

MMWR

MORBIDITY AND MORTALITY WEEKLY REPORT

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Epidemiologic Notes and Reports

Exposure of Patients to Rubella by Medical Personnel — California

A recent rubella outbreak among physicians and nurses at a large Los Angeles hospital has led to a major effort to determine the susceptibility status of 200 pregnant women exposed to the infected staff.

The suspected index patient, an obstetrical resident, had experienced low-grade fever and rash in February 1978, but his symptoms were not recognized until mid-March as being due to rubella. During March, 2 residents and 2 nurses experienced symptoms that, in retrospect, were compatible with rubella. Two of these cases have been serologically confirmed, and test results for the other 3 cases are pending. All of them worked during the time they were possibly infectious.

At greatest risk were the fetuses of rubella-susceptible women who received prenatal care at the hospital and were pregnant less than 16 weeks. About 200 women were possibly exposed in the first 16 weeks of their pregnancy. All are being advised by telephone or return-receipt letters of their potential exposure and are being asked to make an immediate clinic visit for rubella antibody determinations. Each of these women will be evaluated by rubella HI, CF, and IgM antibody tests. Information about any recent illness and prior rubella tests also will be obtained. Second specimens will be drawn and tested 1 month later. If it appears that infection occurred, counseling will be offered.

As a result of this outbreak, the California Department of Health is recommending that health care personnel in the state, both male and female, likely to be in close contact with pregnant patients should be screened for antibodies to rubella. Rubella vaccine should be given to all susceptibles after precautions are taken with females regarding pregnancy. Such a program must be ongoing because of the high turnover among hospital personnel.

Reported by the County of Los Angeles Dept of Health Services, J Chin, MD, State Epidemiologist, and R Murray, MPH, California Dept of Health, in the California Morbidity Weekly Report, No. 13, April 1978.

Editorial Note: Ideally, all women of childbearing age should be tested for immunity to rubella. If found susceptible, they should be offered immunization against rubella, following routine precautions to ensure that they are not pregnant and will not become pregnant for 3 months following immunization (1). This is of even greater importance for female personnel working with infants, children, and young adults in health-care settings because such personnel are at increased risk of exposure to rubella infections (2). In New York state, the screening of female hospital employees is required by state law.

This and similar outbreaks emphasize the potential risk of health-care personnel, whether working on hospital wards or in a clinic or other ambulatory settings, transmitting rubella to susceptible patients (3,4). Therefore, the recommendation of the California Department of Health to test for immunity against rubella in all personnel, both male and female, working with pregnant patients merits careful consideration by all health-care providers. Personnel found susceptible should be vaccinated.

Hospital personnel who develop a febrile illness, particularly with rash, should be evaluated promptly to establish the diagnosis and should not be allowed to return to work until they have been found to pose no threat to patients or other personnel.

Reported by Immunization Div, Bur of State Services, Field Services Div, Hospital Infections Br, Bacterial Diseases Div, Bur of Epidemiology, CDC.

References

1. Public Health Services Advisory Committee on Immunization Practices: Rubella Vaccine. MMWR 26:385, 1977
2. American Academy of Pediatrics: Report of the Committee on Infectious Diseases, 1977. Evanston, Illinois, AAP, 1977
3. Rubella outbreak in a hospital. Colorado Disease Bulletin V (9), March 5, 1977
4. Carne S, Dewhurst CJ, Hurley R: Rubella epidemic in a maternity unit. Br Med J 1:444-446, 1973

Current Trends

Burn Injuries — New York

About 6,000 burn-injury deaths occur in the United States each year. To determine the epidemiologic features of burn injuries, CDC contracted with the Burn Injury Control Program in the New York State Department of Health for a retrospective epidemiologic study of such injuries occurring during 1974 and 1975 in upstate New York (i.e., the entire state excluding New York City).

