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MORBIDITY AND MORTALITY WEEKLY REPORT

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Surveillance Summary

Abortion Surveillance — United States, 1976

In 1976, the 50 states and the District of Columbia reported 988,267 legal abortions to CDC, a 16% increase over 1975. The nationwide abortion ratio increased by 15%, from 272 per 1,000 live births in 1975 to 312 per 1,000 live births in 1976. The redistribution of legal abortions into states which had restrictive laws before 1973 continued, accompanied by a narrowing in the range of abortion ratios reported by the states. A higher percentage (90%) of women obtained abortions in their home states than ever before (Table 1).

As in previous years, women obtaining legal abortions in 1976 were most often young, white, unmarried, and of low parity. Sixty-five percent were under 25; 67% of the women were white, while 33% were of black-and-other races. Seventy-five percent of the women were unmarried at the time of the procedure. Forty-eight percent of the women had no living children. Suction curettage remained the most widely used procedure for legal abortions, accounting for 83% of abortions performed in 1976. Women continued to seek abortions at earlier gestational ages than in previous years; nearly half of all abortions were performed at ≤ 8 menstrual weeks of pregnancy, and 89% of abortions were induced within the first 12 weeks. Compared to 1975, the percentage of dilatation and evacuation procedures increased after 12 weeks' gestation, while instillation procedures decreased in the same gestational age interval.

The trend in declining abortion deaths continued into 1976. Twenty-five women died from abortions (including spontaneous abortions) in 1976, compared with 45 in 1975, 52 in 1974, 56 in 1973, and 89 in 1972. For the first year since 1972, there was a decline in the annual number of legal abortion deaths; 10 women died after legally-induced abortions in 1976, compared with 29 in 1975, 27 in 1974, 26 in 1973, and 24 in 1972. There were 3 deaths after illegally-induced abortions and 11 deaths after spontaneous abortions. For 1 death, the category could not be determined. The death-to-case rate for legal abortions fell from 3.4 deaths per 100,000 abortions in 1975 to 1.0 in 1976.

Analysis of the 54,155 suction-curettage abortions performed at ≤ 12 menstrual weeks' gestation reported through the Joint Program for the Study of Abortion/CDC (JPSA/CDC) determined that the overall safety of abortions per-

formed with either local anesthesia or general anesthesia

TABLE 1. Characteristics of women receiving abortions, United States, 1972-1976

Characteristics	Percent Distribution*				
	1972	1973	1974	1975	1976
Residence					
Abortion in-state	56.2	74.8	86.6	89.2	90.0
Abortion out-of-state	43.8	25.2	13.4	10.8	10.0
Age					
≤ 19	32.6	32.7	32.7	33.1	32.1
20-24	32.5	32.0	31.8	31.9	33.3
≥ 25	34.9	35.3	35.6	35.0	34.6
Race					
White	77.0	72.5	69.7	67.8	66.6
Black and others	23.0	27.5	30.3	32.2	33.4
Marital status					
Married	29.7	27.4	27.4	26.1	24.6
Unmarried	70.3	72.6	72.6	73.9	75.4
Number of living children					
0	49.4	48.6	47.8	47.1	47.7
1	18.2	18.8	19.6	20.2	20.7
2	13.3	14.2	14.8	15.5	15.4
3	8.7	8.7	8.7	8.7	8.3
4	5.0	4.8	4.5	4.4	4.1
≥ 5	5.4	4.9	4.5	4.2	3.8
Type of procedure					
Curettage	88.6	88.4	89.7	90.9	92.8
Suction	65.2	74.9	77.5	82.6	82.6
Sharp	23.4	13.5	12.3	8.4	10.2
Intrauterine instillation	10.4	10.4	7.8	6.2	6.0
Hysterotomy/hysterectomy	0.6	0.7	0.6	0.4	0.2
Other	0.5	0.6	1.9	2.4	0.9
Weeks of gestation					
≤ 8	34.0	36.1	42.6	44.6	47.0
9-10	30.7	29.4	28.7	28.4	28.0
11-12	17.5	17.9	15.4	14.9	14.4
13-15	8.4	6.9	5.5	5.0	4.5
16-20	8.2	8.0	6.5	6.1	5.1
≥ 21	1.3	1.7	1.2	1.0	0.9

* Excludes abortions which were reported but for which no information is known

Abortion Surveillance — Continued

appears similar. The rate of major complications* was 3 per 1,000 procedures for local anesthesia and 3.5/1,000 for general anesthesia. Although the aggregated rates for major complications associated with the 2 anesthetic methods were not significantly different, there were significant differences between local and general anesthesia for specific complications and treatments. Local anesthesia was as-

*Fourteen complications were considered major: cardiac arrest; convulsion; endotoxic shock; fever for 3 or more days; hemorrhage necessitating blood transfusion; hypernatremia; injury to bladder, ureter, or intestines; pelvic infection with 2 or more days of fever and a peak of at least 40 C (104 F) or with hospitalization for 11 or more days; pneumonia; psychiatric hospitalization for 11 or more days; pulmonary embolism or infarction; thrombophlebitis; unintended major surgery; and wound disruption after hysterotomy or hysterectomy.

Current Trends**International Symposium on Legionnaires' Disease Planned — Georgia**

An International Symposium on Legionnaires' disease, co-sponsored by CDC, the National Institute of Allergy and Infectious Diseases, and the World Health Organization, is being planned for November 13-15, 1978, at CDC. The Symposium is intended to provide an opportunity for documenting and updating existing knowledge and for presenting new information on various aspects of Legionnaires' disease and its etiologic agent, such as: clinical, pathologic,

sociated with higher rates of febrile ($p < .001$) and convulsive ($p < 0.05$) morbidity; however, general anesthesia was associated with higher rates of hemorrhage ($p < .001$), cervical injury ($p < .001$), and uterine perforation ($p < .05$). Both anesthetic techniques have similar degrees of overall safety, though each is associated with a different spectrum of complications.

