CENTER FOR DISEASE CONTROL

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MMWR

MORBIDITY AND MORTALITY WEEKLY REPORT

Current Trends

Gonorrhea — United States

From 1965 to 1975, the number of reported cases of gonorrhea in the United States tripled—from 324,925 to 999,937. Since 1975, however, reported cases have leveled off (Figure 1). For 1979, the projected number of cases is 1,010,000, only a 1% increase since 1975. Reported cases among men this year are projected to be 594,000, a 0.6% decrease from the 597,639 cases reported in 1978. Reported cases among women are estimated to number 416,000 in 1979, about equal to the 415,797 reported in 1978.

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

Editorial Note: The actual incidence of gonorrhea is more accurately reflected in case reports on men than those on women. Gonorrhea in men more often causes acute symptomatic disease, which requires them to seek treatment. In addition, changes in gonorrhea-culture-testing programs among asymptomatic women tend to inflate or deflate estimates of the incidence of this disease among women.

By mid-1973, all state and local health departments had established a federally assisted gonorrhea-prevention program. Health departments promulgated standard recommendations for gonorrhea therapy; expanded and improved clinical services; provided more public- and patient-education programs; began a national gonorrhea-culture-testing program among women in high-risk disease groups; and established counseling, interviewing, and contact-tracing services to infected patients and their sexual partners. The initiation, maintenance, and refinement of these prevention activities are undoubtedly the major reasons for the leveling off of cases and for the increased control of gonorrhea.

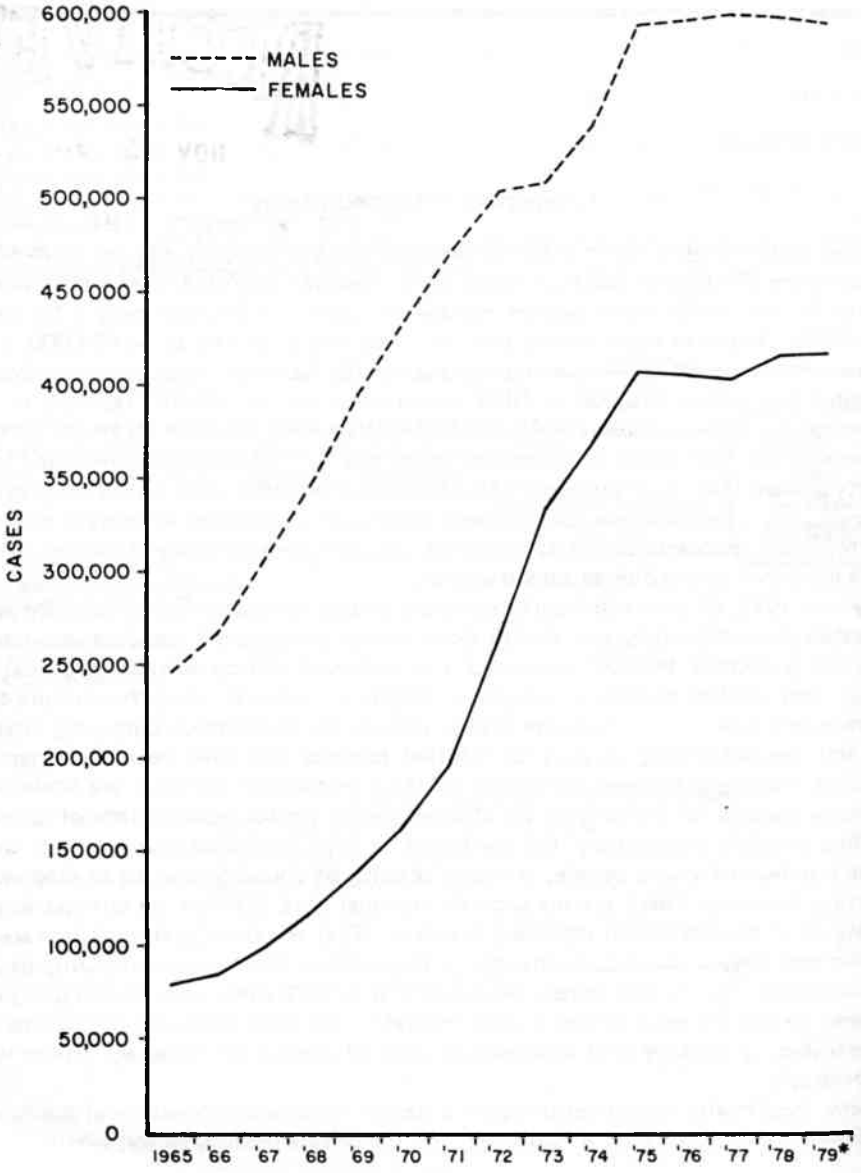
Other possible explanations for the trends in cases described above include changes in the numbers of young people, in sexual activity of young poeple, or in diagnostic or reporting practices. There are no accurate national data available on changes in sexual activity or in diagnostic and reporting practices. What anecdotal and local data are available do not suggest significant changes in these areas. The number of young people is still increasing. The Census Bureau estimates that in 1978 there were 40,363,000 persons between 15 and 24 years of age, a 3.4% increase from 1975. When the 1980 census data are available, it is likely that decreases in rates of disease for these age groups will be demonstrable.

Many local health departments report a sizable increase in attendance at public venereal disease clinics. This shift of patients from the private medical sector, where reporting

Gonorrhea — Continued

may only approach 30%-50%, to the less expensive or free public sector, where reporting approaches 100%, would artificially inflate the reported incidence. Thus, cases of gonorrhea among men may have decreased even more than is reported here.

FIGURE 1. Reported gonorrhea cases by sex, United States, 1965-1979*



*Data for 1979 are estimates.