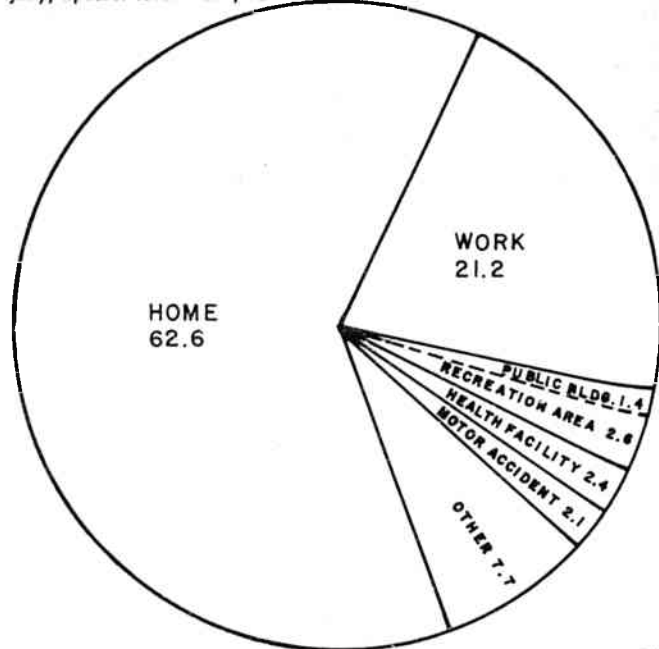
The study found that nearly two-thirds of burn injuries resulting in hospitalization occurred in the home; occupational burn injuries (which are especially amenable to prevention) were second (Figure 1).

For both injuries and deaths, the first decade of life is a period of high risk. Other high-risk periods are the early working years and the years after 50.

Burn injuries severe enough to result in hospitalization occurred at the rate of 27/100,000 population/year in upstate New York. There was a sharp difference between burn rates in rural and urban areas. In New York state the rate in counties outside standard metropolitan statistical areas (SMSAs) was more than 1½ times the rate found in counties within SMSAs.

In terms of years of life lost, burns ranked second in the study only to traffic accidents (37.43 vs 43.43). This reflects the relatively young average age at death for burn victims. (By contrast, the years of life lost by other causes

FIGURE 1. Percentages of hospitalized burn injuries by place of injury, upstate New York, 1974-1975



(Continued on page 129)

Table I. Summary—Cases of Specified Notifiable Diseases: United States

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

DISEASE	14th WEEK ENDING		MEDIAN 1973-1977 ^{††}	CUMULATIVE, FIRST 14 WEEKS			
	April 8, 1978	April 9, 1977 [†]		April 8, 1978	April 9, 1977 [†]	MEDIAN 1973-1977 ^{††}	
Aseptic meningitis	23	31	35	471	498	493	
Brucellosis	1	1	1	33	44	36	
Chickenpox	4,934	6,593	6,394	55,556	86,246	77,334	
Diphtheria	4	3	3	25	23	62	
Encephalitis	Primary	11	18	139	168	214	
	Post-Infectious	4	8	34	35	55	
Hepatitis, Viral	Type B	248	321	3,857	4,248	2,878	
	Type A	535	621	7,255	8,960	9,739	
	Type unspecified	170	197	2,299	2,549		
Malaria	9	11	4	116	93	70	
Measles (rubeola)	848	1,847	1,378	7,697	20,955	10,569	
Meningococcal infections, total		66	31	760	626	477	
	Civilian	66	29	751	622	465	
	Military	-	2	1	9	4	11
Mumps	423	739	1,633	5,660	8,553	21,383	
Pertussis	23	14	-	558	196	-	
Rubella (German measles)	429	925	674	3,642	8,213	4,998	
Tetanus	-	2	-	10	12	14	
Tuberculosis	572	607	676	7,406	7,743	7,928	
Tularemia	1	2	1	17	21	21	
Typhoid fever	11	11	5	113	93	93	
Typhus, tick-borne (Rky. Mt. spotted fever)	2	2	2	13	24	13	
Venereal Diseases:							
Gonorrhea	Civilian	18,998	16,977	18,323	244,543	248,243	248,704
	Military	733	448	480	6,358	7,393	7,829
Syphilis, primary and secondary	Civilian	388	339	429	5,399	5,788	6,998
	Military	3	10	9	81	82	88
Rabies in animals	77	64	66	673	668	668	

