CENTER FOR DISEASE CONTROL

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MMWR

MORBIDITY AND MORTALITY WEEKLY REPORT

International Notes

United States Ends Smallpox Vaccination Requirement for International Travel

Effective August 14, 1978, the United States does not require smallpox vaccination for any arriving international traveler, and proof of vaccination will not be requested. Since October 1971, the United States has required a valid International Certificate of Vaccination against smallpox only if within the 14 days preceding arrival the traveler had been in a country currently reporting smallpox.

With the elimination of the smallpox vaccination requirement, no vaccinations now are required to enter the United States from any country. The United States eliminated any requirement for cholera vaccination on December 18, 1970, and any requirement for yellow fever vaccination on November 8, 1972.

The last reported case of smallpox occurred in Merka, Somalia, on October 26, 1977. Although transmission apparently has been interrupted, active surveillance will continue until 2 years has elapsed and the last endemic area is confirmed as smallpox-free. Intensive surveillance is underway also in neighboring countries. If no more cases of smallpox are detected, countries which have not been certified as being free of smallpox will be eligible for smallpox-free certification by an International Commission on Smallpox Eradication in October 1979.

With the eradication of smallpox, international travelers do not have any medical reasons for being vaccinated. Smallpox vaccination, as with other medical procedures, has a definite risk of serious complications, including death.

Smallpox vaccination is indicated only for travelers to countries which require vaccination as a condition for entry (primarily those in Africa, Asia, and Central and South America), and for the few laboratory workers who are likely to have contact with the variola virus. The International Health Regulations, Article 86(7) state: "If a vaccinator is of the opinion that vaccination is contraindicated on medical grounds he shall provide the person with reasons, written in English or French, underlying that opinion, which health authorities should take into account."

The annual publication "Health Information for International Travel" (*1*) and up-to-date changes reported in the MMWR provide current references for those countries requiring certain vaccinations, including smallpox. These requirements should be considered by U.S. travelers in planning international travel.

Reported by Bur of Smallpox Eradication and Quarantine Div, Bur of Epidemiology, CDC.

Reference

1. CDC: Health Information for International Travel. MMWR 27(suppl), August 1977. (1978 in press)

Current Trends

Increases in Early Syphilis

A marked reversal has occurred in the national trends of reported cases of early syphilis (primary, secondary, and early latent of less than 1 year's duration). After decreasing for 4 consecutive 6-month periods, reported cases for January-June 1978 increased 1.0% over cases reported in January-June 1977 (Table 1). When compared to the same month in the preceding year, monthly increases were first noted in March and have occurred each month since.

TABLE 1. Reported early syphilis* cases by 6-month periods, United States, January-June 1975 – January-June 1978

Reporting period	Number of cases	Percent change compared to similar 6-month period of preceding year
January-June 1975	23,060	+7.9
July-December 1975	22,822	+0.5
January-June 1976	22,101	−4.2
July-December 1976	20,442	−10.4
January-June 1977	18,535	−16.1
July-December 1977	18,278	−10.6
January-June 1978	18,726	+1.0

*Primary, secondary and early latent (less than 1 year's duration) syphilis

The reversal in national trends for the first 6 months of 1978 was primarily due to increases in 7 areas that account for 71% of the cumulative increase (Table 2). During the same time, 28 areas experienced decreases and 2 areas reported no change. The 7 areas that reported increases of 90 or more cases during the first 6 months of 1978 were Chicago (+266), Texas (+240), New York City (+216), Los Angeles (+168), Mississippi (+122), Georgia (excluding Atlanta) (+106), and Atlanta (+92). The 3 reporting the largest decreases were North Carolina (−363), San Francisco (−173), and Philadelphia (−134) (Table 2).

Reported cases of congenital syphilis among infants (<1 year of age), a disease closely related to infectious syphilis in women, have also increased slightly. In the 6-month period October 1976-March 1977, 66 cases of congenital syphilis among infants were reported, and for October 1977-March 1978 (latest period for which data are available), 70 cases were reported. Of these 70, Texas reported 21 and California, 11. The District of Columbia and 18 states reported 1 to 4 cases, and 30 states reported no cases between October 1977 and March 1978.

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

Editorial Note: A single explanation for reversal of disease trends in those areas experiencing large increases is not possible, but several contributing factors are being investigated. In the Southwest and West the proportion of infectious syphilis cases in seasonal farm laborers appears to have increased. Also, in some areas dramatic increases in syphilis among seasonal farm workers have been linked directly to a high incidence of syphilis in an itinerant prostitute population. Traditional control measures are frequently less effective with these populations because of frequent moves to different areas and unavailability or underutilization of health facilities. In some areas, the increase appears to be related to a decrease in the number and the timeliness of referrals, examinations, and treatment of persons exposed to infectious syphilis.