Epidemiologic Notes and Reports

Shigellosis -- Chinle, Arizona

From September 1, 1978 to August 31, 1979, 158 people in the Chinle Service Unit of the Indian Health Service were found to have shigellosis (an attack rate of 494 cases per 100,000). This unit provides care for 32,000 inhabitants of the Navaho reservation.

Ages of these patients ranged from 2 months to 102 years, with a median age of 5 years; 34% were over the age of 40. Two elderly patients died as a result of dehydration and sepsis. *Shigella flexneri* accounted for 85% of cases, and *S. sonnei* for the remainder. Most of the cases were sporadic.

Although shigellosis is usually a self-limiting illness, antimicrobial agents are used to treat shigellosis on the Navaho reservation to reduce severity of symptoms and duration of excretion of the organism. The results of *in vitro* testing of these 158 isolates showed sensitivity to ampicillin in 65%, to tetracycline in 69%, and to trimethoprim-sulfamethoxazole in 96%, with similar percentages for *S. flexneri* and *S. sonnei*. Follow-up examinations showed that 29 of 35 patients became asymptomatic within 4 days when treated with an agent (either ampicillin or trimethoprim-sulfamethoxazole) to which their organism was sensitive. Six of seven patients treated with ampicillin, to which their isolate had been resistant, continued to have symptoms for 5 or more days before appropriate therapy was begun.

Reported by J Murphy, MT(ASCP), S Chmell, MD, USPHS Indian Medical Center, Chinle, Arizona; K Starko, MD, Acting State Epidemiologist, Arizona State Dept of Health; Enteric Diseases Br, Bacterial Diseases Div, Bur of Epidemiology, CDC.

Editorial Note: Shigellosis among American Indians remains a significant problem (*1*); crowded living quarters and lack of running water (less than 50% of households in the Chinle Unit have it) contribute to the endemicity in these populations. The annual rate of reported isolates of shigella (per 100,000) on the Navaho reservation is 50-100 times that reported in the U.S. population as a whole. Whereas *S. sonnei* is the most frequently isolated species among other sectors of the U.S. population, among American Indians *S. flexneri* assumes major importance, as shown by this study. The age incidence for shigellosis among American Indians is also considerably different from that reported for non-Indian populations, where the majority of cases occur in children under 5 (*1*). On the reservation, grandparents commonly care for young children and thus may be exposed to shigellae.

In situations where sanitary conditions are not optimal, antimicrobial treatment of cases of shigellosis is indicated (to diminish the duration of excretion of the infecting organism) (*2,3*). In day-care centers and among food handlers, treatment of patients has been recommended to prevent spread of this highly contagious agent (*4*). Only when such individuals are culture negative should they return to their activities. Since antimicrobial sensitivity patterns show geographic variation, it is useful to develop local data on sensitivity so that appropriate agents may be used when treatment is necessary (*5*).

References

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International Notes

Fatal Reaction to Smallpox Vaccination — Kuwait

Editor's Note: The following article, including the Editorial Note, is adapted from the World Health Organization's Weekly Epidemiological Record, Volume 54, No. 43—the issue celebrating the second anniversary of the last endemic case of smallpox.

A 5-month-old boy in Kuwait was vaccinated against smallpox on April 24, 1979. A month later he was admitted to the hospital with an ulcerative lesion involving the entire arm. Despite intensive care, lesions developed on the truck, perineum, and buttocks; these lesions eventually coalesced, forming large, destructive ulcers. The child's general condition deteriorated, and he died on July 15.

Editorial Note: An increasing number of health administrations are receiving complaints from doctors who are concerned about the possibility of adverse reactions resulting from unnecessary vaccinations for international travel. One of the problems is that, although a Member State may no longer require a smallpox vaccination certificate, the embassies and/or consulates of these countries abroad are still insisting that a certificate is required and, in some instances, refusing to issue visas without them. The opportunity is taken at this second anniversary of the world's last known case of endemic smallpox to ask all

(Continued on page 541)

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

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

DISEASE	45th WEEK ENDING		MEDIAN	CUMULATIVE, FIRST 45 WEEKS		
	November 10, 1979	November 11, 1978*	1974-1978**	November 10, 1979	November 11, 1978*	MEDIAN 1974-1978**
Aseptic meningitis	176	168	80	7,090	5,636	3,569
Brucellosis	1	3	7	139	151	195
Chickenpox	1,239	1,470	1,470	176,941	130,559	130,559
Diphtheria	–	–	1	64	63	133
Encephalitis: Primary (arthropod-borne & unspec.)	26	21	24	898	1,048	1,048
Post-infectious	2	2	3	194	203	225
Hepatitis, Viral: Type B	223	205	224	12,531	12,885	12,885
Type A	430	472	573	25,302	25,214	28,937
Type unspecified	196	164	168	9,257	7,295	7,161
Malaria	16	14	8	642	655	405
Measles (rubeola)	84	174	174	12,667	25,000	25,000
Meningococcal infections: Total	35	31	27	2,200	2,094	1,336
Civilian	35	31	27	2,188	2,070	1,319
Military	–	–	–	12	24	24
Mumps	128	223	473	12,138	14,569	34,875
Pertussis	18	47	26	1,181	1,832	1,485
Rubella (German measles)	54	85	94	11,094	17,437	15,482
Tetanus	3	1	1	63	70	70
Tuberculosis	413	484	580	24,071	25,038	26,377
Tularemia	–	3	3	177	116	124
Typhoid fever	9	11	8	427	453	366
Typhus fever, tick-borne (Rky. Mt. spotted)	9	4	4	999	1,014	852
Venereal diseases:						
Gonorrhea: Civilian	15,743	19,202	18,393	863,766	878,354	874,543
Military	550	402	402	23,722	22,459	23,379
Syphilis, primary & secondary: Civilian	383	404	378	21,353	18,697	18,697
Military	7	2	4	268	255	262
Rabies in animals	70	62	47	4,358	2,780	2,615

TABLE II. Notifiable diseases of low frequency, United States

	CUM. 1979		CUM. 1979
Anthrax	–	Poliomyelitis: Total	25
Botulism (Alaska 1)	27	Paralytic	21
Cholera (Kans. 1)	2	Psittacosis	88
Congenital rubella syndrome	39	Rabies in man	3
Leprosy	149	Trichinosis	129
Leptospirosis †	42	Typhus fever, flea-borne (endemic, murine) (Tex. 1)	53
Plague	10		

*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: Leptospirosis: N. Mex. —1.