Reported by the Abortion Surveillance Br and the Statistical Services Br, Family Planning Evaluation Div, Bur of Epidemiology, CDC.

▲ A copy of the report from which these data were derived is available on request from CDC, Attn: Chief, Abortion Surveillance Br, Family Planning Evaluation Div, Bur of Epidemiology, Atlanta, Georgia 30333.

and therapeutic findings; diagnosis; pathogenesis; epidemiology; and the organism's nutritional, biochemical, taxonomic, physical, and immunologic characteristics. A published proceedings is planned. Maximum attendance will be 350.

This notice is for physicians, microbiologists, and the various public health specialists who are interested in the symposium and wish to present a report (maximum of 10

(Continued on page 181)

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

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

DISEASE	20th WEEK ENDING		MEDIAN 1973-1977††	CUMULATIVE, FIRST 20 WEEKS			
	May 20, 1978	May 21, 1977†		May 20, 1978	May 21, 1977†	MEDIAN 1973-1977††	
Aseptic meningitis	73	44	44	759	747	708	
Brucellosis	4	8	5	49	72	67	
Chickenpox	5,927	6,807	5,196	87,837	126,373	115,089	
Diphtheria	—	3	3	30	39	100	
Encephalitis	Primary	14	12	212	236	295	
	Post-infectious	6	7	64	69	98	
Hepatitis, Viral	Type B	263	290	5,703	6,272	4,221	
	Type A	541	544	10,851	12,458	13,898	
	Type unspecified	202	166	615	3,395	—	
Malaria	18	9	6	178	149	96	
Measles (rubeola)	1,263	3,542	1,126	14,320	37,253	17,738	
Meningococcal infections, total	Civilian	68	25	29	1,111	879	694
	Military	68	25	28	1,098	875	677
	Military	—	—	—	13	4	17
Mumps	455	526	1,719	8,823	11,781	32,916	
Pertussis	21	33	—	714	312	—	
Rubella (German measles)	799	1,141	748	8,867	13,856	10,808	
Tetanus	—	1	1	21	18	21	
Tuberculosis	586	737	707	11,119	11,523	12,134	
Tularemia	4	3	2	30	40	34	
Typhoid fever	8	2	7	164	132	123	
Typhus, tick-borne (Rky. Mt. spotted fever)	41	33	18	110	147	75	
Venereal Diseases:							
Gonorrhea	Civilian	19,261	19,248	19,248	355,249	358,135	358,135
	Military	601	458	470	9,235	10,294	11,185
Syphilis, primary and secondary	Civilian	416	356	480	7,976	8,014	9,768
	Military	3	5	5	115	117	136
Rabies in animals	80	71	59	1,115	1,103	1,103	

Table II. Notifiable Diseases of Low Frequency: United States

	CUM.		CUM.
Anthrax	3	Poliomyelitis, total:	—
Botulism: Utah 3	49	Paralytic:	—
Congenital rubella syndrome:	11	Psittacosis:	43
Leprosy: Texas 1	39	Rabies in man:	—
Leptospirosis:	15	Trichinosis: Pa. 8	17
Plague:	1	Typhus, murine: Texas 1	14

† Delayed reports received for calendar year 1977 are used to update last year's weekly and cumulative totals.

†† Medians for Gonorrhea and Syphilis are based on data for 1975-1977.