Table II. Notifiable Diseases of Low Frequency: United States

	CUM.		CUM.
Anthrax:	-	Poliomyelitis, total:	-
Botulism:	4	Paralytic:	-
Congenital rubella syndrome: Va. 1, Tex. 1	9	Psittacosis: Calif. 1	29
Leprosy: Utah 1, Calif. 1	25	Rabies in man:	-
Leptospirosis: Va. 1, La. 1, Tex. 1, Hawaii 1	11	Trichinosis:	11
Plague:	-	Typhus, murine:	8

[†]Delayed reports received for calendar year 1977 are used to update last year's weekly and cumulative totals. *Delayed reports: Polio, para.: Tex. -1, (1977)

^{††}Medians for Gonorrhea and Syphilis are based on data for 1975-1977

Table III
Cases of Specified Notifiable Diseases: United States
Weeks Ending April 8, 1978 and April 9, 1977 - 14th Week

AREA REPORTING	ASEPTIC MENIN- GITIS	BRUCEL- LOSIS	CHICKEN- POX	DIPHTHERIA		ENCEPHALITIS			HEPATITIS, VIRAL			MALARIA	
						Primary: Arthropod- borne and Unspecified		Post In- fectious	Type B	Type A	Type Unspecified		
						1978	1977†	1978	1978	1978	1978		
UNITED STATES	23	1	4,934	4	25	11	11	4	248	535	170	9	116
NEW ENGLAND	4	-	514	-	-	1	1	-	1	7	18	-	6
Maine	-	-	216	-	-	-	-	-	-	1	-	-	1
New Hampshire	1	-	14	-	-	-	-	-	-	-	-	-	1
Vermont	-	-	2	-	-	-	-	-	-	1	1	-	-
Massachusetts	-	-	136	-	-	1	-	-	-	4	17	-	1
Rhode Island	3	-	88	-	-	-	-	-	-	-	-	-	-
Connecticut	-	-	58	-	-	-	1	-	1	1	-	-	3
MIDDLE ATLANTIC	-	-	262	-	-	3	-	-	40	52	17	-	29
Upstate New York	-	-	199	-	-	-	-	-	6	8	1	-	4
New York City	-	-	63	-	-	3	-	-	10	13	9	-	14
New Jersey*	-	-	NN	-	-	-	-	-	24	31	7	-	4
Pennsylvania	NA	NA	NA	NA	-	NA	-	-	NA	NA	NA	NA	7
EAST NORTH CENTRAL	2	-	1,932	-	-	1	2	1	49	68	24	-	3
Ohio	1	-	59	-	-	-	2	-	3	16	-	-	-
Indiana	-	-	238	-	-	1	-	1	1	1	10	-	-
Illinois	-	-	569	-	-	-	-	-	18	24	4	-	2
Michigan	-	-	591	-	-	-	-	-	22	23	10	-	1
Wisconsin*	1	-	375	-	-	-	-	-	5	4	-	-	-
WEST NORTH CENTRAL	1	-	870	-	-	-	-	1	11	51	6	2	10
Minnesota	-	-	-	-	-	-	-	-	5	18	-	-	2
Iowa	-	-	318	-	-	-	-	-	-	4	2	-	-
Missouri*	-	-	1	-	-	-	-	-	2	19	4	-	4
North Dakota	-	-	4	-	-	-	-	-	-	1	-	-	-