Recently a few health departments have hired and trained additional staff. When appropriate, multilingual case workers have been sought. New approaches (for example, selective mass treatment and field-screening of blood samples) are being evaluated in

Syphilis — Continued

TABLE 2. Summary of reported primary, secondary, and early latent (less 1 year) syphilis cases, by reporting area, June 1978 and June 1977 — provisional data

Reporting Area by HEW Regions	June		Calendar Year Cumulative January-June	
	1978	1977	1978	1977
Connecticut	26	34	145	157
Maine	0	7	13	18
Massachusetts	64	95	384	500
New Hampshire	0	3	5	9
Rhode Island	5	2	39	11
Vermont	2	1	3	6
REGION I TOTAL	**97**	**142**	**589**	**701**
New Jersey	81	60	345	388
New York (Excl. NYC)	35	39	227	247
New York City	345	265	1,874	1,658
REGION II TOTAL	**461**	**364**	**2,446**	**2,293**
Delaware	2	1	13	23
District of Columbia	103	102	507	639
Maryland (Excl. Baltimore)	25	25	184	165
Baltimore	43	47	267	246
Pennsylvania (Excl. Philadelphia)	16	17	120	158
Philadelphia	37	59	202	336
Virginia	84	85	447	481
West Virginia	2	0	17	12
REGION III TOTAL	**312**	**336**	**1,757**	**2,060**
Alabama	34	18	157	120
Florida	309	249	1,731	1,723
Georgia (Excl. Atlanta)	105	105	714	608
Atlanta*	74	60	452	360
Kentucky	32	16	138	106
Mississippi	89	41	400	278
North Carolina	113	111	531	894
South Carolina	50	59	231	293
Tennessee	39	37	265	215
REGION IV TOTAL	**845**	**696**	**4,619**	**4,597**
Illinois				
(Excl. Chicago)	30	25	114	197
Chicago	143	112	1,000	734
Indiana				
(Excl. Indianapolis)	8	15	102	94
Indianapolis*	0	1	54	39
Michigan	40	56	258	274
Minnesota	17	15	163	109
Ohio	40	57	343	424
Wisconsin	9	16	67	90
REGION V TOTAL	**295**	**297**	**2,101**	**1,961**
Arkansas	10	6	72	45
Louisiana	124	103	605	632
New Mexico	10	9	85	76
Oklahoma	19	12	96	66
Texas	345	338	2,017	1,777
REGION VI TOTAL	**508**	**468**	**2,875**	**2,596**
Iowa	10	3	42	27
Kansas	9	10	78	63
Missouri	17	18	137	151
Nebraska	4	5	20	41
REGION VII TOTAL	**40**	**36**	**277**	**282**
Colorado	12	14	103	111
Montana	0	4	10	10
North Dakota	0	0	2	2
South Dakota	0	2	1	4
Utah	7	0	19	13
Wyoming	0	0	4	3
REGION VIII TOTAL	**19**	**20**	**139**	**143**
Arizona	17	29	119	169
California				
(Excl. LA & SF)	189	179	1,345	1,270
Los Angeles*	219	211	1,418	1,250
San Francisco*	98	118	661	834
Hawaii	8	7	31	36
Nevada	3	4	33	20
REGION IX TOTAL	**534**	**548**	**3,687**	**3,579**
Alaska	1	8	12	41
Idaho	3	0	5	4
Oregon	19	13	126	95
Washington	36	41	173	183
REGION X TOTAL	**59**	**62**	**316**	**323**
UNITED STATES TOTAL	**3,178**	**2,969**	**18,726**	**18,535**
Puerto Rico	91	97	524	516
Virgin Islands	5	0	19	17
UNITED STATES, INCLUDING OUTLYING AREAS	**3,266**	**3,066**	**19,269**	**19,068**

*County data

Note: Cumulative totals include revised and delayed reports through previous months.

Source: CDC 9.98, HEW, PHS, CDC, BSS, VD Control Division, Atlanta, Georgia 30333

high-risk population groups.

Syphilis incidence is decreasing or is stable in many program areas; the national downward trend of syphilis which began in 1976 can be re-established by concentrating control resources in areas experiencing the largest increases.

Epidemiologic Notes and Reports

Tick Paralysis — New Mexico, Colorado

On June 3, 1978, a 5-year-old girl from Farmington, New Mexico, was admitted to an Albuquerque hospital with flaccid paralysis of all 4 extremities.

The child had been well until 3 days before admission, when she had developed a fever after receiving a DPT/OPV booster. The next day she became afebrile but developed weakness in her legs and was unable to walk. On June 2, the weakness had progressed to involve her upper extremities.

On admission, the patient was noted to have flaccid paralysis of all extremities as well as weakness of cranial nerves VI, VII, IX, and X. She was unable to bring herself to a sitting position. Pulmonary function testing revealed forced vital capacity and peak expiratory flow rate at 50% of normal.

An extensive admission history revealed that the patient had been camping in southwestern Colorado 1 week before her illness. Her scalp was examined for ticks, and 3 were found and removed.

Twelve hours after admission, the patient showed improvement and was able to sit. By 18 hours after admission, she was walking, and her cranial nerve palsies had resolved. She was discharged within 24 hours of admission after regaining normal neuromuscular function.

Tick Paralysis – Continued

Two of the ticks removed from the patient's scalp were identified as *Dermacentor andersoni*. One tick was a fully engorged female, and the other was a partially engorged male. The third tick was not submitted for identification.