Table III
Cases of Specified Notifiable Diseases: United States
Weeks Ending May 20, 1978 and May 21, 1977 - 20th 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	73	4	5,927	-	30	14	12	6	263	541	202	18	178
NEW ENGLAND	4	-	660	-	-	1	-	-	10	17	9	-	7
Maine	2	-	240	-	-	1	-	-	-	1	-	-	1
New Hampshire *	-	-	5	-	-	-	-	-	-	1	-	-	1
Vermont *	-	-	-	-	-	-	-	-	-	3	-	-	-
Massachusetts	1	-	215	-	-	-	-	-	-	4	9	-	1
Rhode Island	1	-	83	-	-	-	-	-	2	4	-	-	-
Connecticut	-	-	117	-	-	-	-	-	8	4	-	-	4
MIDDLE ATLANTIC	6	2	1,049	-	1	1	-	-	40	52	30	3	39
Upstate New York	-	2	824	-	-	1	-	-	6	11	7	1	5
New York City	-	-	127	-	1	-	-	-	11	9	8	-	17
New Jersey *	6	-	NN	-	-	-	-	-	11	16	12	1	6
Pennsylvania *	-	-	98	-	-	-	-	-	12	16	3	1	11
EAST NORTH CENTRAL	6	-	2,029	-	-	1	2	1	37	69	12	-	9
Ohio	-	-	112	-	-	-	1	-	7	11	-	-	-
Indiana *	2	-	451	-	-	-	-	-	2	5	9	-	3
Illinois	-	-	228	-	-	-	-	-	2	9	-	-	2
Michigan	3	-	699	-	-	1	1	1	19	39	3	-	3
Wisconsin *	1	-	539	-	-	-	-	-	7	5	-	-	1
WEST NORTH CENTRAL	2	-	708	-	-	1	1	-	22	37	19	2	12
Minnesota	-	-	2	-	-	-	-	-	7	12	-	1	3
Iowa	-	-	344	-	-	-	-	-	1	2	7	-	-
Missouri *	-	-	65	-	-	1	-	-	6	14	2	1	5
North Dakota	-	-	16	-	-	-	-	-	-	1	-	-	-
South Dakota	-	-	4	-	-	-	-	-	-	-	-	-	-
Nebraska	1	-	2	-	-	-	1	-	1	2	1	-	3
Kansas	1	-	275	-	-	-	-	-	7	6	9	-	1
SOUTH ATLANTIC	21	-	584	-	-	3	1	3	41	81	17	4	36
Delaware	1	-	11	-	-	-	-	-	1	-	-	-	1
Maryland	-	-	90	-	-	-	1	-	-	10	1	-	9
District of Columbia	-	-	-	-	-	-	-	-	-	-	-	-	-
Virginia	2	-	59	-	-	1	-	-	7	4	3	2	8
West Virginia	-	-	214	-	-	-	-	-	1	3	-	-	1
North Carolina	9	-	NN	-	-	1	-	1	5	15	4	-	1
South Carolina	-	-	12	-	-	1	-	-	2	2	2	-	2
Georgia	-	-	25	-	-	-	-	-	2	9	-	2	3
Florida	9	-	173	-	-	-	-	2	23	38	7	-	11
EAST SOUTH CENTRAL	4	-	82	-	-	-	1	2	11	32	3	-	3
Kentucky	-	-	36	-	-	-	1	1	5	5	1	-	1
Tennessee	-	-	NN	-	-	-	-	-	5	13	2	-	1
Alabama	4	-	15	-	-	-	-	-	1	1	-	-	1
Mississippi	-	-	31	-	-	-	1	1	-	13	-	-	-
WEST SOUTH CENTRAL	13	1	169	-	1	4	1	-	13	66	34	1	9
Arkansas	1	-	7	-	1	-	-	-	1	2	2	-	-
Louisiana	6	-	NN	-	-	1	-	-	-	1	-	-	3
Oklahoma	1	-	-	-	-	1	-	-	2	2	4	-	-
Texas	5	1	162	-	-	2	1	-	10	61	28	1	6
MOUNTAIN	5	1	174	-	3	-	-	-	16	39	25	-	3
Montana	-	-	2	-	-	-	-	-	-	2	-	-	-
Idaho	1	-	16	-	-	-	-	-	-	4	1	-	-
Wyoming	-	-	-	-	-	-	-	-	-	-	-	-	-
Colorado	3	-	120	-	2	-	-	-	6	7	4	-	1
New Mexico	-	-	19	-	-	-	-	-	5	15	5	-	-
Arizona	-	1	NN	-	-	-	-	-	2	8	12	-	1
Utah	-	-	16	-	-	-	-	-	1	3	1	-	-
Nevada	1	-	1	-	1	-	-	-	2	-	2	-	1
PACIFIC	12	-	472	-	25	3	6	-	73	148	53	8	60
Washington	-	-	418	-	25	-	1	-	9	22	6	1	3
Oregon	2	-	2	-	-	1	-	-	13	21	10	-	3
California *	8	-	-	-	-	2	4	-	50	101	34	1	44
Alaska	-	-	7	-	-	-	1	-	-	2	2	-	1
Hawaii	2	-	45	-	-	-	-	-	1	2	1	6	9
Guam *	NA	NA	NA	NA	-	NA	-	-	NA	NA	NA	NA	-
Puerto Rico *	-	-	33	-	-	-	-	-	-	11	3	-	3
Virgin Islands	-	-	-	-	-	-	-	-	-	-	-	-	1

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. meng.: Pa. +1; Chickenpox: N.H. +10, Mo. +133, Calif. +10, Guam +28, P.R. +20; Enceph.: Ind. +2; Enceph. Post: Wis. +1; Hep. B: Vt. +1, N.J. +1, Mo. -1; Hep. unsp.: N.J. -2, Guam +2.

Table III-Continued
Cases of Specified Notifiable Diseases: United States
Weeks Ending May 20, 1978 and May 21, 1977 - 20th Week