South Dakota	-	-	39	-	-	-	-	-	-	-	-	-	-
Nebraska	-	-	77	-	-	-	-	-	2	-	-	2	3
Kansas	1	-	431	-	-	-	-	1	2	9	-	-	1
SOUTH ATLANTIC	4	-	575	-	-	1	2	1	48	60	21	1	20
Delaware	-	-	14	-	-	-	-	-	4	4	-	-	1
Maryland	-	-	73	-	-	-	-	-	14	8	4	-	6
District of Columbia	-	-	2	-	-	-	-	-	4	1	-	-	-
Virginia	-	-	23	-	-	1	1	-	5	6	2	1	4
West Virginia*	-	-	188	-	-	-	-	-	1	3	-	-	1
North Carolina	1	-	NN	-	-	-	1	-	4	6	5	-	-
South Carolina	-	-	13	-	-	-	-	-	1	1	2	-	1
Georgia	-	-	1	-	-	-	-	-	6	15	-	-	1
Florida*	3	-	261	-	-	-	-	1	9	16	8	-	6
EAST SOUTH CENTRAL	2	-	113	-	-	-	1	1	6	8	1	1	2
Kentucky	-	-	74	-	-	-	1	-	-	-	-	1	1
Tennessee	1	-	NN	-	-	-	-	1	4	3	-	-	1
Alabama	1	-	19	-	-	-	-	-	2	2	1	-	-
Mississippi	-	-	20	-	-	-	-	-	-	3	-	-	-
WEST SOUTH CENTRAL	2	1	340	-	1	1	3	-	15	68	25	-	7
Arkansas	1	1	8	-	1	-	1	-	2	4	3	-	-
Louisiana	-	-	NN	-	-	-	-	-	1	2	1	-	3
Oklahoma	1	-	-	-	-	-	-	-	2	1	2	-	-
Texas*	-	-	332	-	-	1	2	-	10	61	19	-	4
MOUNTAIN	-	-	233	-	1	-	-	-	14	64	16	1	3
Montane	-	-	12	-	-	-	-	-	1	4	-	-	-
Idaho	-	-	17	-	-	-	-	-	-	3	-	-	-
Wyoming	-	-	-	-	-	-	-	-	-	-	-	-	-
Colorado	-	-	196	-	-	-	-	-	5	9	3	-	1
New Mexico	-	-	-	-	-	-	-	-	2	8	1	-	-
Arizona*	-	-	NN	-	-	-	-	-	4	29	8	-	1
Utah	-	-	7	-	-	-	-	-	2	11	4	-	-
Nevada	-	-	1	-	1	-	-	-	-	-	-	1	1
PACIFIC	8	-	195	4	23	4	2	-	64	157	42	4	36
Washington*	-	-	151	4	23	-	-	-	1	13	2	-	1
Oregon	1	-	2	-	-	-	-	-	4	22	7	-	2
California*	6	-	-	-	-	4	2	-	56	119	31	4	31
Alaska	-	-	7	-	-	-	-	-	1	2	1	-	-
Hawaii	1	-	35	-	-	-	-	-	2	1	1	-	2
Guam*	NA	NA	NA	NA	-	NA	-	-	NA	NA	NA	NA	-
Puerto Rico	2	-	16	-	-	-	-	-	3	5	7	-	2
Virgin Islands	-	-	-	-	-	-	-	-	-	-	-	-	-

NN: Not notifiable
 NA: Not available
 †Delayed reports received for 1977 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. mening.: N.J. +4, Fla. -1, Wash. -1; Chickenpox: Mo. +191, W. Va. +6, Calif. +15, Guam +11; Enceph.: Wash. +1; Hep. B: Wis. -1, Mo. -1, Fla. -2, Tex. -1; Hep. A: Fla. -5, Tex. +1, Guam +2; Hep. unsp.: Mo. -6, Ariz. -1; Malaria: N.J. -1.