This is the first case of tick paralysis reported from Colorado since 1970. No cases have been reported during this period in New Mexico.

Reported by JK Fisk, MD, Farmington, New Mexico; R Miller, MD, D Watts, MD, Bernalillo County Medical Center, University of New Mexico School of Medicine, Albuquerque; M Burkhart, MPH, T Gardiner, MD, J Mann, MD, State Epidemiologist, New Mexico Health and Environment Dept; TA Edell, MD, Acting State Epidemiologist, Colorado State Dept of Health; Vector-Borne Diseases Div, Bur of Laboratories, Viral Diseases Div, Field Services Div, Bur of Epidemiology, CDC.

Editorial Note: Reported cases are not believed to accurately reflect the incidence of tick paralysis in humans and in domestic and wild animals in North America. Several species of hard-shell ticks (*Ixodidae*) have been associated with tick paralysis; *D. andersoni* and *D. variabilis* are the most frequently involved. The toxin responsible for this condition is believed to be associated with the female tick's egg production and to enter the salivary glands late in the feeding process.

Although certain areas such as Idaho and British Columbia report cases most frequently, tick paralysis may occur anyplace where ticks are encountered.

Early suspicion of this thoroughly reversible syndrome and a meticulous search for ticks are essential in eliminating fatalities, especially in young children.

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

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

DISEASE	32nd WEEK ENDING		MEDIAN	CUMULATIVE, FIRST 32 WEEKS		
	August 12, 1978	August 13, 1977*	1973-1977**	August 12, 1978	August 13, 1977*	MEDIAN 1973-1977**
Aseptic meningitis	207	194	116	2,099	2,078	1,591
Brucellosis	3	2	7	93	126	126
Chickenpox	358	359	395	121,233	159,400	143,948
Diphtheria	–	3	2	50	58	123
Encephalitis: Primary (arthropod-borne & unspec.)	23	28	29	422	455	531
Post-infectious	4	8	8	123	139	187
Hepatitis, Viral: Type B	256	351	245	9,011	10,107	7,009
Type A	569	547	690	17,373	18,984	21,587
Type unspecified	224	178		5,436	5,426	
Malaria	28	13	11	425	321	245
Measles (rubeola)	306	203	150	22,252	52,374	23,698
Meningococcal infections: Total	40	17	20	1,642	1,181	991
Civilian	40	16	18	1,622	1,173	970
Military	–	1	–	20	8	21
Mumps	87	138	309	12,814	15,512	43,252
Pertussis	49	53	---	1,141	701	---
Rubella (German measles)	108	81	81	14,697	18,315	14,533
Tetanus	4	1	1	49	38	49
Tuberculosis	668	559	626	18,567	18,499	19,511
Tularemia	4	7	4	65	95	88
Typhoid fever	6	7	7	266	212	231
Typhus fever, tick-borne (Rky. Mt. spotted)	60	60	41	662	781	558
Venereal diseases:						
Gonorrhea: Civilian	21,926	22,804	22,804	596,628	595,737	595,737
Military	375	445	879	15,545	16,586	18,301
Syphilis, primary & secondary: Civilian	431	394	447	12,804	12,562	14,904
Military	3	4	5	178	186	215
Rabies in animals	61	88	70	1,876	1,877	1,800

TABLE II. Notifiable diseases of low frequency, United States

	CUM. 1978		CUM. 1978
Anthrax	4	Poliomyelitis: Total	–
Botulism (P.R. 3)	55	Paralytic	–
Congenital rubella syndrome	21	Psittacosis† (Pa. 1, Mo. 1)	71
Leprosy† (Tex. 1, Ariz. 2, Calif. 3)	56	Rabies in man	–
Leptospirosis (Tex. 1)	37	Trichinosis (Conn. 3, Ups. N.Y. 1, Calif. 1)	34
Plague	3	Typhus fever, flea-borne (endemic, murine) (P. R. 1)	26

*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.

† The following delayed reports will be reflected in next week's cumulative totals: Leprosy: Va. +1; Psittacosis: N.H. –1 (1978), –1 (1977), Colo. +1

TABLE III. Cases of specified notifiable diseases, United States, weeks ending August 12, 1978, and August 13, 1977 (32nd week)