REPORTING AREA	MEASLES (Rubeola)			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	1,263	14,320	37,253	68	1,111	879	455	8,823	21	799	8,867	21
NEW ENGLAND	121	1,621	1,745	4	55	40	75	592	1	56	451	-
Maine	109	1,109	13	1	5	3	65	445	-	2	138	-
New Hampshire*	2	18	458	-	6	3	-	7	-	1	84	-
Vermont	2	24	256	-	2	4	1	5	-	5	25	-
Massachusetts*	8	164	447	1	14	12	4	49	1	4	70	-
Rhode Island	-	4	18	1	12	-	1	19	-	7	20	-
Connecticut	-	302	553	1	16	18	4	67	-	37	114	-
MIDDLE ATLANTIC	143	1,222	4,839	8	168	114	13	350	2	126	1,660	1
Upstate New York	72	801	1,640	3	57	28	8	121	1	50	280	-
New York City	19	145	236	3	40	25	1	92	-	6	43	-
New Jersey*	8	27	103	-	34	26	2	69	-	39	1,055	-
Pennsylvania*	44	249	2,860	2	37	35	2	68	1	31	282	1
EAST NORTH CENTRAL	594	5,478	7,831	4	89	96	213	3,181	1	396	3,833	1
Ohio	9	273	744	-	21	31	10	387	-	4	581	-
Indiana*	22	111	3,627	2	19	7	11	152	-	53	335	1
Illinois	-	425	977	-	6	24	80	1,118	-	17	268	-
Michigan	450	3,696	718	2	35	24	75	923	1	141	1,546	-
Wisconsin*	113	973	1,765	-	8	10	37	601	-	181	1,103	-
WEST NORTH CENTRAL	62	279	7,229	3	40	49	36	1,565	-	70	309	1
Minnesota	4	22	1,571	1	6	19	-	12	-	3	34	-
Iowa	12	47	3,706	-	5	7	5	104	-	1	29	-
Missouri*	1	7	785	-	19	14	17	937	-	-	51	-
North Dakota*	43	160	10	2	3	1	1	7	-	6	35	-
South Dakota	-	-	61	-	2	4	-	5	-	50	75	-
Nebraska*	-	1	178	-	-	-	1	14	-	-	4	-
Kansas	2	42	918	-	5	4	12	486	-	10	81	1
SOUTH ATLANTIC	222	3,312	2,743	15	298	195	43	510	1	42	722	3
Delaware	-	5	22	1	10	15	5	30	-	4	22	-
Maryland	-	3	279	-	13	13	6	51	-	-	2	1
District of Columbia	-	-	5	-	1	-	-	1	-	-	1	-
Virginia	117	2,118	1,401	1	40	14	3	86	-	4	195	-
West Virginia	79	709	132	-	5	8	5	131	1	30	237	-
North Carolina	3	82	35	7	60	49	2	45	-	2	157	-
South Carolina	5	166	117	1	18	17	-	11	-	2	10	-
Georgia	2	12	641	1	37	31	19	56	-	-	1	-
Florida	12	217	111	4	114	48	3	99	-	-	97	2
EAST SOUTH CENTRAL	33	881	1,306	10	96	102	19	687	-	21	284	1
Kentucky	-	80	666	-	16	19	-	91	-	-	43	1
Tennessee	31	656	553	2	26	23	7	351	-	3	110	-
Alabama	2	33	63	6	30	39	11	207	-	2	9	-
Mississippi	-	112	24	2	24	21	1	38	-	16	122	-
WEST SOUTH CENTRAL	28	871	1,767	9	168	157	27	1,282	4	41	683	10
Arkansas	-	10	26	-	14	9	8	544	-	-	57	1
Louisiana	-	367	69	5	62	55	-	43	-	24	398	1
Oklahoma	1	11	47	1	15	5	-	4	-	-	9	1
Texas	27	483	1,625	3	77	88	19	691	4	17	219	7
MOUNTAIN	25	163	2,110	-	25	22	5	143	2	5	96	-
Montana	11	95	1,004	-	1	2	-	9	-	-	11	-
Idaho	-	1	105	-	2	2	-	18	-	-	3	-
Wyoming	-	-	2	-	-	1	-	-	-	-	-	-
Colorado	-	13	436	-	2	1	4	44	1	-	17	-
New Mexico	-	-	246	-	4	6	-	7	1	-	3	-
Arizona	7	15	232	-	9	8	1	5	-	3	40	-
Utah	7	31	5	-	4	1	-	57	-	2	19	-
Nevada	-	8	80	-	3	1	-	3	-	-	3	-
PACIFIC	35	493	7,683	15	172	104	24	513	10	42	829	4
Washington	3	43	386	3	29	11	5	147	1	3	85	-
Oregon	-	128	231	5	9	14	-	47	1	6	66	-
California	32	314	6,992	7	128	56	18	291	8	33	675	4
Alaska	-	1	55	-	5	21	-	5	-	-	1	-
Hawaii	-	7	19	-	1	2	1	23	-	-	2	-
Guam*	NA	1	3	-	-	-	NA	2	NA	NA	-	-
Puerto Rico*	16	106	519	1	2	-	46	698	2	-	11	1
Virgin Islands	-	6	10	-	-	-	-	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: N.H. +7, Mass. -4, Pa. +2, Ind. -11, Wis. -7, N.Dak. +2, Nebr. +2; Mumps: N.H. +1, Mo. +101, Guam +13, P.R. +4; Rubella: Mass. -2, N.J. -1, Wis. +14, Mo. +4, N.Dak. +6, Nebr. +30.

Table III-Continued
 Cases of Specified Notifiable Diseases: United States
 Weeks Ending May 20, 1978 and May 21, 1977 - 20th Week

