus fever, flea-borne (endemic, murine) (Tex. 2)	35

*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: Cong. rubella syn.: Wis. +1; Leprosy: Calif. +2.

TABLE III. Cases of specified notifiable diseases, United States, weeks ending September 8, 1979, and September 9, 1978 (36th week)

REPORTING AREA	ASEPTIC MENINGITIS	BRUCELLOSIS	CHICKENPOX	DIPHTHERIA		ENCEPHALITIS			HEPATITIS (VIRAL), BY TYPE			MALARIA	
						Primary		Post-infectious	B	A	Unspecified		
	1979	1979	1979	1979	CUM. 1979	1979	1978*	1979	1979	1979	1979	1979	CUM. 1979
UNITED STATES	236	6	223	–	62	27	38	–	199	436	164	11	445
NEW ENGLAND	44	–	30	–	–	3	2	–	9	16	14	4	30
Maine †	4	–	3	–	–	–	–	–	1	5	–	–	1
N.H. †	2	–	–	–	–	–	–	–	–	–	–	–	–
Vt.	–	–	3	–	–	–	–	–	–	1	–	–	–
Mass. †	9	–	12	–	–	–	–	–	–	–	14	1	8
R.I.	18	–	5	–	–	–	–	–	2	6	–	3	9
Conn.	11	–	7	–	–	3	2	–	6	4	–	–	12
MID. ATLANTIC	32	–	11	–	–	3	2	–	32	35	20	1	64
Upstate N.Y.	3	–	1	–	–	–	1	–	6	6	3	–	13
N.Y. City	4	–	9	–	–	–	1	–	2	2	1	1	31
N.J.	20	–	NN	–	–	1	–	–	12	17	13	–	8
Pa. †	5	–	1	–	–	2	–	–	12	10	3	–	12
E.N. CENTRAL	49	–	96	–	2	3	17	–	30	60	14	–	36
Ohio	–	–	13	–	–	–	2	–	8	18	–	–	7
Ind.	18	–	8	–	1	3	3	–	5	7	9	–	1
Ill.	4	–	41	–	–	–	7	–	12	22	2	–	17
Mich.	18	–	1	–	–	–	2	–	3	11	2	–	9
Wis. †	9	–	33	–	1	–	3	–	2	2	1	–	2
W.N. CENTRAL	8	2	15	–	1	4	11	–	14	15	8	–	15
Minn. †	–	2	–	–	–	–	2	–	1	6	–	–	5
Iowa	4	–	4	–	–	4	9	–	3	1	2	–	2
Mo.	1	–	2	–	1	–	–	–	9	4	6	–	3
N. Dak. †	–	–	–	–	–	–	–	–	–	–	–	–	–
S. Dak.	–	–	5	–	–	–	–	–	–	1	–	–	1
Nebr.	2	–	3	–	–	–	–	–	–	1	–	–	2
Kans.	1	–	1	–	–	–	–	–	1	2	–	–	2
S. ATLANTIC	28	–	13	–	1	9	1	–	48	72	25	5	58
Del. †	–	–	1	–	–	–	–	–	2	4	1	–	1
Md.	4	–	1	–	–	–	–	–	7	11	4	1	9
D.C.	–	–	–	–	–	–	–	–	–	–	2	1	6
Va.	9	–	1	–	1	3	–	–	5	1	6	1	19
W. Va. †	4	–	1	–	–	4	1	–	4	4	1	–	2
N.C.	4	–	NN	–	–	2	–	–	8	4	7	1	5
S.C.	1	–	–	–	–	–	–	–	2	1	–	–	1
Ga.	–	–	–	–	–	–	–	–	6	26	–	–	2
Fla.	6	–	9	–	–	–	–	–	14	21	4	1	13
E.S. CENTRAL	12	2	12	–	–	3	–	–	17	34	2	–	8
Ky.	–	–	11	–	–	–	–	–	4	9	–	–	–
Tenn.	9	–	NN	–	–	2	–	–	6	16	2	–	–
Ala. †	2	–	–	–	–	–	–	–	6	3	–	–	3
Miss.	1	2	1	–	–	1	–	–	1	6	–	–	5
W.S. CENTRAL	27	2	20	–	–	2	2	–	22	83	27	–	26
Ark.	2	–	1	–	–	–	1	–	–	2	6	–	–
La.	3	–	NN	–	–	–	1	–	7	21	3	–	2
Okla. †	6	–	–	–	–	–	–	–	6	3	4	–	3
Tex.	16	2	19	–	–	2	–	–	9	57	14	–	21
MOUNTAIN	20	–	8	–	1	–	1	–	11	83	47	1	13
Mont.	6	–	3	–	–	–	–	–	–	1	–	1	2
Idaho	–	–	–	–	–	–	–	–	–	3	–	–	–
Wyo.	1	–	–	–	–	–	–	–	–	–	2	–	1
Colo.	11	–	5	–	–	–	–	–	1	13	2	–	5
N. Mex.	2	–	–	–	–	–	–	–	3	4	–	–	1
Ariz.	–	–	NN	–	1	–	1	–	3	46	37	–	4
Utah	–	–	–	–	–	–	–	–	1	8	5	–	–
Nev.	–	–	–	–	–	–	–	–	3	8	1	–	–
PACIFIC	16	–	18	–	57	–	2	–	16	38	7	–	195
Wash.	10	–	12	–	55	–	1	–	7	25	7	–	10
Oreg.	2	–	–	–	–	–	–	–	5	11	–	–	9
Calif. †	NA	NA	NA	NA	2	NA	1	–	NA	NA	NA	NA	174
Alaska	2	–	1	–	–	–	–	–	–	2	–	–	–
Hawaii	2	–	5	–	–	–	–	–	4	–	–	–	2
Guam †	NA	NA	NA	NA	–	NA	–	–	NA	NA	NA	NA	–
P.R. †	1	–	4	–	–	–	2	–	–	44	–	–	1
V.I.	–	–	–	–	–	–	–	–	–	–	1	–	–
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.: Maine +1, N.H. +3, Mass. –1, Pa. –1, Ala. –2, Calif. +44; Chickenpox: Calif. +33, Guam +3, P.R. +3; Enceph.: Del. +1, Calif. +2; Hep. B: Mass. +54, Pa. +19, W.Va. +1, Calif. +71; Hep. A: N.H. +2, Mass. +29, Pa. +6, Wis. –1, Minn. +1, N.Dak. +1, Okla. +1, Calif. +136, Guam +1; Hep. unsp.: Mass. –87, Pa. +4, W.Va. –1, Okla. –1, Calif. +40, Guam +4; Malaria: Mass. +1, Calif. +14.