REPORTING AREA	ASEPTIC MENINGITIS	BRUCELLOSIS	CHICKENPOX	DIPHTHERIA		ENCEPHALITIS			HEPATITIS (VIRAL), BY TYPE			MALARIA	
						Primary		Post-infectious	B	A	Unspecified		
	1978	1978	1978	1978	CUM. 1978	1978	1977*	1978	1978	1978	1978	1978	CUM. 1978
UNITED STATES	207	3	358	–	50	23	28	4	256	569	224	28	425
NEW ENGLAND	7	–	39	–	–	–	1	–	8	9	11	–	15
Maine	2	–	4	–	–	–	–	–	–	–	–	–	1
N.H.†	–	–	–	–	–	–	–	–	2	–	–	–	2
Vt.†	–	–	–	–	–	–	–	–	1	–	–	–	–
Mass.	2	–	16	–	–	–	–	–	2	3	9	–	3
R.I.	–	–	7	–	–	–	–	–	–	3	–	–	1
Conn.	3	–	12	–	–	–	1	–	3	3	2	–	8
MID. ATLANTIC	35	–	52	–	1	2	6	–	48	49	25	8	87
Upstate N.Y.	14	–	23	–	–	–	1	–	15	24	11	1	12
N.Y. City	4	–	21	–	1	1	–	–	5	8	5	4	39
N.J.†	8	–	NN	–	–	–	2	–	15	10	5	2	18
Pa.	9	–	2	–	–	1	3	–	13	7	4	1	18
E.N. CENTRAL	28	–	122	–	–	4	9	–	27	61	14	3	24
Ohio	1	–	–	–	–	–	7	–	2	12	–	–	4
Ind.†	4	–	9	–	–	–	1	–	2	4	2	–	3
Ill.	2	–	16	–	–	–	–	–	3	19	1	–	4
Mich.	16	–	24	–	–	2	1	–	17	23	11	2	11
Wis.†	5	–	73	–	–	2	–	–	3	3	–	1	2
W.N. CENTRAL	15	–	11	–	2	–	2	1	17	18	8	2	19
Minn.	–	–	–	–	–	–	–	–	6	6	–	–	4
Iowa	–	–	–	–	–	–	–	–	1	4	1	–	–
Mo.†	14	–	5	–	1	–	–	1	8	6	7	1	7
N. Dak.	–	–	2	–	–	–	1	–	–	–	–	–	–
S. Dak.	–	–	–	–	–	–	–	–	–	–	–	–	1
Nebr.	–	–	4	–	1	–	–	–	2	2	–	–	3
Kans.	1	–	–	–	–	–	1	–	–	–	–	1	4
S. ATLANTIC	30	–	73	–	–	4	–	2	61	96	37	5	83
Del.	2	–	3	–	–	–	–	–	2	2	–	–	1
Md.	7	–	6	–	–	1	–	–	24	15	7	2	19
D.C.	–	–	–	–	–	–	–	–	–	–	–	–	2
Va.	5	–	4	–	–	3	–	–	6	22	2	1	18
W. Va.†	2	–	32	–	–	–	–	–	1	3	–	–	1
N.C.	–	–	NN	–	–	–	–	–	–	–	–	–	7
S.C.	2	–	–	–	–	–	–	–	2	–	6	–	4
Ga.	–	–	–	–	–	–	–	–	10	7	–	–	6
Fla.	12	–	28	–	–	–	–	2	16	47	22	2	25
E.S. CENTRAL	27	–	2	–	–	2	–	–	24	66	15	–	4
Ky.	6	–	2	–	–	2	–	–	1	6	–	–	1
Tenn.	4	–	NN	–	–	–	–	–	16	41	15	–	1
Ala.	16	–	–	–	–	–	–	–	7	4	–	–	1
Miss.	1	–	–	–	–	–	–	–	–	15	–	–	1
W.S. CENTRAL	33	3	18	–	1	5	4	–	17	99	43	–	21
Ark.	1	1	–	–	1	2	4	–	–	5	–	–	1
La.	14	–	NN	–	–	1	–	–	8	26	12	–	3
Okla.	2	–	–	–	–	1	–	–	3	12	4	–	–
Tex.	16	2	18	–	–	1	–	–	6	56	27	–	17
MOUNTAIN	5	–	7	–	3	4	1	–	11	74	37	–	4
Mont.†	–	–	4	–	–	1	–	–	–	2	1	–	–
Idaho	–	–	–	–	–	–	–	–	1	5	–	–	–
Wyo.	–	–	–	–	–	–	–	–	–	5	–	–	–
Colo.	5	–	3	–	2	–	–	–	5	15	1	–	1
N. Mex.	–	–	–	–	–	3	1	–	1	18	3	–	1
Ariz.	–	–	NN	–	–	–	–	–	3	26	32	–	1
Utah	–	–	–	–	–	–	–	–	–	1	–	–	–
Nev.	–	–	–	–	1	–	–	–	1	2	–	–	1
PACIFIC	27	–	34	–	43	2	5	1	43	97	34	10	168
Wash.	1	–	25	–	39	–	–	–	4	16	6	–	6
Oreg.	9	–	–	–	–	1	–	1	4	17	8	1	4
Calif.†	16	–	–	–	1	1	4	–	34	60	20	9	140
Alaska†	–	–	4	–	3	–	1	–	1	2	–	–	3
Hawaii	1	–	5	–	–	–	–	–	–	2	–	–	15
Guam	NA	NA	NA	NA	–	NA	–	–	NA	NA	NA	NA	–
P.R.	–	–	6	–	–	–	–	–	1	3	2	–	4
V.I.	–	–	–	–	–	–	–	–	–	–	–	–	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.: Wis. –2, Mo. +1; Chickenpox: Calif. +10; Enceph., primary: Ind. +2, Wis. –1; Post Enceph. Mumps: Wis. +1; Hep. B: Vt. –2, N.J. +7, Wis. +1, Mo. +3, Mont. +1; Hep A: N.H. +1, N.J. +12, W.Va. –1, Alaska –1; Hep. unsp.: N.J. +11, Mont. –1.