Table III-Continued
 Cases of Specified Notifiable Diseases: United States
 Weeks Ending April 8, 1978 and April 9, 1977 - 14th Week

REPORTING AREA	MEASLES (Rubella)			MENINGOCOCCAL INFECTIONS TOTAL			MUMPS		PERTUSSIS	RUBELLA		TETANUS
	1978	CUMULATIVE		1978	CUMULATIVE		1978	CUM. 1978	1978	1978	CUM. 1978	CUM. 1978
		1978	1977 †		1978	1977 †						
UNITED STATES	848	7,697	20,955	66	760	626	423	5,660	23	429	3,642	10
NEW ENGLAND	131	701	998	3	41	32	66	368	-	48	204	-
Maine	118	446	3	-	4	2	53	266	-	22	93	-
New Hampshire	-	10	297	-	6	3	-	5	-	10	42	-
Vermont	-	5	221	-	1	3	-	3	-	-	-	-
Massachusetts*	12	97	217	3	10	8	2	36	-	4	44	-
Rhode Island	-	4	6	-	9	-	1	10	-	-	1	-
Connecticut	1	139	254	-	11	16	3	48	-	12	24	-
MIDDLE ATLANTIC	40	570	2,596	8	103	83	6	242	2	78	657	-
Upstate New York	37	408	749	3	38	22	3	79	1	6	72	-
New York City	2	85	109	3	28	16	-	69	1	-	20	-
New Jersey	1	8	72	2	20	23	3	52	-	72	458	-
Pennsylvania	NA	69	1,666	-	17	22	NA	42	NA	NA	107	-
EAST NORTH CENTRAL	270	2,822	4,920	5	67	62	180	2,047	6	129	1,267	1
Ohio	29	178	278	-	15	25	5	218	6	1	66	-
Indiana	5	51	2,386	-	12	3	7	108	-	10	72	1
Illinois	19	329	486	-	4	14	71	665	-	11	91	-
Michigan	172	1,816	539	3	30	14	60	664	-	61	714	-
Wisconsin*	45	448	1,231	2	6	6	37	392	-	46	324	-
WEST NORTH CENTRAL	9	76	3,911	2	27	37	60	1,135	-	13	115	1
Minnesota	-	12	577	-	4	15	-	11	-	-	8	-
Iowa	-	10	2,178	-	1	4	12	78	-	-	14	-
Missouri*	2	4	446	2	15	13	6	641	-	3	28	-
North Dakota	4	20	5	-	-	1	-	4	-	-	2	-
South Dakota	-	-	10	-	2	4	-	4	-	-	16	-
Nebraska*	-	1	85	-	-	-	3	9	-	-	-	-
Kansas	3	29	610	-	5	-	39	388	-	10	47	1
SOUTH ATLANTIC	263	2,004	1,194	12	213	129	28	309	5	74	406	2
Delaware	-	4	18	3	3	1	2	21	-	-	2	-
Maryland	-	1	122	-	8	9	2	40	-	1	2	1
District of Columbia	-	-	2	-	1	-	-	-	-	-	1	-
Virginia	172	1,387	680	2	30	7	3	52	1	17	138	-
West Virginia	79	347	49	-	5	9	17	68	-	7	126	-
North Carolina	-	40	18	2	45	35	2	33	-	16	78	-
South Carolina	-	126	92	-	15	10	-	10	-	-	5	-
Georgia	-	5	204	-	27	23	1	9	4	-	1	-
Florida*	12	94	9	5	79	36	1	76	-	33	53	1
EAST SOUTH CENTRAL	71	595	437	6	64	63	21	449	1	4	111	1
Kentucky	4	56	111	-	11	17	-	78	1	2	35	1
Tennessee	60	444	275	1	20	16	1	220	-	2	57	-
Alabama	-	1	40	2	17	21	19	135	-	-	4	-
Mississippi	7	94	11	3	16	9	1	16	-	-	15	-
WEST SOUTH CENTRAL	29	526	1,145	12	106	135	34	649	1	28	335	5
Arkansas	-	1	19	-	10	8	2	106	1	-	4	1
Louisiana	10	259	55	7	34	61	6	36	-	20	195	1
Oklahoma	-	8	41	1	9	3	-	4	-	1	4	-
Texas*	19	258	1,030	4	53	63	26	503	-	7	132	3
MOUNTAIN	9	86	1,447	2	13	12	6	100	-	8	64	-
Montana	7	62	696	-	1	2	-	7	-	1	8	-
Idaho	-	1	28	-	1	1	-	16	-	-	3	-
Wyoming	-	-	1	-	-	-	-	-	-	-	-	-
Colorado	-	11	318	-	2	1	2	30	-	2	12	-
New Mexico*	-	-	196	-	2	2	-	7	-	-	2	-
Arizona	1	6	160	-	3	5	1	3	-	4	23	-
Utah	-	1	5	2	3	-	3	35	-	1	15	-
Nevada	1	5	43	-	1	1	-	2	-	-	1	-
PACIFIC	26	317	4,307	16	126	73	22	361	8	47	483	-
Washington*	-	32	245	2	19	11	3	105	-	-	56	-
Oregon	5	82	88	-	4	7	-	35	3	2	37	-
California	21	197	3,913	13	98	41	13	204	5	45	388	-
Alaska*	-	1	55	1	4	13	-	4	-	-	1	-
Hawaii	-	5	6	-	1	1	6	13	-	-	1	-
Guam	NA	1	3	-	-	-	NA	1	NA	NA	-	-
Puerto Rico	4	67	270	-	-	-	19	366	1	2	6	1
Virgin Islands	-	6	6	-	-	-	-	1	-	-	1	-