REPORTING AREA	TUBERCULOSIS		TULA- REMIA	TYPHOID FEVER		TYPHUS-FEVER TICK-BORNE (RMSF)		VENEREAL DISEASES (Civilian Cases Only)						RABIES IN ANIMALS
	1978	CUM. 1978	CUM. 1978	1978	CUM. 1978	1978	CUM. 1978	GONORRHEA		SYPHILIS (Pri. & Sec.)		CUM. 1978		
								1978	CUMULATIVE		1978		CUMULATIVE	
							1978		1977 †	1978		1977 †		
UNITED STATES	586	11,119	30	8	164	41	110	19,261	355,249	358,135	416	7,976	8,014	1,115
NEW ENGLAND	14	364	-	-	34	-	-	508	9,106	9,323	16	249	319	47
Maine	-	21	-	-	-	-	-	28	690	694	1	6	8	44
New Hampshire	-	8	-	-	5	-	-	24	409	365	-	1	2	-
Vermont	1	14	-	-	1	-	-	15	242	241	-	1	4	-
Massachusetts*	9	212	-	-	19	-	-	217	3,981	4,066	8	162	235	1
Rhode Island	2	24	-	-	4	-	-	40	652	743	1	9	4	-
Connecticut	2	85	-	-	5	-	-	184	3,132	3,214	6	70	66	2
MIDDLE ATLANTIC	36	1,840	1	1	18	-	5	1,909	39,283	37,972	62	1,089	1,151	21
Upstate New York	11	279	1	-	6	-	3	293	6,319	5,737	10	80	103	19
New York City	-	697	-	-	8	-	-	753	15,382	16,136	41	770	719	-
New Jersey	25	495	-	1	2	-	-	357	7,166	6,243	8	119	150	1
Pennsylvania	NA	369	-	-	2	-	2	506	10,416	9,856	3	120	179	1
EAST NORTH CENTRAL	125	1,686	-	1	7	-	-	3,261	51,763	54,629	47	855	870	39
Ohio	27	312	-	1	2	-	-	662	13,685	14,205	7	175	223	3
Indiana	21	209	-	-	-	-	-	503	5,399	5,013	2	48	63	4
Illinois	31	591	-	-	1	-	-	1,049	15,765	18,202	29	527	452	6
Michigan*	42	502	-	-	4	-	-	721	12,055	12,063	9	78	94	1
Wisconsin	4	72	-	-	-	-	-	326	4,859	5,146	-	27	38	25
WEST NORTH CENTRAL	29	398	8	-	10	1	6	1,149	17,466	18,679	11	199	181	258
Minnesota	7	80	-	-	4	-	-	76	3,077	3,313	6	90	58	85
Iowa	-	45	-	-	2	-	-	89	2,042	2,227	-	21	17	55
Missouri*	14	169	7	-	2	1	5	603	7,168	7,942	5	51	66	29
North Dakota	2	18	-	-	-	-	-	8	353	335	-	2	2	40
South Dakota	-	36	-	-	-	-	-	26	643	494	-	1	1	37
Nebraska	-	5	-	-	-	-	-	62	1,294	1,546	-	5	17	1
Kansas*	6	45	1	-	2	-	1	285	2,889	2,822	-	29	20	11
SOUTH ATLANTIC	134	2,399	3	2	18	29	61	4,855	85,842	86,656	86	2,102	2,311	120
Delaware	1	18	-	-	-	-	-	61	1,254	1,172	-	3	15	1
Maryland*	17	401	3	-	1	5	7	577	11,227	11,031	7	169	148	-
District of Columbia	8	126	-	-	1	-	-	394	5,839	5,800	9	167	249	-
Virginia	13	262	-	-	4	8	21	347	7,861	9,012	3	187	230	2
West Virginia	3	89	-	-	1	2	4	64	1,309	1,281	2	8	1	-
North Carolina*	23	386	-	-	1	9	15	725	12,304	12,930	7	184	336	3
South Carolina*	13	190	-	1	2	2	8	276	7,877	7,920	1	92	103	11
Georgia	19	320	-	-	2	3	6	1,069	16,083	16,757	22	520	430	93
Florida*	37	607	-	1	6	-	-	1,342	22,088	20,753	35	772	799	10
EAST SOUTH CENTRAL	90	1,085	4	-	1	6	16	1,460	30,314	31,845	24	391	271	62
Kentucky	14	232	1	-	1	-	1	179	3,448	4,318	3	46	33	37
Tennessee	32	346	3	-	-	6	15	478	11,162	13,040	10	148	82	12
Alabama	22	257	-	-	-	-	-	421	8,970	8,570	2	53	48	13
Mississippi	22	250	-	-	-	-	-	382	6,734	5,917	9	144	108	-
WEST SOUTH CENTRAL	67	1,270	11	3	15	5	21	2,943	49,835	45,804	81	1,197	1,057	382
Arkansas	14	144	10	-	-	-	9	144	3,801	3,533	-	35	26	61
Louisiana*	2	232	1	-	1	-	-	509	8,305	6,669	16	231	236	5
Oklahoma	4	136	-	-	-	5	7	285	4,493	4,250	1	38	30	95
Texas	47	758	-	3	14	-	5	2,005	33,236	31,352	64	893	765	221
MOUNTAIN	22	319	2	-	10	-	-	550	12,948	14,537	2	152	162	14
Montana	2	24	-	-	-	-	-	32	809	733	-	6	-	2
Idaho	-	10	2	-	5	-	-	26	462	706	1	2	4	-
Wyoming	1	6	-	-	-	-	-	10	289	364	-	3	2	-
Colorado	5	22	-	-	2	-	-	156	3,629	3,761	1	47	50	-
New Mexico	1	57	-	-	-	-	-	99	1,837	2,083	-	44	30	5
Arizona	10	155	-	-	1	-	-	127	3,238	4,190	-	28	66	7
Utah	3	18	-	-	1	-	-	17	744	841	-	6	4	-
Nevada	-	27	-	-	1	-	-	83	1,940	1,859	-	16	6	-
PACIFIC	69	1,758	1	1	51	-	1	2,626	58,692	58,690	87	1,742	1,692	172
Washington	NA	56	-	-	3	-	-	280	4,501	4,464	NA	59	76	-
Oregon	-	70	-	-	1	-	-	87	4,008	4,199	1	60	53	1
California	59	1,370	1	1	45	-	1	2,144	47,099	46,820	86	1,602	1,532	169
Alaska*	-	16	-	-	-	-	-	50	1,907	1,933	-	5	13	2
Hawaii	10	246	-	-	2	-	-	65	1,177	1,274	-	16	18	-
Guam*	NA	27	-	NA	-	NA	-	NA	65	97	NA	-	1	-
Puerto Rico	10	167	-	-	-	-	-	45	977	1,190	11	174	228	10
Virgin Islands	-	2	-	-	2	-	-	8	81	68	-	6	3	-

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: TB: Mich. -1, Mo. -2, Kans. -1, Md. -11, N.C. -3, Fla. -1, Alaska +9, Guam +3; T. fever: Mass. -1, S.C. -1;

RMSF: Mo. -1; GC: Fla. -2, Alaska -1 civ. +1 mil., Guam +6; Syphilis: La. +1.