TABLE III (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending September 8, 1979, and September 9, 1978 (36th 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	41	12,083	23,744	20	1,911	1,794	43	11,118	21	41	10,634	47
NEW ENGLAND	–	286	1,957	3	96	100	3	394	1	1	1,435	4
Maine†	–	17	1,314	–	6	7	1	134	–	–	61	–
N.H.†	–	32	45	–	9	7	–	4	–	–	124	–
Vt.	–	118	25	–	6	2	–	8	–	1	397	–
Mass.†	–	13	241	–	27	43	1	39	1	–	505	3
R.I.	–	102	8	–	7	15	1	32	–	–	93	–
Conn.	–	4	324	3	41	26	–	177	–	–	255	1
MID. ATLANTIC	11	1,508	2,161	4	289	285	4	1,084	1	6	1,896	8
Upstate N.Y.	2	653	1,390	–	98	91	–	157	1	3	1,052	2
N.Y. City	9	751	342	1	71	68	–	119	–	2	258	4
N.J.†	–	59	74	1	70	55	–	527	–	1	323	1
Pa.†	–	45	355	2	50	71	4	281	–	–	263	1
E.N. CENTRAL	23	3,150	10,693	2	191	238	19	4,846	3	8	2,467	3
Ohio†	–	262	474	–	72	64	7	1,751	–	–	135	2
Ind.	2	203	188	–	40	37	1	272	–	5	723	–
Ill.	14	1,402	1,072	2	11	77	4	865	1	2	178	–
Mich.†	3	823	7,496	–	52	49	–	882	2	–	1,189	1
Wis.†	4	460	1,463	–	16	11	7	1,076	–	1	242	–
W.N. CENTRAL	–	1,728	383	–	51	62	1	644	2	4	443	2
Minn.	–	1,209	36	–	10	15	–	10	2	–	38	–
Iowa	–	16	55	–	9	9	–	228	–	–	52	–
Mo.	–	420	9	–	24	24	–	189	–	2	52	1
N. Dak.	–	20	191	–	1	3	–	2	–	–	8	1
S. Dak.	–	2	–	–	2	2	–	5	–	–	5	–
Nebr.	–	–	5	–	–	–	–	7	–	–	200	–
Kans.†	–	61	87	–	5	9	1	203	–	2	88	–
S. ATLANTIC	5	1,805	5,031	5	479	421	6	558	5	1	1,215	8
Del.†	–	1	6	–	3	2	–	39	–	–	4	–
Md.	–	15	52	–	43	28	1	153	–	–	28	–
D.C.†	–	1	48	–	2	1	1	2	–	–	1	–
Va.	1	268	2,820	1	69	53	1	83	–	–	200	1
W. Va.	–	53	1,034	–	8	9	1	98	–	–	106	–
N.C.	–	111	116	–	75	88	2	69	–	–	527	3
S.C.	–	151	197	2	59	23	–	3	–	1	62	–
Ga.†	3	438	17	1	69	47	–	3	4	–	11	–
Fla.	1	767	741	1	151	170	–	108	1	–	276	4
E.S. CENTRAL	–	196	1,402	–	145	141	–	1,321	1	3	297	7
Ky.	–	37	118	–	29	28	–	1,087	–	–	68	–
Tenn.	–	51	940	–	40	34	–	97	1	3	95	–
Ala.†	–	84	101	–	37	44	–	22	–	–	43	5
Miss.	–	24	243	–	39	35	–	115	–	–	91	2
W.S. CENTRAL	2	896	1,039	2	308	268	1	1,333	–	4	231	14
Ark.	–	9	16	–	26	21	–	480	–	–	6	3
La.	–	245	343	–	115	112	–	36	–	–	26	2
Okla.	–	22	12	1	26	16	–	–	–	–	22	–
Tex.	2	620	668	1	141	119	1	817	–	4	177	9
MOUNTAIN	–	313	250	2	77	39	6	264	7	2	506	–
Mont.	–	57	106	1	8	3	–	10	–	–	68	–
Idaho	–	21	1	1	7	4	–	8	–	–	199	–
Wyo.	–	36	–	–	1	–	–	–	–	–	–	–
Colo.	–	60	30	–	5	3	3	75	3	2	66	–
N. Mex.†	–	39	–	–	4	7	–	12	–	–	11	–
Ariz.	–	72	50	–	33	13	2	53	4	–	126	–
Utah†	–	17	44	–	8	5	–	94	–	–	34	–
Nev.	–	11	19	–	11	4	1	12	–	–	2	–
PACIFIC	–	2,201	828	2	275	240	3	674	1	12	2,144	1
Wash.†	–	1,126	157	1	46	40	–	186	–	2	174	–
Oreg.	–	58	146	1	23	27	–	74	1	10	101	–
Calif.†	NA	935	518	–	191	164	NA	307	NA	NA	1,845	1
Alaska	–	17	–	–	5	6	–	9	–	–	3	–
Hawaii	–	65	7	–	10	3	3	98	–	–	21	–
Guam†	NA	3	25	–	1	–	NA	8	NA	NA	4	–
P.R.	5	329	239	–	3	6	1	528	–	–	33	7
V.I.	–	4	6	–	3	1	–	15	–	–	–	–
Pac. Trust Terr.	NA	7	590	–	1	2	NA	28	NA	NA	1	–