TABLE III (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending August 12, 1978, and August 13, 1977 (32nd week)

REPORTING AREA	MEASLES (RUBEOLA)			MENINGOCOCCAL INFECTIONS TOTAL			MUMPS		PERTUSSIS	RUBELLA		TETANUS
	1978	CUM. 1978	CUM. 1977*	1978	CUM. 1978	CUM. 1977*	1978	CUM. 1978	1978	1978	CUM. 1978	CUM. 1978
UNITED STATES	306	22,252	52,374	40	1,642	1,181	87	12,814	49	108	14,697	49
NEW ENGLAND	5	1,957	2,472	3	86	52	1	714	3	5	721	1
Maine	3	1,312	166	–	6	3	–	484	–	1	148	–
N.H.†	–	46	510	–	9	3	–	13	–	1	99	–
Vt.	–	25	290	–	2	5	–	5	–	–	27	1
Mass.†	1	247	620	2	27	17	1	83	–	1	214	–
R.I.	1	8	64	–	17	1	–	32	–	–	41	–
Conn.	–	319	822	1	25	23	–	97	3	2	192	–
MID. ATLANTIC	16	2,114	8,278	7	285	155	8	581	2	11	2,950	3
Upstate N.Y.	11	1,359	3,772	7	98	35	3	196	2	4	512	1
N.Y. City	2	331	698	–	65	41	2	133	–	–	115	–
N.J.	–	73	195	–	49	35	1	129	–	6	1,590	–
Pa.†	3	351	3,613	–	73	44	2	123	–	1	733	2
E.N. CENTRAL	229	9,676	11,359	5	151	127	26	5,112	12	64	6,738	2
Ohio	2	476	1,832	2	55	41	1	855	2	–	1,255	1
Ind.	1	176	4,294	1	29	8	3	296	6	5	557	1
Ill.	1	618	1,624	–	7	33	10	1,639	1	4	420	–
Mich.	212	6,970	914	2	49	33	1	1,337	1	38	2,997	–
Wis.†	13	1,436	2,395	–	11	12	11	985	2	17	1,509	–
W.N. CENTRAL	–	377	5,427	1	55	53	1	1,888	7	4	635	6
Minn.	–	34	2,618	1	13	19	–	18	–	1	128	1
Iowa	–	51	4,267	–	5	8	–	120	–	2	52	–
Mo.†	–	11	1,036	–	23	15	–	1,151	7	–	96	–
N. Dak.	–	191	23	–	3	1	1	12	–	–	81	–
S. Dak.	–	–	66	–	2	4	–	6	–	–	111	1
Nebr.	–	5	209	–	–	1	–	21	–	–	34	–
Kans.	–	85	1,208	–	9	5	–	560	–	1	133	4
S. ATLANTIC	22	4,742	4,491	8	408	273	23	719	4	12	984	9
Del.	–	5	22	2	15	17	1	49	–	–	34	–
Md.	–	46	371	2	23	13	3	65	–	–	6	1
D.C.	–	–	14	–	1	–	–	1	–	–	1	–
Va.†	2	2,798	2,685	2	52	20	6	130	–	4	234	–
W. Va.	6	1,028	214	–	9	9	3	163	1	2	326	–
N.C.	–	116	62	–	78	59	5	64	–	–	178	2
S.C.	–	194	147	–	24	28	–	15	–	–	28	1
Ga.	–	17	764	–	46	42	–	64	2	1	5	–
Fla.	14	538	212	2	160	80	5	168	1	5	172	5
E.S. CENTRAL	5	1,376	1,960	1	133	128	8	1,099	6	2	489	2
Ky.	2	117	1,175	–	27	26	–	181	3	1	126	1
Tenn.	3	956	671	–	32	31	2	444	2	1	195	–
Ala.	–	89	77	1	40	47	5	404	–	–	21	–
Miss.	–	214	37	–	34	24	1	70	1	–	147	1
W.S. CENTRAL	20	987	2,042	13	256	210	7	1,625	7	6	898	13
Ark.	–	16	29	–	21	10	1	581	–	1	58	1
La.	9	329	74	11	105	77	–	61	–	3	483	1
Okla.	–	13	54	–	16	10	–	4	1	–	11	2
Tex.	11	629	1,885	2	114	113	6	979	6	2	346	9
MOUNTAIN	3	245	2,494	1	35	30	2	376	1	1	194	1
Mont.	3	105	1,157	–	1	2	1	141	–	–	17	–
Idaho	–	1	161	–	3	4	–	20	–	–	2	–
Wyo.	–	–	18	–	–	1	–	–	–	–	–	–
Colo.	–	29	498	–	2	1	1	77	–	–	45	–
N. Mex.	–	–	254	–	7	8	–	15	–	–	3	–
Ariz.	–	49	297	–	13	10	–	10	1	–	90	–
Utah	–	44	16	1	5	3	–	109	–	1	26	1
Nev.	–	17	93	–	4	1	–	4	–	–	11	–
PACIFIC	6	776	10,151	1	233	153	11	700	7	3	1,088	12
Wash.	3	143	529	–	39	18	–	164	–	1	94	–
Oreg.	–	144	357	–	22	17	1	80	–	–	101	–
Calif.	2	480	9,170	1	162	90	10	424	7	2	880	12
Alaska	–	–	60	–	6	26	–	7	–	–	3	–
Hawaii	1	9	35	–	4	2	–	25	–	–	10	–
Guam	NA	24	4	–	–	–	NA	33	NA	NA	3	1
P.R.	9	214	859	–	3	1	23	1,087	–	–	15	5
V.I.	–	6	14	–	1	–	–	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: Pa. +1, Wis. +2; Men. Inf.: N.H. –1; Pertussis: Wis. –1, Mo. +2, Va. –1; Rubella: Mass. –4, Wis. –3.