TABLE III. Cases of specified notifiable diseases, United States, weeks ending November 10, 1979, and November 11, 1978 (45th 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	176	1	1,239	–	64	26	21	2	223	430	196	16	642
NEW ENGLAND	9	–	181	–	–	–	–	–	12	9	9	–	40
Maine	–	–	64	–	–	–	–	–	1	–	–	–	3
N.H.†	–	–	–	–	–	–	–	–	–	2	1	–	1
Vt.	–	–	8	–	–	–	–	–	1	1	–	–	–
Mass.	2	–	47	–	–	–	–	–	1	2	8	–	12
R.I.	6	–	8	–	–	–	–	–	3	1	–	–	9
Conn.	1	–	54	–	–	–	–	–	6	3	–	–	15
MID. ATLANTIC	23	–	55	–	–	3	6	–	47	36	22	3	88
Upstate N.Y.	12	–	18	–	–	1	1	–	13	12	8	–	13
N.Y. City †	2	–	11	–	–	1	3	–	5	2	–	–	39
N.J.	7	–	NN	–	–	1	–	–	15	14	10	1	16
Pa.	2	–	26	–	–	–	2	–	14	8	4	2	20
E.N. CENTRAL	28	–	574	–	2	5	3	–	42	77	21	–	47
Ohio †	–	–	11	–	–	2	–	–	9	10	–	–	12
Ind.†	1	–	42	–	1	–	–	–	16	13	12	–	1
Ill.	1	–	112	–	–	–	3	–	6	30	2	–	20
Mich.	24	–	241	–	–	3	–	–	10	22	7	–	12
Wis.†	2	–	168	–	1	–	–	–	1	2	–	–	2
W.N. CENTRAL	7	–	166	–	1	1	–	–	16	34	2	2	24
Minn.†	–	–	–	–	–	–	–	–	3	8	1	1	10
Iowa	3	–	100	–	–	1	–	–	1	3	–	–	2
Mo.	–	–	1	–	1	–	–	–	4	9	1	1	4
N. Dak.	–	–	1	–	–	–	–	–	–	–	–	–	2
S. Dak.	–	–	15	–	–	–	–	–	–	–	–	–	1
Nebr.	2	–	–	–	–	–	–	–	4	2	–	–	2
Kans.	2	–	49	–	–	–	–	–	4	12	–	–	3
S. ATLANTIC	40	–	82	–	1	4	1	1	47	53	26	5	79
Del.†	–	–	4	–	–	–	–	–	–	–	–	–	1
Md.	24	–	2	–	–	3	1	–	6	6	11	4	16
D.C.	–	–	–	–	–	–	–	–	2	2	–	–	6
Va.†	–	–	–	–	1	–	–	–	1	2	5	–	24
W. Va.	1	–	58	–	–	–	–	–	2	4	–	–	3
N.C.†	10	–	NN	–	–	1	–	–	8	8	1	–	6
S.C.	–	–	–	–	–	–	–	–	13	1	–	–	1
Ga.	–	–	–	–	–	–	–	–	2	21	–	1	3
Fla.	5	–	18	–	–	–	–	1	13	9	9	–	19
E.S. CENTRAL	26	–	8	–	–	4	–	–	13	27	10	–	11
Ky.	10	–	2	–	–	–	–	–	1	5	–	–	–
Tenn.	2	–	NN	–	–	2	–	–	6	12	5	–	–
Ala.	13	–	–	–	–	–	–	–	4	1	5	–	3
Miss.	1	–	6	–	–	2	–	–	2	9	–	–	8
W.S. CENTRAL	15	1	48	–	–	4	5	–	33	96	53	6	45
Ark.	–	1	1	–	–	–	–	–	1	4	4	–	–
La.	3	–	NN	–	–	1	2	–	12	27	11	–	5
Okla.	2	–	–	–	–	2	–	–	6	14	6	1	7
Tex.	10	–	47	–	–	1	3	–	14	51	32	5	33
MOUNTAIN	13	–	66	–	1	5	–	1	9	77	45	–	17
Mont.†	–	–	3	–	–	1	–	–	–	6	–	–	2
Idaho	–	–	–	–	–	–	–	–	–	2	–	–	–
Wyo.†	–	–	–	–	–	–	–	–	–	–	–	–	1
Colo.	8	–	38	–	–	2	–	1	5	10	2	–	7
N. Mex.†	2	–	1	–	–	–	–	–	–	–	–	–	1
Ariz.	–	–	NN	–	1	–	–	–	2	50	36	–	5
Utah	–	–	19	–	–	2	–	–	1	4	4	–	–
Nev.†	3	–	5	–	–	–	–	–	1	5	3	–	1
PACIFIC	15	–	59	–	59	–	6	–	4	21	8	–	291
Wash.†	7	–	31	–	56	–	–	–	2	13	3	–	12
Oreg.	4	–	–	–	–	–	–	–	1	5	2	–	12
Calif.	NA	NA	NA	NA	3	NA	6	–	NA	NA	NA	NA	262
Alaska	2	–	24	–	–	–	–	–	–	2	3	–	–
Hawaii	2	–	4	–	–	–	–	–	1	1	–	–	5
Guam †	NA	NA	NA	NA	–	NA	–	–	NA	NA	NA	NA	–
P.R.	9	–	12	–	–	–	1	–	2	13	8	–	2
V.I.	NA	NA	NA	NA	–	NA	–	–	NA	NA	NA	NA	–
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.: NYC +2, Ohio +6, Ind. +6, N.Mex. +1, Nev. +1, Wash. +1; Brucellosis: Minn. +1; Chickenpox: N.H. +30, NYC +49, Mont. +6, Guam +3; Enceph. prim.: NYC +1, Wash. +1, Enceph. post: Minn. +1; Hep. B: N.H. +2, NYC +8, Ohio –4, Wis. –1, Del. +1, Nev. +1, Guam +1; Hep. A: N.H. +1, NYC +6, Ohio –3, Del. –1, Va. –1, N.C. –1, Wyo. +1, Wash. –1, Guam +1; Hep. unsp.: NYC +4, Va. –1, Wash. +1, Guam +1; Malaria: NYC +1, Minn. +1.