Table IV
Deaths in 121 United States Cities*
Week Ending May 20, 1978 - 20th Week

REPORTING AREA	ALL CAUSES					Pneumonia and Influenza ALL AGES	REPORTING AREA	ALL CAUSES					Pneumonia and Influenza ALL AGES
	ALL AGES	65 Years and Over	45-64 Years	25-44 Years	Under 1 Year			ALL AGES	65 Years and Over	45-64 Years	25-44 Years	Under 1 Year	
NEW ENGLAND	639	417	153	30	24	29	SOUTH ATLANTIC	1,049	570	313	72	54	36
Boston, Mass.	180	113	44	13	5	7	Atlanta, Ga.	143	72	45	11	11	5
Bridgeport, Conn.	45	30	13	-	1	3	Baltimore, Md.	129	83	31	4	7	2
Cambridge, Mass.	17	15	-	1	-	1	Charlotte, N. C.	62	25	23	7	4	1
Fall River, Mass.	30	24	4	1	1	1	Jacksonville, Fla.	67	33	27	1	-	3
Hartford, Conn.	54	34	8	5	6	-	Miami, Fla.	94	56	28	5	5	4
Lowell, Mass.	39	28	9	1	1	2	Norfolk, Va.	49	25	14	1	6	2
Lynn, Mass.	15	10	3	1	-	-	Richmond, Va.	70	44	16	8	1	6
New Bedford, Mass.	18	11	6	1	-	1	Savannah, Ga.	36	16	12	5	3	2
New Haven, Conn.	54	32	17	2	2	-	St. Petersburg, Fla.	73	59	9	4	-	2
Providence, R.I.	62	42	16	1	2	5	Tampa, Fla.	59	32	16	6	1	1
Somerville, Mass.	11	10	1	-	-	2	Washington, D. C.	200	91	70	17	14	4
Springfield, Mass.	41	22	11	2	3	2	Wilmington, Del.	67	34	22	3	2	4
Waterbury, Conn.	33	21	9	2	1	3							
Worcester, Mass.	40	25	12	-	2	2	EAST SOUTH CENTRAL	640	369	172	41	25	37
MIDDLE ATLANTIC	2,645	1,663	668	158	77	120	Birmingham, Ala.	126	71	32	10	8	3
Albany, N. Y.	54	41	7	2	1	1	Chattanooga, Tenn.	50	26	14	4	3	6
Allentown, Pa.	16	13	3	-	-	-	Knoxville, Tenn.	40	23	13	3	-	-
Buffalo, N. Y.	90	48	27	6	3	4	Louisville, Ky.	107	55	39	2	5	10
Camden, N. J.	34	21	12	-	-	1	Memphis, Tenn.	128	84	30	6	1	5
Elizabeth, N. J.	34	24	8	1	1	1	Mobile, Ala.	59	31	18	4	5	3
Erie, Pa.	41	30	9	2	-	4	Montgomery, Ala.	37	22	8	3	2	3
Jersey City, N. J.	67	35	24	2	4	3	Nashville, Tenn.	93	57	18	9	1	7
Newark, N. J.	76	25	33	6	8	6							
New York City, N. Y.	1,362	874	316	100	38	47	WEST SOUTH CENTRAL	1,290	710	367	89	58	41
Paterson, N. J.	42	22	12	2	3	1	Austin, Tex.	48	34	8	2	-	6
Philadelphia, Pa.	400	232	121	23	12	29	Baton Rouge, La.	47	30	13	1	3	1
Pittsburgh, Pa.	60	38	15	3	1	4	Corpus Christi, Tex.	40	26	11	1	1	2
Reading, Pa.	39	27	9	-	-	2	Dallas, Tex.	179	89	54	15	5	2
Rochester, N. Y.	96	70	21	2	1	9	El Paso, Tex.	49	32	10	2	-	5
Schenectady, N. Y.	25	21	2	2	-	-	Fort Worth, Tex.	92	57	22	4	5	1
Scranton, Pa.	24	19	4	1	-	2	Houston, Tex.	335	165	105	32	18	7
Syracuse, N. Y.	88	56	20	4	2	3	Little Rock, Ark.	73	35	22	6	7	6
Trenton, N. J.	40	25	12	1	2	2	New Orleans, La.	111	59	32	11	5	1
Utica, N. Y.	27	20	7	-	-	1	San Antonio, Tex.	166	95	44	12	5	4
Yonkers, N. Y.	30	22	6	1	1	-	Shreveport, La.	65	33	22	1	7	3
							Tulsa, Okla.	85	55	24	2	2	3
EAST NORTH CENTRAL	2,338	1,337	660	152	101	64	MOUNTAIN	537	305	138	39	25	22
Akron, Ohio	81	53	22	5	1	-	Albuquerque, N. Mex.	66	42	14	4	2	8
Canton, Ohio	50	28	16	3	1	2	Colorado Springs, Colo.	30	19	8	1	-	3
Chicago, Ill.	575	318	168	45	24	14	Denver, Colo.	103	67	25	7	3	5
Cincinnati, Ohio	143	86	44	6	4	6	Las Vegas, Nev.	60	23	25	7	1	4
Cleveland, Ohio	194	95	55	11	18	3	Ogden, Utah	20	12	3	1	2	1
Columbus, Ohio	130	66	38	14	5	2	Phoenix, Ariz.	122	58	33	13	9	-
Dayton, Ohio	99	70	22	-	3	1	Pueblo, Colo.	22	16	5	1	-	-
Detroit, Mich.	277	149	80	24	13	6	Salt Lake City, Utah	52	32	10	1	5	1
Evansville, Ind.	40	26	10	-	4	2	Tucson, Ariz.	62	36	15	4	3	-
Fort Wayne, Ind.	52	23	21	3	3	5							
Gary, Ind.	23	12	6	2	1	-	PACIFIC	1,790	1,204	378	95	50	53
Grand Rapids, Mich.	46	31	7	2	4	4	Berkeley, Calif.	19	13	3	2	-	-
Indianapolis, Ind.	158	91	47	14	3	-	Fresno, Calif.	66	49	7	4	2	2
Madison, Wis.	40	24	13	1	1	6	Glendale, Calif.	22	18	3	-	1	-
Milwaukee, Wis.	126	84	27	9	3	3	Honolulu, Hawaii	53	24	21	3	3	-
Peoria, Ill.	41	21	12	2	3	2	Long Beach, Calif.	106	67	27	5	4	2
Rockford, Ill.	33	22	5	2	2	1	Los Angeles, Calif.	642	473	105	36	12	19
South Bend, Ind.	51	30	17	2	-	4	Oakland, Calif.	78	53	12	6	1	2
Toledo, Ohio	113	67	31	5	5	-	Pasadena, Calif.	40	28	7	1	4	2
Youngstown, Ohio	66	41	19	2	3	3	Portland, Ore.	118	81	27	3	1	3
							Sacramento, Calif.	68	41	17	5	2	1
WEST NORTH CENTRAL	771	519	160	36	33	15	San Diego, Calif.	130	76	35	10	2	3
Des Moines, Iowa	56	41	11	2	1	1	San Francisco, Calif.	152	99	37	7	6	3
Duluth, Minn.	26	21	4	1	-	1	San Jose, Calif.	58	34	15	5	-	3
Kansas City, Kans.	40	26	9	3	1	2	Seattle, Wash.	139	84	38	6	5	4
Kansas City, Mo.	113	82	17	4	7	1	Spokane, Wash.	54	32	16	1	4	5
Lincoln, Nebr.	26	18	4	1	1	1	Tacoma, Wash.	45	32	8	1	3	4
Minneapolis, Minn.	80	50	16	7	5	1							
Omaha, Nebr.	90	56	27	2	4	1	TOTAL	11,699	7,094	3,009	712	447	417
St. Louis, Mo.	200	131	44	10	7	4	Expected Number	10,924	6,624	2,826	681	412	378
St. Paul, Minn.	70	53	12	-	2	-							
Wichita, Kans.	70	41	16	6	5	3							