TABLE III (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending August 12, 1978, and August 13, 1977 (32nd week)

REPORTING AREA	TUBERCULOSIS		TULAREMIA	TYPHOID FEVER		TYPHUS FEVER (Tick-borne) (RMSF)		VENEREAL DISEASES (Civilian)						RABIES (in Animals)
								GONORRHEA			SYPHILIS (Pri. & Sec.)			
	1978	CUM. 1978	CUM. 1978	1978	CUM. 1978	1978	CUM. 1978	1978	CUM. 1978	CUM. 1977*	1978	CUM. 1978	CUM. 1977*	CUM. 1978
UNITED STATES	668	18,567	65	6	266	60	662	21,926	596,628	595,737	431	12,804	12,562	1,876
NEW ENGLAND	14	606	–	–	38	3	11	667	15,540	15,561	17	366	524	70
Maine	2	43	–	–	–	–	–	60	1,184	1,105	–	7	14	60
N.H.†	–	11	–	–	5	–	–	27	711	618	–	4	3	1
Vt.	–	25	–	–	1	–	–	17	355	407	–	3	6	1
Mass.†	9	355	–	–	22	–	3	285	6,881	6,714	9	224	376	6
R.I.	–	43	–	–	4	–	1	30	1,108	1,272	–	16	7	–
Conn.	3	129	–	–	6	3	7	248	5,301	5,445	8	112	118	2
MID. ATLANTIC	83	3,171	3	–	30	4	41	2,310	63,873	60,183	52	1,703	1,745	50
Upstate N.Y.	21	470	2	–	7	1	23	405	10,977	10,325	–	133	168	39
N.Y. City	16	1,145	1	–	16	–	2	988	24,856	23,460	34	1,191	1,097	–
N.J.	25	781	–	–	4	2	8	332	11,597	10,480	6	188	226	8
Pa.	21	775	–	–	3	1	8	585	16,443	15,918	12	191	254	3
E.N. CENTRAL	134	2,840	1	1	17	–	14	3,432	89,777	93,640	59	1,408	1,339	105
Ohio	35	520	1	–	5	–	9	1,094	23,418	24,916	12	261	310	11
Ind.	15	336	–	–	–	–	1	480	9,337	8,488	1	86	101	8
Ill.	29	1,060	–	–	4	–	4	739	28,182	30,422	36	882	708	29
Mich.†	44	660	–	1	8	–	–	868	20,764	21,390	8	135	153	5
Wis.	11	124	–	–	–	–	–	251	8,076	8,424	2	44	67	52
W.N. CENTRAL	14	616	12	–	12	3	20	981	30,042	31,331	14	304	279	402
Minn.	3	113	–	–	4	–	–	150	5,197	5,722	5	124	86	130
Iowa	–	69	–	–	2	–	–	126	3,362	3,624	1	38	26	81
Mo.†	7	263	11	–	4	2	13	416	12,899	13,182	1	81	101	47
N. Dak.	2	29	–	–	–	–	1	17	552	593	–	2	2	66
S. Dak.	2	52	–	–	–	–	2	38	1,071	913	–	2	2	56
Nebr.	–	12	–	–	–	–	–	77	2,243	2,667	1	9	24	2
Kans.	–	78	1	–	2	1	4	157	4,718	4,630	6	48	38	20
S. ATLANTIC	141	4,021	6	1	37	36	384	5,798	145,986	148,492	125	3,380	3,580	253
Del.	–	31	–	–	1	1	5	152	1,993	2,024	–	6	18	1
Md.	31	614	4	–	6	3	87	725	18,552	18,608	8	258	236	–
D.C.	5	210	–	–	1	–	–	499	9,473	9,698	5	259	378	–
Va.	13	427	2	–	5	5	81	509	13,762	15,351	15	281	360	6
W. Va.†	4	167	–	–	2	–	9	82	2,060	2,011	–	9	2	4
N.C.†	24	624	–	–	2	18	129	866	20,859	21,810	27	345	501	6
S.C.	20	365	–	–	4	2	43	494	14,235	13,643	7	173	155	60
Ga.†	15	538	–	–	3	7	30	1,287	28,124	28,804	26	824	742	165
Fla.	29	1,045	–	1	13	–	–	1,184	36,928	36,543	37	1,225	1,196	11
E.S. CENTRAL	80	1,714	5	2	7	8	117	1,818	51,380	52,973	25	656	448	94
Ky.	25	377	2	–	2	–	34	266	6,393	7,256	2	85	53	51
Tenn.	30	531	3	2	3	8	73	667	18,994	21,565	5	223	143	19
Ala.	10	401	–	–	1	–	5	477	14,688	14,234	3	104	86	24
Miss.	15	405	–	–	1	–	5	408	11,305	9,918	15	244	166	–
W.S. CENTRAL	70	2,190	32	–	31	4	66	2,845	81,616	74,684	65	2,021	1,758	610
Ark.	6	232	21	–	2	1	9	168	6,176	5,783	–	49	44	91
La.	23	388	5	–	3	–	1	455	13,344	11,038	17	434	412	11
Okla.	–	219	3	–	2	3	38	244	7,674	7,086	–	58	51	131
Tex.	41	1,351	3	–	24	–	18	1,978	54,422	50,777	48	1,480	1,251	377
MOUNTAIN	28	549	4	–	14	2	6	897	22,402	24,072	4	258	253	44
Mont.	2	36	–	–	–	–	2	37	1,296	1,225	–	7	4	4
Idaho	1	22	2	–	5	1	2	54	850	1,138	–	7	5	–
Wyo.	–	13	1	–	–	1	1	20	528	596	–	5	2	–
Colo.	6	53	–	–	3	–	–	256	6,195	6,213	3	75	75	17
N. Mex.	2	85	–	–	2	–	–	98	3,237	3,539	–	60	48	9
Ariz.	14	266	–	–	2	–	–	237	5,804	6,847	–	61	104	12
Utah	2	27	1	–	1	–	–	42	1,194	1,374	–	11	5	2
Nev.	1	47	–	–	1	–	1	153	3,298	3,140	1	32	10	–
PACIFIC	104	2,860	2	2	80	–	3	3,178	96,012	94,801	70	2,708	2,628	248
Wash.	–	145	–	–	6	–	–	304	7,610	7,106	–	118	152	–
Oreg.	2	122	–	–	1	–	2	299	6,717	6,461	2	87	72	6
Calif.	87	2,193	2	2	66	–	1	2,405	76,856	76,133	68	2,470	2,361	234
Alaska	–	46	–	–	–	–	–	98	3,043	3,113	–	7	18	8
Hawaii	15	354	–	–	7	–	–	72	1,786	1,988	–	26	25	–
Guam	NA	37	–	NA	–	NA	–	NA	119	137	NA	–	1	–
P.R.	9	252	–	–	1	–	–	32	1,383	1,967	15	278	347	22
V.I.	–	4	–	–	2	–	–	–	133	124	–	12	7	–