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.J. –2, Ohio +2, Wis. –16, D.C. –1, Ga. +12, Utah +1, Calif. +14; Men. Inf.: Maine –1, Mass. +5, Pa. –1, Ohio –1, Ala. –1, Wash. –1, Calif. +4; Mumps: Mass. –3, Mich. +1, Wis. +1, Calif. +2, Guam +1; Pertussis: Mass. –1, Kans. –1, N.Mex. +1, Calif. +1; Rubella: N.H. –2, Mass. –25, N.J. –1, Wis. +7, Del. +1, Calif. +10.

TABLE III (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending September 8, 1979, and September 9, 1978 (36th week)

REPORTING AREA	TUBERCULOSIS		TULAREMIA	TYPHOID FEVER		TYPHUS FEVER (Tick-borne) (RMSF)		VENEREAL DISEASES (Civilian)						RABIES (in Animals)
								GONORRHEA			SYPHILIS (Pri. & Sec.)			
	1979	CUM. 1979	CUM. 1979	1979	CUM. 1979	1979	CUM. 1979	1979	CUM. 1979	CUM. 1978*	1979	CUM. 1979	CUM. 1978*	CUM. 1979
UNITED STATES	406	19,286	141	11	316	24	834	16,484	670,991	682,113	398	16,409	14,301	3,380
NEW ENGLAND	18	525	3	1	19	–	6	359	16,886	17,722	19	336	407	37
Maine	1	39	–	–	1	–	–	36	1,186	1,362	3	10	7	23
N.H.	–	10	–	–	–	–	–	18	635	822	–	18	5	3
Vt.	–	24	–	–	–	–	–	10	397	418	–	1	3	–
Mass.†	13	283	3	1	12	–	3	118	6,664	7,746	8	186	247	9
R.I.	2	45	–	–	2	–	–	33	1,388	1,274	–	11	16	1
Conn.	2	124	–	–	4	–	3	144	6,616	6,100	8	110	129	1
MID. ATLANTIC	51	3,030	1	–	50	1	35	2,307	72,911	73,123	67	2,473	1,894	49
Upstate N.Y.†	20	571	1	–	9	–	22	688	12,466	12,132	–	179	135	36
N.Y. City†	25	1,123	–	–	23	–	1	758	27,991	27,824	42	1,663	1,320	–
N.J.	6	548	–	–	12	–	5	608	13,447	13,787	11	334	225	5
Pa.	–	788	–	–	6	1	7	253	19,007	19,380	14	297	214	8
E.N. CENTRAL	87	2,865	–	1	24	2	54	3,453	104,871	103,409	119	2,223	1,574	293
Ohio†	25	520	–	–	3	1	18	1,149	29,261	26,917	30	425	291	26
Ind. †	9	367	–	–	–	–	2	152	8,789	10,817	–	154	108	60
Ill.	25	1,129	–	–	7	1	30	1,222	32,576	32,397	71	1,257	981	135
Mich.	26	720	–	–	10	–	3	714	24,738	23,932	17	323	146	10
Wis.	2	129	–	1	4	–	1	216	9,507	9,346	1	64	48	62
W.N. CENTRAL	21	666	19	3	13	2	43	1,106	33,427	34,306	5	220	310	674
Minn.	5	107	–	1	3	–	2	109	5,573	5,823	4	61	130	127
Iowa	2	54	–	2	4	–	13	43	4,006	3,737	–	27	28	130
Mo.	8	355	16	–	4	–	17	576	14,535	14,980	1	101	88	209
N. Dak.	–	14	–	–	–	–	–	14	554	638	–	2	2	49
S. Dak.†	3	41	2	–	–	–	–	43	1,133	1,210	–	1	2	66