*By place of occurrence and week of filing certificate. Excludes fetal deaths.

The Morbidity and Mortality Weekly Report, circulation 78,000, is published by the Center for Disease Control, Atlanta, Georgia. The data in this report are provisional, based on weekly telegraphs to CDC by state health departments. The reporting week concludes at close of business on Friday, compiled data on a national basis are officially released to the public on the succeeding Friday.

The editor welcomes accounts of interesting cases, outbreaks, environmental hazards, or other public health problems of current interest to health officials. Send reports to: Center for Disease Control, Attn.: Editor, Morbidity and Mortality Weekly Report, Atlanta, Georgia 30333.

Send mailing list additions, deletions, and address changes to: Center for Disease Control, Attn.: Distribution Services, GSO, 1-SB-36, Atlanta, Georgia 30333. When requesting changes be sure to give your former address, including zip code and mailing list code number, or send an old address label.

Legionnaires' disease - Continued

minutes) related to any of the areas listed above. Persons who wish to be considered for a place on the formal program should prepare and submit for consideration an abstract of not more than 300 words. The abstract should indicate the kind and scope of work, general methods used,

International Notes

Cholera - Worldwide, 1977

As of April 20, 1978, a total of 58,661 cases of cholera have been reported to the World Health Organization for 1977 (Table 1). Although this figure is lower than those reported for the last 2 years—65,734 in 1976 and 90,467 in 1975—cholera was more widespread last year; 34 countries were affected in 1977, in contrast to 25 and 29 in 1976 and 1975, respectively.

Twelve countries in Africa reported a total of 8,388 cases, as compared with 11 countries reporting 2,685 cases in 1976. A large outbreak in Ghana accounted for this considerable increase in cases. The United Republic of Tanzania also had a protracted outbreak. Half of these 12 countries had not reported cholera in 1976.

In Asia, a total of 48,937 cases (25 of which were imported) were reported, representing an appreciable reduction from the 1976 figure of 65,734. However, the number of countries reporting cholera increased from 14 to 20 as a result mainly of the recrudescence of cholera in the second half of the year in the Eastern Mediterranean region, where Pakistan, Lebanon, Iran, and Iraq reported cholera after an absence of the disease since 1971, 1970, 1965, and

and results, and conclusions drawn.

Inquiries and abstracts should be addressed to: International Symposium on Legionnaires' disease, Bldg. 1, Rm. 2118, CDC, Atlanta, Ga. 30333. It is expected that some financial support will be available to assist the attendance of presenters of reports that are selected for delivery. The deadline for receiving abstracts is July 31, 1978.

1966, respectively. A large outbreak totaling 2,362 cases occurred in the Syrian Arab Republic. There were a few cases in Saudi Arabia, but none were reported in pilgrims to Mecca. (Energetic measures to avert cases were taken by the authorities of that country as well as the countries of origin of the pilgrims.)

A small outbreak—the first during the present pandemic—was reported by Japan. A 10-fold increase in number of cases (10,403 as compared with 1,011 in 1976) was reported by Bangladesh; this may have been partly due to flooding. Increases on a smaller scale were noted in Burma, Jordan, Malaysia, Nepal, and Thailand. On the other hand, the incidence in Indonesia declined from 41,264 cases in 1976 to 17,112 in 1977. Significant reductions in incidence were also noted in India, the Philippines, and Sri Lanka.

The 24 cases reported from Europe were all imported; 17 of these were reported by Turkey. Cholera also spread to previously untouched Oceania, where an epidemic of 1,307 cases occurred in the Gilbert Islands.

Reported by the World Health Organization in the Weekly Epidemiological Record 53:117-118, 1978.