TABLE III (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending November 10, 1979, and November 11, 1978 (45th 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	84	12,667	25,000	35	2,200	2,094	128	12,138	18	54	11,094	63
NEW ENGLAND	–	288	2,015	1	116	118	30	539	1	–	1,430	5
Maine	–	17	1,316	–	7	9	11	210	–	–	61	1
N.H.†	–	32	61	–	13	9	–	5	–	–	126	–
Vt.	–	119	51	–	7	2	–	9	–	–	407	–
Mass.†	–	14	251	1	36	47	17	82	–	–	487	3
R.I.	–	102	8	–	8	17	1	44	1	–	93	–
Conn.	–	4	328	–	45	34	1	189	–	–	256	1
MID. ATLANTIC	6	1,513	2,214	7	348	321	9	1,167	–	20	1,973	9
Upstate N.Y.	2	623	1,408	2	118	104	2	172	–	16	1,109	2
N.Y. City †	3	785	374	–	78	75	–	126	–	3	272	4
N.J.	–	58	74	3	88	63	5	571	–	–	326	1
Pa.	1	47	358	2	64	79	2	298	–	1	266	2
E.N. CENTRAL	30	3,315	11,113	5	233	299	42	5,165	8	18	2,589	4
Ohio	–	282	488	–	84	80	3	1,829	7	–	140	3
Ind.†	–	224	211	–	42	47	8	311	–	3	750	–
Ill.	–	1,447	1,140	2	22	91	8	922	–	1	190	–
Mich.	2	840	7,794	3	68	68	13	948	1	10	1,232	1
Wis.	28	522	1,480	–	17	13	10	1,155	–	4	277	–
W.N. CENTRAL	8	1,802	403	2	66	82	5	692	–	4	489	2
Minn.†	–	1,218	40	–	14	23	1	22	–	–	43	–
Iowa	–	16	57	2	13	10	1	236	–	–	52	–
Mo.	–	420	12	–	29	32	1	196	–	1	66	1
N. Dak.	–	21	199	–	1	3	–	2	–	–	8	1
S. Dak.	–	2	–	–	2	3	–	7	–	–	5	–
Nebr.	6	51	5	–	–	–	–	7	–	–	202	–
Kans.	2	74	90	–	7	11	2	222	–	3	113	–
S. ATLANTIC	36	1,981	5,348	12	541	499	9	641	4	3	1,246	11
Del.	–	1	7	–	3	2	3	59	–	–	5	–
Md.	–	16	52	8	54	37	–	168	–	–	28	1
D.C.	–	–	48	–	2	2	–	2	–	–	1	–
Va.	1	276	2,830	2	78	59	1	89	–	–	204	1
W. Va.	–	60	1,062	1	9	14	3	108	–	–	109	–
N.C.	–	114	122	1	85	95	1	78	–	–	532	3
S.C.	–	174	199	–	59	33	–	3	–	1	65	–
Ga.	27	527	34	–	81	58	–	7	3	–	11	–
Fla.†	8	813	994	–	170	199	1	127	1	2	291	6
E.S. CENTRAL	3	217	1,429	1	162	163	6	1,418	3	1	305	8
Ky.	–	37	122	–	34	30	5	1,173	–	–	69	1
Tenn.	3	71	960	1	45	41	1	104	2	1	100	–
Ala.	–	85	101	–	38	49	–	24	–	–	44	5
Miss.	–	24	246	–	45	43	–	117	1	–	92	2
W.S. CENTRAL	1	939	1,208	6	336	290	6	1,374	–	3	261	20
Ark.	–	9	16	–	27	22	–	487	–	–	7	4
La.	–	254	344	–	118	118	–	36	–	–	30	3
Okla.	–	22	15	3	35	17	–	–	–	–	24	2
Tex.	1	654	833	3	156	133	6	851	–	3	200	11
MOUNTAIN	–	329	265	1	89	50	1	304	2	5	540	–
Mont.	–	60	106	–	10	4	–	10	–	–	70	–
Idaho	–	18	1	–	9	4	–	9	–	1	205	–
Wyo.	–	36	–	–	1	–	–	–	–	–	–	–
Colo.	–	68	38	–	5	3	1	100	2	–	67	–
N. Mex.	–	39	–	–	6	12	–	13	–	–	11	–
Ariz.	–	77	56	–	36	15	–	62	–	2	145	–
Utah	–	19	44	–	9	6	–	96	–	2	40	–
Nev.†	–	12	20	1	13	6	–	14	–	–	2	–
PACIFIC	–	2,283	1,005	–	309	272	20	838	–	–	2,261	4
Wash.†	–	1,141	264	–	54	44	16	220	–	–	191	–
Oreg.	–	62	148	–	24	29	–	96	–	–	112	–
Calif.	NA	995	583	–	215	186	NA	395	NA	NA	1,935	4
Alaska	–	17	1	–	6	9	–	12	–	–	4	–
Hawaii	–	68	9	–	10	4	4	115	–	–	19	–
Guam†	NA	11	26	–	1	2	NA	11	NA	NA	4	–
P.R.	3	370	285	1	6	8	5	580	–	–	38	11
V.I.	NA	4	6	–	3	1	NA	20	NA	NA	–	–
Pac. Trust Terr.	NA	9	619	–	1	3	NA	40	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.H. +1, Mass. +1, NYC +6, Ind. –1, Fla. +9, Wash. –1, Guam +1; Men. inf.: NYC +2, Ind. +1; Mumps: NYC +9, Nev. –1; Pertussis: NYC +1, Minn. –3; Rubella: N.H. +1, NYC +2, Nev. +1.