Nebr.†	3	14	1	–	1	2	3	54	2,323	2,536	–	2	11	–
Kans.	–	81	–	–	1	–	8	267	5,303	5,382	–	26	49	93
S. ATLANTIC	97	4,420	8	–	35	14	485	4,042	162,935	166,442	78	3,922	3,794	476
Del.	2	36	–	–	–	–	3	112	2,736	2,366	–	21	6	–
Md.	13	580	–	–	8	1	53	447	20,031	21,023	8	263	283	9
D.C.	1	217	2	–	1	–	2	280	10,717	11,187	9	311	289	–
Va.†	17	514	1	–	5	3	79	354	15,779	15,848	8	334	319	15
W. Va.	10	171	–	–	3	–	9	68	2,270	2,288	–	41	15	–
N.C.	23	711	–	–	1	7	189	795	23,732	24,052	4	320	396	10
S.C.	1	322	1	–	3	2	70	436	15,341	16,366	3	204	193	147
Ga.†	9	698	4	–	–	–	75	977	31,392	32,134	19	1,093	944	251
Fla.†	21	1,171	–	–	14	1	5	573	40,937	41,178	27	1,335	1,349	44
E.S. CENTRAL	31	1,778	14	1	16	4	116	1,583	57,830	58,595	30	1,090	730	241
Ky.†	12	465	2	–	5	–	18	181	7,620	7,496	2	116	95	97
Tenn.†	6	505	12	–	2	–	69	553	20,886	21,828	21	464	240	86
Ala.†	5	410	–	1	7	–	17	579	17,089	16,690	3	203	125	57
Miss.	8	398	–	–	2	2	12	270	12,235	12,581	4	307	270	1
W.S. CENTRAL	54	2,355	58	4	48	1	78	2,053	87,092	93,087	69	3,012	2,287	1,304
Ark.	5	205	37	–	1	–	16	216	6,936	6,820	3	100	49	260
La.	14	480	4	–	4	–	1	456	15,453	15,165	12	720	489	20
Okla.†	7	252	12	–	–	–	47	281	8,437	8,754	–	63	66	203
Tex.	28	1,418	5	4	43	1	14	1,100	56,266	62,348	54	2,129	1,683	821
MOUNTAIN	15	588	34	–	23	–	13	931	27,355	25,810	4	318	283	83
Mont.	1	29	7	–	–	–	4	44	1,345	1,469	–	6	7	8
Idaho†	–	10	1	–	1	–	2	41	1,207	1,016	–	21	9	5
Wyo.	–	4	–	–	1	–	–	14	708	609	–	5	8	–
Colo.	1	87	12	–	12	–	4	245	7,200	7,194	1	65	81	21
N. Mex.	3	103	3	–	4	–	–	150	3,451	3,733	–	62	67	30
Ariz.†	10	286	–	–	3	–	–	250	7,723	6,597	–	94	68	17
Utah†	–	24	9	–	–	–	–	31	1,382	1,411	–	3	11	2
Nev.	–	45	2	–	2	–	3	156	4,339	3,781	3	62	32	–
PACIFIC	32	3,059	4	1	88	–	4	650	107,684	109,619	7	2,815	3,022	223
Wash.†	5	186	3	1	5	–	–	213	9,564	8,773	NA	133	163	–
Oreg.	2	133	–	–	1	–	–	196	7,178	7,571	7	122	105	11
Calif.†	NA	2,454	1	NA	74	NA	4	NA	85,302	87,930	NA	2,471	2,718	210
Alaska	–	52	–	–	1	–	–	144	3,542	3,375	–	21	8	2
Hawaii	25	234	–	–	7	–	–	97	2,098	1,970	–	68	28	–
Guam†	NA	42	–	NA	–	NA	–	NA	62	87	NA	–	–	–
P.R.†	4	219	–	–	4	–	–	25	1,367	1,559	9	331	333	16
V.I.†	–	3	–	–	1	–	–	3	118	144	–	6	13	–
Pac. Trust Terr.	NA	20	–	NA	–	NA	–	NA	273	340	NA	1	–	–