NA: Not available

†Delayed reports received for 1977 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: Mass. -4, Fla. -2, Tex. -1; Men. inf.: Fla. -1, Wash. +1; Mumps: Wis. +2, Mo. +41, Fla. +1; Pertussis: Mo. +1, N. Mex. -1, Alaska -1; Rubella: Mo. +4, Nebr. +4, Fla. -2.

Burn Injuries — continued

of death were: multiple sclerosis [25.46], cancer [16.60], diabetes [13.52], and heart disease [12.14].) In New York, over 10,000 years of life were found to be lost annually due to burn injuries.

Burn injuries occurred twice as frequently in males as in females. The rate of occurrence in the black population was almost 3 times that of whites.

In comparison to other trauma or disease, burn injuries have a disproportionately greater impact on the medical care system. The study showed the average hospital stay of all burn patients was 16 days. The average stay in specialized burn units was 22 days; average stays for other trauma patients was 8 days.

The study found that about 15% of all burn patients hospitalized annually are likely candidates for intensive burn care. Costs of specialized burn care are high. The annual cost of providing intensive burn care in New York was estimated at \$8,500,000. This is \$140,000 per year per bed, or \$11,260 per patient. Projecting on a population basis to the entire United States, total costs would be nearly \$100 million.

Whereas hot liquids are the most common hazard associated with burn hospitalization, this hazard is rarely the cause of death. Conversely, conflagrations are the leading cause of burn death but cause a relatively small number of hospitalized injuries. Clothing catching on fire is an important source of both morbidity and mortality (Tables 1 and 2).

Reported by MS Baptiste, MS, G Feck, MPA, Burn Injury Control Program, New York State Dept of Health; and Environmental Health Services Div, Bur of State Services, CDC.

Editorial Note: This study showed that severe burn injuries occur with relative infrequency, although the impact of those burns is so substantial that their importance is greater than would be suggested by frequency alone. Although appearance of burn patients is often altered, psychological damage is especially frequent.

Epidemiologic Notes and Reports**Childhood Leukemia — Rutherford, New Jersey**

A cluster of childhood leukemia cases has been reported in an elementary school in Rutherford, New Jersey. State and local health officials have reported that of the 7 childhood leukemia cases known to have had their onset between January 1974 and March 1978 in Rutherford, 5 are current or former students at the elementary school, 1 is a preschooler in that particular school district, and 1 has no known connection with the school.