TABLE III (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending November 10, 1979, and November 11, 1978 (45th 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	413	24,071	177	9	427	9	999	15,743	863,766	878,354	383	21,353	18,697	4,358
NEW ENGLAND	11	694	3	1	21	–	9	479	21,377	22,563	13	429	513	46
Maine	–	51	–	–	1	–	–	32	1,506	1,831	–	10	9	28
N.H.†	1	17	–	–	–	–	–	14	785	1,025	–	18	5	4
Vt.	–	29	–	–	–	–	1	15	540	540	1	2	3	–
Mass.	4	367	3	1	13	–	4	179	8,447	9,932	10	243	312	10
R.I.	1	58	–	–	2	–	–	48	1,730	1,604	1	17	22	2
Conn.	5	172	–	–	5	–	4	191	8,369	7,631	1	139	162	2
MID. ATLANTIC	73	3,734	1	2	69	1	45	1,463	93,746	94,678	22	3,133	2,474	67
Upstate N.Y.	10	664	1	–	13	1	28	455	16,550	16,040	–	233	172	47
N.Y. City †	30	1,382	–	2	31	–	1	NA	35,399	35,747	NA	2,089	1,715	–
N.J.	14	705	–	–	16	–	5	441	16,889	17,843	15	430	306	5
Pa.	19	983	–	–	9	–	11	567	24,908	25,048	7	381	281	15
E.N. CENTRAL	73	3,588	–	–	27	–	58	2,720	135,685	137,226	73	2,717	2,131	400
Ohio†	10	644	–	–	3	–	21	584	37,460	35,884	5	523	389	33
Ind.	6	450	–	–	–	–	2	187	11,375	14,042	1	188	150	65
Ill.	34	1,456	–	–	8	–	31	1,161	43,138	43,562	49	1,536	1,342	195
Mich.†	23	874	–	–	12	–	3	788	31,875	31,706	18	400	193	14
Wis.†	–	164	–	–	4	–	1	NA	11,837	12,032	NA	70	57	93
W.N. CENTRAL	22	813	24	–	20	1	54	1,050	43,185	44,301	5	277	386	868
Minn.	2	127	–	–	4	–	2	338	7,168	7,476	4	77	143	151
Iowa	–	61	1	–	5	–	14	117	5,147	4,864	–	29	34	169
Mo.	17	442	20	–	8	–	25	377	18,627	19,518	–	125	121	268
N. Dak.	–	18	–	–	–	–	–	26	749	780	–	2	3	72
S. Dak.†	–	46	2	–	–	–	–	22	1,419	1,514	–	2	3	88
Nebr.	–	22	1	–	1	1	5	21	3,026	3,193	–	6	13	–
Kans.†	3	97	–	–	2	–	8	149	7,049	6,956	1	36	69	120
S. ATLANTIC	82	5,409	11	1	43	3	571	3,733	209,263	213,270	115	5,112	4,946	605
Del.	3	51	–	–	–	–	3	96	3,474	2,999	3	27	10	–
Md.†	21	690	–	1	8	–	75	NA	25,306	27,431	NA	323	375	37
D.C.	NA	255	2	–	1	–	2	396	13,914	14,397	7	390	376	–
Va.	9	639	2	–	4	–	90	329	20,092	20,602	2	411	415	19
W. Va.	3	205	–	–	5	–	12	59	2,849	2,912	–	45	27	–
N.C.	19	860	–	–	2	3	223	775	30,422	30,387	2	387	523	25
S.C.†	1	413	1	–	3	–	77	430	19,612	21,057	7	266	255	164
Ga.	13	863	6	–	2	–	81	634	39,516	41,066	32	1,424	1,240	313
Fla.†	13	1,433	–	–	18	–	8	1,014	54,078	52,419	62	1,839	1,725	47
E.S. CENTRAL	57	2,208	14	1	22	3	136	1,650	73,774	74,277	48	1,449	981	293
Ky.	14	576	2	–	7	1	20	322	9,871	9,944	3	144	131	123
Tenn.	25	643	12	–	3	1	76	590	26,680	27,167	23	604	329	98
Ala.	9	521	–	–	8	–	19	429	21,797	21,206	9	265	168	71
Miss.	9	468	–	1	4	1	21	309	15,426	15,960	13	436	353	1
W.S. CENTRAL	70	2,925	73	2	73	1	103	3,450	111,803	117,614	90	3,915	2,992	1,618
Ark.	13	262	46	–	5	–	22	168	8,663	8,840	3	138	64	299
La.	9	574	5	–	5	–	3	850	20,000	19,006	–	975	614	29
Okla.	10	322	14	–	–	1	62	311	11,092	11,038	2	80	86	252
Tex.	38	1,767	8	2	63	–	16	2,121	72,048	78,730	85	2,722	2,228	1,038
MOUNTAIN	11	717	43	1	26	–	17	837	34,808	33,734	12	431	384	141
Mont.†	–	32	14	–	–	–	5	55	1,685	1,927	–	8	7	8
Idaho	2	15	1	–	1	–	3	15	1,540	1,378	–	25	13	8
Wyo.	–	7	–	–	1	–	–	18	999	839	–	8	9	–
Colo.	–	103	12	1	15	–	4	227	9,278	9,299	6	89	108	51
N. Mex.	8	133	4	–	4	–	1	137	4,267	4,858	3	78	78	41
Ariz.	1	350	–	–	3	–	–	247	9,707	8,690	–	125	91	23
Utah	–	27	10	–	–	–	1	38	1,778	1,830	–	4	12	10
Nev.†	–	50	2	–	2	–	3	100	5,554	4,913	3	94	66	–
PACIFIC	14	3,983	8	1	126	–	6	361	140,125	140,691	5	3,890	3,890	320
Wash.†	9	249	5	1	8	–	–	NA	12,327	11,565	NA	166	232	–
Oreg.	2	173	–	–	2	–	–	175	8,939	9,682	2	150	146	15
Calif.	NA	3,211	3	NA	107	NA	6	NA	111,710	112,662	NA	3,467	3,462	303
Alaska	–	68	–	–	2	–	–	147	4,424	4,308	1	23	11	2
Hawaii	3	282	–	–	7	–	–	39	2,725	2,474	2	84	39	–
Guam†	NA	53	–	NA	–	NA	–	NA	88	132	NA	1	–	–
P.R.	10	268	–	1	6	–	–	44	1,903	1,947	14	502	434	21
V.I.	NA	4	–	NA	1	NA	–	NA	135	179	NA	7	16	–
Pac. Trust Terr.	NA	32	–	NA	–	NA	–	NA	370	382	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: NYC +11, Mich. –1, Kans. –4, Md. –20, Fla. –3, T. fever: NYC +3; GC: N.H. +2 mil., NYC +1127 civ., Wis. +234 civ., S.C. +143 mil., Mont. +31 civ., Nev. +1 civ., Wash. +84 mil., Guam +6 civ. +9 mil.; Syphilis: N.H. +2 mil., NYC +73, Wis. +2, Wash. +20 civ. +3 mil.; An. rabies: Ohio +3, S. Dak. +15.