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: Mass. +11, Fla. +27, Ala. –1, Calif. +108, Guam +1; T. fever: Mass. –3, Va. –1, Ga. +1, Calif. +7; GC: NYC +1138 civ., Ind. +304 civ., Nebr. –2 civ., Fla. +1442 civ., +15 mil., Tenn. –1 civ., Okla. +1 mil., Wash. +114 mil., Calif. +2639 civ., +65 mil., Guam +8 civ., +40 mil., P.R. +43 civ., V.I. +2 civ.; Syphilis: NYC +51, Ind. +11, S.Dak. +1, Fla. +73, Wash. +20, Calif. +55, P.R. +11; An. rabies: Ups. NY +3, Ohio +1, S.Dak. +12, Ky. +1, Okla. +5, Idaho +1, Ariz. +1, Utah +2, Calif. +7.

TABLE IV. Deaths in 121 U.S. cities,* week ending September 8, 1979 (36th week)

REPORTING AREA	ALL CAUSES, BY AGE (YEARS)					P&I** TOTAL
	ALL AGES	>65	45-64	25-44	<1	
NEW ENGLAND	642	433	146	33	13	34
Boston, Mass.	212	137	49	13	6	10
Bridgeport, Conn.	49	37	10	2	–	4
Cambridge, Mass.	17	11	3	1	–	–
Fall River, Mass.	21	14	7	–	–	–
Hartford, Conn.	35	18	11	3	1	1
Lowell, Mass.	32	23	7	2	–	2
Lynn, Mass.	18	17	1	–	–	–
New Bedford, Mass.	27	19	8	–	–	–
New Haven, Conn.	38	22	12	2	2	–
Providence, R.I.	69	45	13	5	2	8
Somerville, Mass.	6	4	2	–	–	–
Springfield, Mass.	41	24	10	3	2	2
Waterbury, Conn.	31	23	6	2	–	2
Worcester, Mass.	46	39	7	–	–	5
MID. ATLANTIC	2,166	1,403	521	108	68	95
Albany, N.Y.	42	30	8	–	2	–
Allentown, Pa.	21	11	9	1	–	–
Buffalo, N.Y.	105	64	29	6	2	13
Camden, N.J.	25	18	5	2	–	1
Elizabeth, N.J.	27	17	9	–	1	–
Erie, Pa.†	43	24	9	4	2	2
Jersey City, N.J.	45	24	10	4	3	–
Newark, N.J.	62	30	16	4	9	1
N.Y. City, N.Y.	1,261	832	302	60	31	51
Paterson, N.J.	19	10	7	1	1	–
Philadelphia, Pa.†	113	72	27	3	8	4
Pittsburgh, Pa.†	52	32	14	4	1	2
Reading, Pa.	36	30	6	–	–	2
Rochester, N.Y.	93	58	19	9	4	7
Schenectady, N.Y.	28	22	6	–	–	–
Scranton, Pa.†	24	15	8	–	1	3
Syracuse, N.Y.	70	39	20	5	3	1
Trenton, N.J.	49	33	12	2	–	3
Utica, N.Y.	21	15	3	2	–	2
Yonkers, N.Y.	30	27	2	1	–	3
E.N. CENTRAL	1,966	1,174	516	126	84	46
Akron, Ohio	50	33	13	2	1	–
Canton, Ohio	37	26	7	3	1	1
Chicago, Ill.	554	302	171	37	25	5
Cincinnati, Ohio	101	66	21	4	5	1
Cleveland, Ohio	137	83	32	7	11	3
Columbus, Ohio	91	53	24	4	9	9
Dayton, Ohio	93	56	23	5	3	2
Detroit, Mich.	217	128	60	19	4	6
Evansville, Ind.	42	23	9	5	2	1
Fort Wayne, Ind.	45	27	14	2	1	3
Gary, Ind.	16	6	7	2	–	–
Grand Rapids, Mich.	63	46	14	1	2	5
Indianapolis, Ind.	130	74	33	12	6	2
Madison, Wis.	38	20	7	7	2	1
Milwaukee, Wis.	101	73	25	3	–	2
Peoria, Ill.	34	21	5	2	2	2
Rockford, Ill.	31	20	7	3	1	2
South Bend, Ind.	36	23	10	1	2	1
Toledo, Ohio	83	51	19	4	4	–
Youngstown, Ohio	67	43	15	3	3	–
W.N. CENTRAL	605	372	146	20	41	15
Des Moines, Iowa	42	26	11	2	1	1
Duluth, Minn.	26	20	4	–	1	3
Kansas City, Kans.	30	15	9	1	2	–
Kansas City, Mo.	110	65	30	3	7	2
Lincoln, Nebr.	30	22	6	–	2	1
Minneapolis, Minn.	75	48	15	2	8	–
Omaha, Nebr.	56	35	13	3	2	–
St. Louis, Mo.	152	89	39	7	14	4
St. Paul, Minn.	44	29	8	1	1	–
Wichita, Kans.	40	23	11	1	3	4