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. –4, N.C. –1, Ga. +15; Tularemia: Mo. +1; GC: N.H. +2(mil.); Syphilis: Mass. +1; Rabies in animals: W.Va. +4.

TABLE IV. Deaths in 121 U.S. cities,* week ending August 12, 1978 (32nd week)

REPORTING AREA	ALL CAUSES, BY AGE (YEARS)					P & I** TOTAL
	ALL AGES	≥65	45-64	25-44	<1	
NEW ENGLAND	559	373	132	20	23	35
Boston, Mass.	149	92	37	9	8	9
Bridgeport, Conn.	39	22	14	1	2	2
Cambridge, Mass.	–	–	–	–	–	–
Fall River, Mass.	26	20	4	–	–	–
Hartford, Conn.	37	23	10	1	1	2
Lowell, Mass.	25	24	1	–	–	5
Lynn, Mass.	20	13	5	–	1	1
New Bedford, Mass.	25	18	6	1	–	–
New Haven, Conn.	48	33	10	3	1	3
Providence, R.I.	65	39	17	2	7	7
Somerville, Mass.	7	4	2	1	–	–
Springfield, Mass.	37	24	10	1	2	3
Waterbury, Conn.	28	19	6	1	–	3
Worcester, Mass.	53	42	10	–	1	–
MID. ATLANTIC	2,576	1,557	661	165	79	106
Albany, N.Y.	37	19	9	2	5	–
Allentown, Pa.	24	13	6	4	–	–
Buffalo, N.Y.	106	60	29	11	1	8
Camden, N.J.	34	21	9	3	1	4
Elizabeth, N.J.	23	13	7	2	–	–
Erie, Pa.	38	26	10	–	2	1
Jersey City, N.J.	62	41	14	4	3	3
Newark, N.J.	51	22	15	8	5	2
N.Y. City, N.Y.	1,335	815	345	90	40	51
Paterson, N.J.	40	27	9	1	1	5
Philadelphia, Pa.	393	235	114	24	10	10
Pittsburgh, Pa.	70	41	22	5	1	1
Reading, Pa.	44	31	10	1	1	–
Rochester, N.Y.	106	78	21	4	2	10
Schenectady, N.Y.	18	16	2	–	–	–
Scranton, Pa.	26	18	7	–	–	1
Syracuse, N.Y.	75	47	18	2	5	3
Trenton, N.J.	38	29	6	2	1	2
Utica, N.Y.	29	24	3	1	1	3
Yonkers, N.Y.	27	21	5	1	–	2
E.N. CENTRAL	2,085	1,212	584	146	71	57
Akron, Ohio	50	32	14	2	–	–
Canton, Ohio	49	27	15	3	3	1
Chicago, Ill.	483	252	158	39	19	11
Cincinnati, Ohio	137	86	34	6	5	4
Cleveland, Ohio	160	84	49	15	8	2
Columbus, Ohio	137	79	38	8	8	9
Dayton, Ohio	98	67	21	5	2	1
Detroit, Mich.	245	136	70	22	5	8
Evansville, Ind.	46	34	9	2	–	2
Fort Wayne, Ind.	52	36	11	4	–	1
Gary, Ind.	14	7	5	–	1	–
Grand Rapids, Mich.	50	36	7	5	2	2
Indianapolis, Ind.	137	71	43	10	6	–
Madison, Wis.	34	16	14	1	2	2
Milwaukee, Wis.	120	82	26	7	3	2
Peoria, Ill.	51	26	14	4	2	4
Rockford, Ill.	39	24	8	5	–	5
South Bend, Ind.	35	25	8	–	1	1
Toledo, Ohio	107	67	28	6	2	2
Youngstown, Ohio	41	25	12	2	2	–
W.N. CENTRAL	665	436	136	25	33	21
Des Moines, Iowa	48	35	9	2	1	–
Duluth, Minn.	35	29	4	1	1	3
Kansas City, Kans.	31	16	9	1	1	3
Kansas City, Mo.	116	81	19	7	5	–
Lincoln, Nebr.	24	16	7	–	1	–
Minneapolis, Minn.	90	51	22	3	7	3
Omaha, Nebr.	78	44	19	2	5	3
St. Louis, Mo.	132	88	25	5	9	4
St. Paul, Minn.	60	37	13	4	1	–
Wichita, Kans.	51	39	9	–	2	5