TABLE 1. Cases of cholera reported to the World Health Organization, 1977

Countries and Areas	Total	Countries and Areas	Total
AFRICA		ASIA	
Angola	353 ^a	Bangladesh	10,403
Benin	2	Burma	2,723
Djibouti	2	India	13,850
Ghana	6,565	Indonesia	17,112
Kenya	21	Iran	53
Liberia	490 ^b	Iraq	133
Malawi	314 ^c	Japan	52(6i) ^f
Mozambique	18	Jordan	427
Nigeria	201	Kuwait	14 ⁱ
Sierra Leone	23 ^d	Lebanon	30(2i)
Tanzania, United Rep. of	267 ^e	Malaysia	444
Togo	132	Nepal	428 ^g
Total	8,388	Pakistan	12
		Philippines	464
AMERICA		Saudi Arabia	18(2i)
Canada	1 ⁱ	Singapore	11
United States of America	2(2i)	Sri Lanka	5
Total	3(2i)	Syrian Arab Rep.	2,362
		Thailand	383
EUROPE		Viet Nam	10
Germany, Federal Republic of	1 ⁱ	West Bank	3(1i)
Italy	2 ⁱ	Total	48,937(25i)
Switzerland	1 ⁱ		
Turkey	17 ⁱ	WORLD TOTAL	58,661(51i)
United Kingdom	2 ⁱ		
USSR	1 ⁱ		
Total	24ⁱ		
		^a Period April to November	
OCEANIA		^b Up to November	
Australia	2	^c Up to October	
Gilbert Islands	1,307	^d October only	
Total	1,309	^e Period November and December	
		^f Including 22 suspected cases	
		^g Period September to November	
		ⁱ Imported cases	

*Epidemiologic Notes and Reports***Suspected Lassa Fever — Washington, D.C.**

Recently a suspected case of Lassa fever was reported from Washington, D.C. Laboratory studies subsequently failed to confirm this diagnosis.

The patient, a 42-year-old man who had lived for the past 7 years in Kenema, Sierra Leone, was hospitalized on May 16, 1978, at a hospital in Washington, D.C., with suspected Lassa fever. His wife had survived confirmed Lassa fever approximately 1 year ago, and his driver in Sierra Leone died of Lassa fever in March, 1978. The patient left Kenema on April 26, traveled to Freetown, Sierra Leone, and then flew to Paris, France; Zurich, Switzerland; and Colombo, Sri Lanka. He spent May 1-5 in Sri Lanka and, on May 4, developed cough, pharyngitis, and rhinitis, but no apparent fever. The patient's clinical illness did not change over the ensuing week. He departed from Colombo on the morning of May 6 and traveled to London where he stayed at his home 4 days. He left London for Washington, D.C., arriving on May 10. On May 15, he had a shaking chill, his sore throat worsened, and he felt febrile. On May 16, he was seen by a physician in Washington, D.C., who documented a temperature of 39 C (102 F) and a severe pharyngitis with plague-like lesions on the gums, tonsils, and posterior pharynx.

The same day the patient was placed in strict isolation in a hospital in Washington, D.C. The next day he developed headache and epigastric upset while being treated with Erythromycin* and chloroquine. Over the following 2 days, his condition improved; his oral lesions ulcerated and began to fade. Serum specimens collected on May 17, 18, 19, and 22 were negative for Lassa antibody by the indirect immunofluorescent antibody (IFA) test. The first 3 serum specimens were also tested for the presence of Lassa virus and were negative. No Lassa virus was found by immunofluorescence in conjunctival cells obtained on May 18. Thick and thin smears for malaria parasites were also negative.

Pending the results of these laboratory tests, the family members with whom the patient had been staying in Bethesda, Maryland, had been placed under daily surveillance with the assistance of the Montgomery County Health Department. Names of other contacts who were felt to be at high risk were also compiled. Following receipt of negative laboratory results, the patient was discharged from the hospital, and surveillance efforts were terminated. *Reported by MS Wolfe, MD; KH Acree, MD, State Epidemiologist, Maryland State Department of Health & Mental Hygiene; ME Levy, MD, District of Columbia Community Health & Hospital Administration.*

*Use of trade names is for identification only and does not constitute endorsement by the PHS, U.S. Dept. HEW.

stration; Special Pathogens Br, Virology Div, Bur of Laboratories, Field Services Div, and Viral Diseases Div, Bur of Epidemiology, CDC.

Editorial Note: This case exemplifies the difficulty in making an early diagnosis of Lassa fever. The patient, who presented with a fever and sore throat and who has lived in an area highly endemic for the disease, would have to be considered suspect for Lassa fever on both clinical and epidemiologic grounds. The patient's mild clinical course is not inconsistent with what is now known about Lassa fever. The difficulty in precisely establishing the exact date of onset of illness for this patient made interpretation of serologic results difficult. Fluorescent antibody (FA) would be expected to be present 2 weeks into illness. If the patient's onset were May 4, serum collected on May 17-19 should have been FA-positive. On the other hand, if the onset had been May 15, then FA would probably not yet be detectable. Ruling out the diagnosis demanded both careful clinical follow-up of the patient as well as negative virologic studies, which required 3-5 days to complete.

Lassa fever does not now appear to be a highly communicable disease. Since the disease was first recognized in 1969, at least 5 patients with confirmed Lassa fever have traveled aboard commercial airliners, but no secondary cases among airline passengers have been detected. Nevertheless, until more is learned about the transmission of this disease, CDC recommends that confirmed or suspected Lassa fever patients not travel by commercial airliner.

Persons who have recently arrived from parts of the world known to be endemic for Lassa fever and who present with pharyngitis and fever should be considered suspected cases. Fever remains the most important clinical hallmark of the disease, and pharyngitis has been found in the majority of hospitalized patients. Such patients should be immediately hospitalized in strict isolation and the state health department and CDC alerted. Specimens, including throat swab, clotted blood, and urine, should be collected by a physician wearing a mask and protective clothing. High-risk contacts (those known to have face-to-face, conversational, or other intimate exposure to the patient or exposure to his or her blood or other bodily secretions) should be identified. A decision to place such persons under surveillance needs to be made on an individual case basis. In most situations, active surveillance can await laboratory confirmation of the diagnosis.

Reference

1. Zweighaft RM, Fraser DW, Hattwick MAW, Winkler WG, Jordan WC, Alter M, Wolfe M, Wulff H, Johnson KM: Lassa fever: Response to an imported case, *New Engl J Med* 297:803-807, 1977

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