REPORTING AREA	ALL CAUSES, BY AGE (YEARS)					P&I** TOTAL
	ALL AGES	>65	45-64	25-44	<1	
S. ATLANTIC	1,052	572	285	81	81	37
Atlanta, Ga.	120	66	32	12	9	4
Baltimore, Md.	163	85	49	9	15	–
Charlotte, N.C.	39	21	10	2	5	1
Jacksonville, Fla.	87	40	31	10	3	4
Miami, Fla.	86	45	27	6	4	1
Norfolk, Va.	34	20	9	4	–	4
Richmond, Va.	70	34	23	3	7	5
Savannah, Ga. ††	36	19	10	3	3	3
St. Petersburg, Fla.	72	58	10	2	1	5
Tampa, Fla.	50	29	13	4	3	2
Washington, D.C.	255	126	66	24	29	7
Wilmington, Del.	40	29	5	2	2	1
E.S. CENTRAL	517	313	135	34	18	19
Birmingham, Ala.	101	58	28	9	3	2
Chattanooga, Tenn.	40	25	8	3	2	3
Knoxville, Tenn.	33	23	8	1	1	1
Louisville, Ky.	67	42	18	2	3	3
Memphis, Tenn.	128	76	39	7	1	6
Mobile, Ala.	41	27	7	3	1	1
Montgomery, Ala.	24	13	7	3	1	2
Nashville, Tenn.	83	49	20	6	6	1
W.S. CENTRAL	1,113	597	275	110	56	27
Austin, Tex.	42	23	8	5	5	2
Baton Rouge, La.	30	18	6	4	2	2
Corpus Christi, Tex.	25	15	5	4	1	–
Dallas, Tex.	157	75	42	23	5	2
El Paso, Tex.	42	27	7	3	–	3
Fort Worth, Tex.	62	32	19	5	2	2
Houston, Tex.	253	112	76	25	14	6
Little Rock, Ark.	35	19	5	3	3	2
New Orleans, La.	141	83	32	12	7	–
San Antonio, Tex.	191	109	48	15	9	2
Shreveport, La.	56	41	11	3	–	–
Tulsa, Okla.	79	43	16	8	8	6
MOUNTAIN	516	309	133	37	16	13
Albuquerque, N.Mex.	57	30	11	9	1	2
Colo. Springs, Colo.	22	16	2	1	1	2
Denver, Colo.	99	60	25	9	1	7
Las Vegas, Nev.	53	32	18	3	–	1
Ogden, Utah	19	12	3	1	2	–
Phoenix, Ariz.	126	71	38	6	6	–
Pueblo, Colo.	22	16	4	2	–	–
Salt Lake City, Utah	53	29	17	1	4	–
Tucson, Ariz.	65	43	15	5	1	1
PACIFIC	1,542	952	356	99	64	37
Berkeley, Calif.	24	18	3	2	1	1
Fresno, Calif.	59	34	18	2	2	3
Glendale, Calif.	24	20	4	–	–	–
Honolulu, Hawaii	62	38	14	3	1	1
Long Beach, Calif.	105	67	28	3	5	2
Los Angeles, Calif.	417	266	85	32	15	12
Oakland, Calif.	55	31	19	1	3	5
Pasadena, Calif.	15	11	3	–	1	–
Portland, Oreg.	100	61	24	10	3	2
Sacramento, Calif.	64	25	19	7	7	1
San Diego, Calif.	129	74	29	9	7	2
San Francisco, Calif.	131	82	27	9	7	1
San Jose, Calif.	160	88	45	11	6	2
Seattle, Wash.	116	80	23	5	4	2
Spokane, Wash.	32	20	9	2	1	–
Tacoma, Wash.	49	37	6	3	1	3
TOTAL	10,119	6,125	2,513	648	441	323

*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.

†† Data not available this week. Figures are estimates based on average percent of regional totals.

Tick Paralysis – Continued

Reported by CR Baeza, MD, Preventive Medicine Division, MEDDAC, Canal Zone, U.S. Army; Viral Diseases Div, Bur of Epidemiology, CDC.

Editorial Note: Tick paralysis is a progressive, classically ascending motor weakness associated with a neurotoxic substance presumably transmitted by the engorging female tick (*1*). It is most frequently observed in children (*2*).