The 7 children range in age from 3 to 17 years; 3 are males, and 4 are females. The cell types reported are: acute myelocytic leukemia (3), lymphocytic leukemia (2), myelocytic leukemia (1), and leukemia not otherwise specified (1). During the 5 school years, 1973-1977, 0.5 newly diagnosed cases of childhood leukemia would be expected among all Rutherford school children, grades K-12 (average yearly student population: 3,328). Consequently, the distribution of 5 cases in 1 elementary school is unusual.

State and local health departments are investigating to determine what genetic and/or environmental risk factors may be involved.

In addition to these aspects, burn injury presents one of the most difficult problems of treatment in medicine. This has resulted in the development of specialized burn-treatment facilities. Capital and operating costs of these are even higher than for other specialty treatment facilities, however, because of the long hospital stays and high staff-to-patient ratios required for burn patients.

TABLE 1. Ten most frequently occurring primary environmental hazards of hospitalized burn injuries, upstate New York 1974-1975

Hazards	Number	Percent
1. Hot liquid, vapor, or steam	1,654	28.6
2. Clothing	583	10.1
3. Gasoline	367	6.3
4. Automobiles	354	6.1
5. Chemicals	342	5.9
6. Grease, cooking oil	305	5.3
7. Conflagrations	213	3.7
8. Stoves and ovens	192	3.3
9. Natural or liquid propane gas	78	1.3
10. Furnaces	68	1.2
Other	1,376	23.8
Not stated	259	4.5
Total	5,791	100.1

TABLE 2. Causes of burn mortality,* upstate New York, 1974-1976

Cause	Number	Percent
Fire — private dwelling	594	71.0
Ignition of clothing	49	5.9
Fire — other building or structure, not private dwelling	25	3.0
Ignition of flammable material — not clothing	13	1.6
Hot substance, corrosive liquid, steam	10	1.2
Controlled fire — private dwelling	9	1.1
Fire — not in building or structure	8	1.0
Other — not fire or flame	15	1.8
Other fire or flame	114	13.6
Total	837	100.2

*determined from death certificates

Reported by HG McCafferty, BS, S Papenberg, BA, Borough of Rutherford; T Abe, MSW, R Altman, MD, State Epidemiologist, J Bill, RN, J Clark, BS, J Mulholland, BS, A Stenhagen, MPH, New Jersey State Dept of Health; Field Services Div and Cancer Br, Chronic Diseases Div, CDC.

Editorial Note: Time-space clusters of cancer cases occur periodically; childhood leukemia cases have received particular attention. There is only faint evidence, however, that such clustering may occur more frequently than chance would predict (1). Observed clusters are difficult to associate with potential carcinogenic events because of the usually long and variable latent periods (2-20 years) associated with cancer. Despite these difficulties, selected case clusters deserve intensive investigation in an effort to develop clues about the causes of human cancer (2).

References

1. Caldwell GG, Heath CW Jr: Case clustering in cancer. *South Med J* 69:1598-1602, 1976
2. *MMWR* 25:77-78, 1976

International Notes

Quarantine Measures

The following changes should be made in the "Supplement-Health Information for International Travel," MMWR Vol. 26, August 1977:

ROMANIA

Smallpox — Americas: Delete USA, Canada, Insert: All countries.

POLAND

Smallpox — Delete note. Insert: A Certificate is required ALSO from travelers who within the preceding 14 days have been in: Africa: Ethiopia, Kenya, Somalia, Sudan. A Certificate is required ALSO from travelers who within the preceding 14 days have been in a country any part of which is infected.

Current Trends

Primary and Secondary Syphilis — United States, February 1978

Reported cases of primary and secondary syphilis numbered 1,701 in February 1978, a decrease of 7.7% over the 1,842 cases reported in February 1977 (provisional data — Table 3). Eighteen areas reported more cases in February 1978 than in February 1977, while 7 areas reported the same number of cases, and 34 areas reported fewer cases. The 3,243 cases of primary and secondary syphilis reported in the first 2 months (January–February) of 1978 repre-

sent a 10.1% decline from the number reported in the same period of 1977. Reported early latent (less than 1 year's duration) syphilis cases numbered 2,563 in January–February 1978, representing a decline in reported cases of 11.5% from the number reported during the same time period of 1977.