TABLE IV. Deaths in 121 U.S. cities,* week ending November 10, 1979 (45th week)

REPORTING AREA	ALL CAUSES, BY AGE (YEARS)					P & I** TOTAL
	ALL AGES	>65	45-64	25-44	<1	
NEW ENGLAND	665	446	153	28	17	38
Boston, Mass.	183	103	57	11	1	18
Bridgeport, Conn.	46	34	10	1	–	3
Cambridge, Mass.	20	17	3	–	–	2
Fall River, Mass.	27	21	5	–	–	–
Hartford, Conn.	54	37	15	1	1	–
Lowell, Mass.	23	14	6	1	1	3
Lynn, Mass.	22	18	2	1	–	–
New Bedford, Mass.	14	12	2	–	–	–
New Haven, Conn.	65	48	10	3	2	1
Providence, R.I.	56	35	13	3	3	5
Somerville, Mass.	7	3	3	1	–	1
Springfield, Mass.	56	40	8	1	6	2
Waterbury, Conn.	34	24	6	4	–	1
Worcester, Mass.	58	40	13	1	3	2
MID. ATLANTIC	2,327	1,527	527	140	72	82
Albany, N.Y.	54	29	17	1	6	–
Allentown, Pa.	23	18	4	1	–	–
Buffalo, N.Y.	130	79	37	8	1	4
Camden, N.J.	34	19	10	2	1	–
Elizabeth, N.J.	40	24	11	4	1	–
Erie, Pa.†	42	26	8	2	3	3
Jersey City, N.J.	46	30	14	2	–	1
Newark, N.J.	41	18	11	8	1	4
N.Y. City, N.Y.††	1,175	779	253	80	31	36
Paterson, N.J.	31	16	5	2	6	–
Philadelphia, Pa.†	296	195	68	17	13	13
Pittsburgh, Pa.†	52	38	13	–	–	2
Reading, Pa.	35	30	4	1	–	3
Rochester, N.Y.	113	86	15	4	4	7
Schenectady, N.Y.	20	14	5	1	–	2
Scranton, Pa.†	29	21	6	2	–	–
Syracuse, N.Y.	88	60	20	3	2	3
Trenton, N.J.	38	19	15	2	1	3
Utica, N.Y.	21	13	7	–	1	–
Yonkers, N.Y.	19	13	4	–	1	1
E.N. CENTRAL	2,228	1,354	610	112	79	47
Akron, Ohio	77	47	18	3	7	–
Canton, Ohio	49	38	8	1	1	4
Chicago, Ill.	533	318	146	30	19	8
Cincinnati, Ohio	139	91	41	4	1	3
Cleveland, Ohio	181	99	47	16	9	3
Columbus, Ohio	133	71	43	10	6	5
Dayton, Ohio	104	51	39	8	2	3
Detroit, Mich.	264	152	75	19	14	1
Evansville, Ind.	49	30	14	2	1	4
Fort Wayne, Ind.	48	30	15	–	3	3
Gary, Ind.	14	9	4	1	–	–
Grand Rapids, Mich.	60	40	14	1	3	4
Indianapolis, Ind.	119	80	29	5	–	–
Madison, Wis.	25	13	6	3	2	–
Milwaukee, Wis.	129	85	36	2	1	2
Peoria, Ill.	58	44	11	–	1	–
Rockford, Ill.	37	26	8	2	1	2
South Bend, Ind.	62	36	15	3	1	1
Toledo, Ohio	93	58	26	–	6	4
Youngstown, Ohio	54	36	15	2	1	–
W.N. CENTRAL	689	422	150	51	34	29
Des Moines, Iowa	64	40	11	6	3	1
Duluth, Minn.	30	22	5	1	–	4
Kansas City, Kans.	24	9	8	4	1	–
Kansas City, Mo.	129	67	39	12	8	3
Lincoln, Nebr.	25	21	4	–	–	1
Minneapolis, Minn.	94	62	15	9	4	5
Omaha, Nebr.	54	41	7	1	2	3
St. Louis, Mo.	156	96	34	10	10	6
St. Paul, Minn.	53	32	10	3	3	–
Wichita, Kans.	60	32	17	5	3	6