In the Americas, cases have been most frequently reported from the U.S. and Canadian Rockies. The case described here is the first reported from the Canal Zone, despite the large number of persons frequently in contact with the jungle environment there.

Dermacentor andersoni and *D. variabilis* ticks are the prevalent species in the Rockies and the ones most frequently associated with tick paralysis. Although several species of the genus *Amblyomma* have been reported to produce this syndrome, this is the first case reported to CDC associated with *A. ovale*.

The 30-hour interval between the presumed acquisition of the tick and the beginning of symptoms in this patient was unusually short for this syndrome. However, the possibility that the tick may have been acquired before the sergeant's departure for the jungle cannot be ruled out, since ticks are often found in the immediate vicinity of many housing areas in the Canal Zone in June.

References

1. Gregson JD: Tick Paralysis: Appraisal of Natural and Experimental Data (Canada Department of Agriculture Monograph No. 9). Ottawa, Canada Department of Agriculture, 1973
2. MMWR 27:297, 1978

Current Trends

Congenital Syphilis – United States, 1978-1979

In calendar year 1978, 434 cases of congenital syphilis were reported in the United States, a 6.3% decrease in cases since 1977. Of last year's cases, 107 were among infants*—a figure 25.7% less than that reported for infants in the previous year. During the 3-month period January-March 1979, 26 infants were reported to have congenital syphilis, a decrease of 16.1% from the cases reported in this period in 1978 (Table 2).

During January-March 1979, infectious syphilis cases among women numbered 1,381—an increase of 6.8% over the number reported in January-March 1978.

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

Editorial Note: Congenital syphilis among infants usually correlates with the trend of infectious syphilis cases among women. Recently, however, congenital syphilis among infants has not increased, perhaps because of ongoing surveillance programs for pregnant women. In addition, pregnant women are the first priority in contact-tracing so that

*Defined as children less than 1 year of age.

Syphilis — Continued

they can receive adequate medical attention to eliminate the risk of congenital syphilis among their offspring.

TABLE 2. Congenital syphilis, United States, 1977-1978, and January-March of 1978 and 1979

State	Total all ages		Under 1 year of age		Total all ages January-March		Under 1 year of age January-March	
	1977	1978	1977	1978	1978	1979	1978	1979
Alabama	—	4	—	2	1	—	1	—
Alaska	—	—	—	—	—	—	—	—
Arizona	6	5	5	3	1	—	1	—
Arkansas	1	—	1	—	—	—	—	—
California	23	36	17	11	18	14	3	10
Colorado	4	3	1	1	2	—	1	—
Connecticut	5	—	5	—	—	1	—	—
Delaware	1	2	—	—	—	—	—	—
District of Columbia	4	7	1	2	2	—	—	—
Florida	8	5	7	3	1	1	1	1
Georgia	3	8	1	6	1	1	1	1
Hawaii	—	—	—	—	—	—	—	—
Idaho	1	—	1	—	—	—	—	—
Illinois	67	69	4	7	16	8	3	—
Indiana	21	17	2	4	2	1	1	—
Iowa	5	3	—	—	—	4	—	—
Kansas	25	16	—	—	6	—	—	—
Kentucky	6	5	3	1	2	—	1	—
Louisiana	12	9	4	7	3	3	2	3
Maine	—	—	—	—	—	—	—	—
Maryland	7	7	2	3	—	2	—	—
Massachusetts	24	16	2	—	5	7	—	2
Michigan	7	5	3	3	2	1	1	1
Minnesota	2	4	—	1	—	—	—	—
Mississippi	2	6	2	1	2	2	—	—
Missouri	2	1	—	—	—	1	—	—
Montana	—	—	—	—	—	—	—	—
Nebraska	—	—	—	—	—	—	—	—
Nevada	—	—	—	—	—	1	—	—
New Hampshire	—	—	—	—	—	—	—	—
New Jersey	22	22	4	1	7	4	—	—
New Mexico	4	7	2	4	4	—	1	—
New York	24	25	15	10	4	6	1	1
North Carolina	9	5	3	3	—	4	—	2
North Dakota	—	—	—	—	—	—	—	—
Ohio	15	20	1	2	10	2	—	2
Oklahoma	4	6	1	1	1	1	1	—
Oregon	1	—	—	—	—	—	—	—
Pennsylvania	14	25	1	—	3	1	—	—
Rhode Island	1	—	—	—	—	—	—	—
South Carolina	7	5	1	3	4	—	2	—
South Dakota	—	—	—	—	—	—	—	—
Tennessee	14	5	1	—	3	2	—	—
Texas	61	39	33	21	12	4	8	2
Utah	2	—	2	—	—	—	—	—
Vermont	—	—	—	—	—	—	—	—
Virginia	25	23	6	3	6	6	—	—
Washington	1	1	1	—	—	—	—	—
West Virginia	18	16	1	1	4	4	1	—
Wisconsin	5	5	1	—	—	1	—	—
Wyoming	—	2	—	—	—	—	—	—
Total United States	463	434	144	107	122	82	31	26

*Includes proportionally distributed cases for which age had not been specified.