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

TABLE 3. Summary of reported primary and secondary syphilis cases by reporting area, February 1978 and February 1977 — Provisional Data

Reporting Area by HEW Regions	February		Calendar Year Cumulative January–February		Reporting Area by HEW Regions	February		Calendar Year Cumulative January–February		Reporting Area by HEW Regions	February		Calendar Year Cumulative January–February	
	1978	1977	1978	1977		1978	1977	1978	1977		1978	1977	1978	1977
Connecticut	12	17	25	32	Illinois (Excl. Chicago)	14	17	24	38	Arizona	7	10	20	21
Maine	1	4	1	6	Chicago	100	64	214	156	California (Excl. LA & SF)	188	144	332	305
Massachusetts	29	42	54	84	Indiana (Excl. Indianapolis)	1	10	2	11	Los Angeles*	115	121	273	225
New Hampshire	1	0	1	0	Indianapolis*	4	4	8	8	San Francisco*	62	85	107	168
Rhode Island	1	2	2	3	Michigan	13	23	34	45	Hawaii	2	3	7	6
Vermont	0	1	0	3	Minnesota	13	13	23	25	Nevada	4	1	7	2
REGION I TOTAL	44	66	83	128	Ohio	38	54	54	112	REGION IX TOTAL	378	364	746	727
New Jersey	23	24	50	63	Wisconsin	5	7	11	16	Alaska	3	3	4	4
New York (Excl. NYC)	16	21	36	45	REGION V TOTAL	188	192	370	411	Idaho	0	0	0	2
New York City	163	187	283	334	Arkansas	14	8	24	11	Oregon	12	13	16	29
REGION II TOTAL	202	232	369	442	Louisiana	51	49	104	103	Washington	15	11	26	21
Delaware	0	4	3	9	New Mexico	7	6	17	14	REGION X TOTAL	30	27	46	56
District of Columbia	37	51	75	112	Oklahoma	12	3	22	12	UNITED STATES TOTAL	1,701	1,842	3,243	3,609
Maryland (Excl. Baltimore)	11	15	32	31	Texas	209	230	341	349	Puerto Rico	58	52	93	106
Baltimore	18	20	40	43	REGION VI TOTAL	293	296	508	489	Virgin Islands	2	3	4	4
Pennsylvania (Excl. Phila.)	7	14	21	27	Iowa	4	4	6	8	United States, including Outlying Areas	1,761	1,897	3,340	3,719
Philadelphia	13	27	24	51	Kansas	6	8	16	14					
Virginia	43	49	83	91	Missouri	10	9	19	22					
West Virginia	1	1	1	1	Nebraska	0	11	1	12					
REGION III TOTAL	130	181	279	365	REGION VII TOTAL	20	32	42	56					
Alabama	7	9	18	19	Colorado	12	9	22	24					
Florida	153	187	308	377	Montana	6	0	6	0					
Georgia (Excl. Atlanta)	56	61	114	120	North Dakota	0	1	0	1					
Atlanta*	46	37	91	72	South Dakota	0	1	1	1					
Kentucky	11	7	14	13	Utah	1	0	2	2					
Kentucky	11	7	14	13	Wyoming	0	0	3	2					
Mississippi	33	31	55	48	REGION VIII TOTAL	19	11	34	30					
North Carolina	39	81	80	177										
South Carolina	24	14	41	43										
Tennessee	28	14	45	36										
REGION IV TOTAL	397	441	766	905										

*County Data

Note: Cumulative totals include revised and delayed reports through previous months.
Source: CDC # 98, HEW-CDC-BSS-VD Control Division, Atlanta, Georgia

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