REPORTING AREA	ALL CAUSES, BY AGE (YEARS)					P & I** TOTAL
	ALL AGES	>65	45-64	25-44	<1	
S. ATLANTIC	1,221	702	326	98	50	60
Atlanta, Ga.	156	89	41	14	6	2
Baltimore, Md.	235	127	67	28	5	12
Charlotte, N.C.	57	36	14	2	2	9
Jacksonville, Fla.	108	69	25	5	4	3
Miami, Fla.	126	64	43	10	1	3
Norfolk, Va.	50	28	13	–	8	3
Richmond, Va.	80	40	24	6	9	2
Savannah, Ga.	51	30	12	6	1	7
St. Petersburg, Fla.	71	56	10	2	2	3
Tampa, Fla.	79	48	18	5	5	6
Washington, D.C.	162	85	50	17	4	5
Wilmington, Del.	46	30	9	3	3	5
E.S. CENTRAL	665	415	137	36	53	23
Birmingham, Ala.	99	61	26	5	4	2
Chattanooga, Tenn.	49	34	13	–	2	4
Knoxville, Tenn.	30	26	3	1	–	–
Louisville, Ky.	113	60	26	13	7	6
Memphis, Tenn.	211	116	45	7	35	4
Mobile, Ala.	53	38	9	2	2	–
Montgomery, Ala.	26	20	2	2	–	1
Nashville, Tenn.	84	60	13	6	3	6
W.S. CENTRAL	1,202	720	276	101	47	31
Austin, Tex.	42	30	4	5	–	2
Baton Rouge, La.	39	25	6	5	–	4
Corpus Christi, Tex.	25	14	5	3	1	–
Dallas, Tex.	188	98	49	20	13	2
El Paso, Tex.	41	27	8	1	3	2
Fort Worth, Tex.	78	50	18	5	4	5
Houston, Tex.	184	91	54	17	11	2
Little Rock, Ark.	56	38	8	7	2	2
New Orleans, La.	243	152	51	20	4	2
San Antonio, Tex.	134	85	36	3	4	5
Shreveport, La.	83	51	19	8	3	1
Tulsa, Okla.	89	59	18	7	2	4
MOUNTAIN	626	388	143	37	25	23
Albuquerque, N.Mex.	78	56	17	1	–	3
Colo. Springs, Colo.	31	21	3	4	–	2
Denver, Colo.	122	79	27	8	5	5
Las Vegas, Nev.	68	30	25	6	1	7
Ogden, Utah	21	11	6	–	3	–
Phoenix, Ariz.	135	86	29	8	3	3
Pueblo, Colo.	23	15	4	1	1	2
Salt Lake City, Utah	72	38	18	5	9	–
Tucson, Ariz.	76	52	14	4	3	1
PACIFIC	1,954	1,262	457	123	52	53
Berkeley, Calif.	16	14	1	–	–	–
Fresno, Calif.	85	52	16	6	6	2
Glendale, Calif.	35	27	7	1	–	1
Honolulu, Hawaii	62	40	15	4	2	2
Long Beach, Calif.	86	56	24	2	2	1
Los Angeles, Calif.	608	405	139	28	15	18
Oakland, Calif.	97	58	21	9	6	6
Pasadena, Calif.	35	25	7	1	1	1
Portland, Oreg.	130	90	29	7	–	2
Sacramento, Calif.	81	55	20	4	–	3
San Diego, Calif.	142	75	39	20	6	–
San Francisco, Calif.	165	106	38	13	3	5
San Jose, Calif.	165	106	40	10	3	3
Seattle, Wash.	147	85	42	10	5	2
Spokane, Wash.	55	35	14	4	1	5
Tacoma, Wash.	45	33	5	4	2	2
TOTAL	11,577	7,236	2,779	726	429	386

*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. Figures are estimates based on average percent of regional totals.

Smallpox Vaccination – Continued

health administrations to ensure that the vaccination certificate requirements of their embassies and consulates abroad reflect the views of the national health administration. Specifically, with respect to smallpox, it is emphasized that no vaccination certificate should be required from any traveler.

TABLE 1. List of the countries or areas requiring smallpox vaccination certificates* from all arrivals as of October 24, 1979

Angola	Ivory Coast
Belize	Lao People's Democratic Republic
Benin, People's Republic of	Lesotho
Bhutan	Libyan Arab Jamahiriya
Bolivia	Madagascar
Botswana	Mali
Brunei	Namibia
Cameroon, United Republic of	Nepal
Chad	Oman
China†	Philippines
Comoros	Sao Tome and Principe
Congo	Seychelles
Democratic Kampuchea	Sierra Leone
Djibouti	Southern Rhodesia
East Timor	Sudan
Equatorial Guinea	Uganda
Guinea	Upper Volta
Iran	Zaire

*It should be noted that, in some instances, there is a need for legislation to change vaccination laws, and this process may cause delays in changing requirements for smallpox certificates. This list of countries will be modified as notifications of change in requirements are received by the World Health Organization.

†The Health Administration has advised that a certificate is no longer necessary from all travelers but maintains the requirement with respect to a large number of countries.

Surveillance Summary

Trichinosis – United States, 1978

In 1978, 91 cases of trichinosis in the United States were reported to CDC. Eighteen states reported at least 1 case; however, 81.3% (74) of the 1978 cases originated in Pennsylvania, Alaska, California, New York, and Connecticut. The incidence of reported cases was 0.4 per 1,000,000 population for the United States. The largest number of cases (25) was reported from Pennsylvania, but the state with the highest annual incidence was Alaska (47.2 cases per 1,000,000 population).