Epidemiologic Notes and Reports

Human Rabies — California

California recently reported a fatal case of human rabies. As with 3 other human cases of rabies reported to CDC in the last year (*1,2*), the diagnosis was unsuspected until after the patient's death.

In mid-July 1979, the patient—a 37-year-old, non-English-speaking man, who had immigrated to Santa Paula from Parral (Chihuahua State), Mexico, 5½ months earlier—had onset of paresthesias in his arms and hands. He was seen on July 18 in an emergency room, but no specific diagnosis was made. The paresthesias persisted, and intermittent abdominal discomfort, restlessness, agitation, and insomnia developed. On July 23, he was admitted to a local hospital with a temperature of 39.1 C, vomiting, weakness and loss of pain sensation in the upper extremities, and intermittent delirium and combativeness. One day later, he was transferred to Ventura County General Hospital, where cerebrospinal fluid (CSF) showed 32 mononuclear cells and a protein level of 70 mg/dl. Over the next 2 days, he became quadriplegic, developed facial weakness and respiratory depression, and required intubation and ventilatory assistance. With the rapid development of a flaccid paralysis, Guillain-Barré syndrome and poliomyelitis were considered the most likely diagnoses. His daughter had received oral poliovirus vaccine 7 weeks earlier, raising the possibility of vaccine-associated poliomyelitis. On July 30, he became comatose; he died on August 5.

Postmortem brain, CSF, stool, serum, and tissue specimens from the intestinal tract were sent to California's Viral and Rickettsial Disease Laboratory for diagnostic tests. Fluorescent antibody (FA) staining of the brain and spinal cord (a routine procedure for cases of fatal encephalitis) was positive for rabies. The specimens of serum (drawn on July 25) and CSF (July 24) had rabies antibody titers of 1:32 and 1:8, respectively.

Additional questioning of the patient's wife revealed that the patient had been bitten on the hand by a stray dog just before leaving his home in Mexico. The dog escaped, and no treatment was sought for the bite. No other potential animal exposure could be identified.

About 50 members of the patient's family and 150 health staff who were in contact with him from the onset of the disease until his death were evaluated for significant exposure, i.e., bite, scratch, or saliva contact with a fresh cut or a mucous membrane (as would result, for example, from kissing, sharing eating or drinking utensils, or being coughed at in the face). Thirty-seven family members (some traced to Texas and Mexico) and health staff are receiving postexposure antirabies prophylaxis.

Reported by JR Esquivel, MD, Chief of Public Health Services, LR Romero, MD, Chihuahua State Dept of Public Health, Mexico; R Coppedge, MD, Pan American Health Organization, El Paso, Texas; S Miller, MD, M Billimek, PHN, Ventura County Health Dept; D Fainer, MD, C Conaway, RN, Ventura County General Hospital; C Webb, Jr, MD, State Epidemiologist, Texas State Dept of Health; L Dales,

The Morbidity and Mortality Weekly Report, circulation 87,803, 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.

Human Rabies – Continued

MD, California Dept of Health Services, in the California Morbidity Weekly Report, August 31, 1979; Respiratory and Special Pathogens Br, Viral Diseases Div, Bur of Epidemiology, CDC.

Editorial Note: As in the other 3 recent cases of rabies diagnosed postmortem, some of the classic symptoms associated with rabies (hydrophobia, difficulty swallowing, and hypersalivation) were not present in this case. Although extensive experience in California suggests that rabies as the cause of encephalitis of unknown etiology is rare (*3*), in the case of progressive paralysis—especially when accompanied by signs and symptoms of encephalitis—or of a severe progressive encephalitis, rabies should be considered as a possible diagnosis. While a patient is alive, the diagnosis of rabies often can be made by viral isolation, demonstration of rabies virus antigen by FA staining of tissues or secretions (corneal impressions or neck skin biopsy), or demonstration of rabies antibody in serum or CSF (*4*).

References

1. MMWR 28:109, 1979
2. MMWR 28:75, 1979
3. Emmons R: Rabies diagnosis and rabies vaccine. N Engl J Med 301:331, 1979
4. Hattwick MAW, Gregg MB: The disease in man, in Baer GM (ed): The Natural History of Rabies. New York, Academic Press, 1975, pp 281-304

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE / CENTER FOR DISEASE CONTROL
ATLANTA, GEORGIA 30333 **OFFICIAL BUSINESS**

Postage and Fees Paid
U.S. Department of HEW
HEW 396

Director, Center for Disease Control
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.

HEW Publication No. (CDC) 79-8017