Trichinosis – Continued

The mean incidence of trichinosis for each state for the 5-year period 1974-1978 is shown in Figure 2. The highest rates for these years were observed in Alaska, Iowa, Connecticut, New Jersey, Rhode Island, and Hawaii. Consistently high rates were also seen in Connecticut and New Jersey; in Alaska, Hawaii, and Rhode Island cases occurred sporadically, but the occurrence of common-source outbreaks at least once placed them in the high-incidence category.

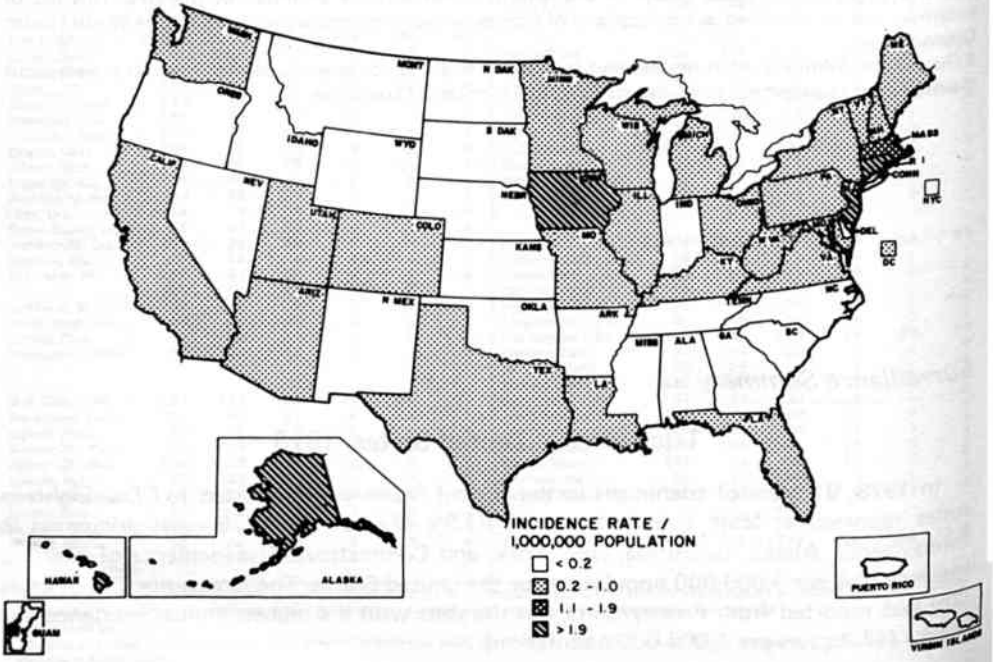
As in previous years, the sex distribution of cases was similar for both sexes: 46 cases in females and 45 cases in males. The ages of patients ranged from 8 to 73 years, with a mean of 36 years.

In 1978 the peak number of cases occurred in December. The only consistent seasonal patterns in the United States have been peaks in December and January, often related to common-source outbreaks associated with homemade pork sausage prepared for the Christmas holidays.

In 76 cases the probable source of infection was identified. Pork products from domestic swine were incriminated in 45 of these (59.2%). Of 41 cases in which the type of domestic pork product was specified, sausage was implicated in 30 (73.2%).

For 79 of the cases the place where the incriminated meat was obtained was reported. The source for 45 cases (57%) was a supermarket, butcher shop, or other commercial outlet. Five (6.3%) patients had eaten the meat at a restaurant or other public eating place. A bear, which accounted for 28 cases, was killed by hunters.

FIGURE 2. Mean annual incidence rates of trichinosis, by state, 1974-1978



Trichinosis – Continued

Diagnosis of cases in 1978 was based on a combination of factors: patient history, symptoms, and signs; clinical pathology; muscle biopsy; and serology.

Although trichinosis is typically described as a febrile disease with gastrointestinal symptoms, periorbital edema, myalgia, petechial hemorrhage, and eosinophilia, the latter 2 manifestations usually suggest trichinosis. Clinical information was reported for 88 cases; eosinophilia was detected in 82 (93.2%). In 32 cases for which reports indicated when the incriminated meat had been ingested, the mean incubation period was 12.9 days (range: 2-25 days).

Of 70 patients for whom serologic test results were reported, 47 were positive for *T. spiralis*. Muscle biopsies were performed on 23 patients, and results were positive in 21 (91.3%). Currently used serologic tests for trichinosis, including the bentonite flocculation, latex agglutination, counterimmunoelectrophoresis, complement fixation, and indirect immunofluorescence tests, vary in sensitivity and generally do not detect antibodies before the third or fourth week after ingestion of the parasite. For this reason, serologic tests performed early in the course of the disease are often negative, but tests may become positive at a later date.

Reported by the Veterinary Public Health Notes, August, 1979, and the Parasitic Diseases Div, Bur of Epidemiology, CDC.

Editorial Note: Although adequate curing of sausage destroys *Trichinella* larvae, making further preparation unnecessary, small processors and householders who prepare their own sausage are not always aware of established standards for the curing and cooking of pork products.

Freezing infected meat is also generally believed to kill *T. spiralis*. According to the U.S. Department of Agriculture's regulations, *T. spiralis* in pork held at 5 F (–15 C) for 20 days is made non-infective. This appears to be generally true for strains of *T. spiralis* recovered from domestic swine. However, there is increasing evidence that *Trichinella* recovered from arctic sylvatic animals is resistant to greater extremes of cold. For example, portions of an Alaskan bear responsible for 28 cases of trichinosis in Alaska and California were held at –15 C for up to 35 days, and the larvae showed no loss of infectivity for laboratory animals compared with larvae in bear meat retained at refrigeration temperatures (10 C) for the same length of time. It is not known whether this apparent cold resistance is due to differences in the characteristics of bear meat and pork or to genetic differences between *Trichinella* species adapted to swine and arctic sylvatic animals. Proponents of the latter theory regard arctic isolates as a distinct species, which has been named *T. nativa* Britov and Boev, 1972.

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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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