REPORTING AREA	ALL CAUSES, BY AGE (YEARS)					P & I** TOTAL
	ALL AGES	≥65	45-64	25-44	<1	
S. ATLANTIC	1,187	631	346	92	64	50
Atlanta, Ga.	119	59	35	16	5	3
Baltimore, Md.	295	159	88	19	10	5
Charlotte, N.C.	62	26	22	5	9	3
Jacksonville, Fla.	60	25	23	4	4	1
Miami, Fla.	97	55	27	6	3	4
Norfolk, Va.	58	26	16	4	6	4
Richmond, Va.	61	34	17	5	–	4
Savannah, Ga.	23	10	6	2	4	1
St. Petersburg, Fla.	72	54	14	2	2	4
Tampa, Fla.	65	34	23	2	4	8
Washington, D.C.	240	125	68	25	16	12
Wilmington, Del.	35	24	7	2	1	1
E.S. CENTRAL	681	385	184	41	37	29
Birmingham, Ala.	107	60	30	5	8	–
Chattanooga, Tenn.	48	30	14	2	–	3
Knoxville, Tenn.	51	35	10	5	–	1
Louisville, Ky.	89	62	18	4	2	9
Memphis, Tenn.	173	92	45	10	17	2
Mobile, Ala.	59	35	15	4	2	2
Montgomery, Ala.	33	18	7	1	3	5
Nashville, Tenn.	121	53	45	10	5	7
W.S. CENTRAL	1,222	657	329	102	61	39
Austin, Tex.	42	27	10	2	–	2
Baton Rouge, La.	34	17	9	2	4	4
Corpus Christi, Tex.	21	10	5	4	1	1
Dallas, Tex.	176	106	40	14	5	4
El Paso, Tex.	44	26	9	5	2	2
Fort Worth, Tex.	88	52	20	7	6	1
Houston, Tex.	321	154	96	37	12	5
Little Rock, Ark.	50	29	16	1	3	6
New Orleans, La.	146	74	42	9	9	–
San Antonio, Tex.	157	83	43	13	12	5
Shreveport, La.	71	39	20	2	6	4
Tulsa, Okla.	72	40	19	6	1	5
MOUNTAIN	530	287	138	43	23	10
Albuquerque, N.Mex.	54	29	15	5	1	2
Colo. Springs, Colo.	39	25	6	4	1	3
Denver, Colo.	117	61	33	9	6	1
Las Vegas, Nev.	36	18	13	2	1	2
Ogden, Utah	17	10	4	1	–	1
Phoenix, Ariz.	121	64	36	10	4	–
Pueblo, Colo.	10	6	3	–	1	1
Salt Lake City, Utah	54	26	9	7	5	–
Tucson, Ariz.	82	48	19	5	4	–
PACIFIC	1,539	965	367	87	54	30
Berkeley, Calif.	17	13	4	–	–	–
Fresno, Calif.	73	39	18	7	4	1
Glendale, Calif.	22	15	6	1	–	–
Honolulu, Hawaii	60	31	19	3	1	–
Long Beach, Calif.	88	52	26	5	2	1
Los Angeles, Calif.	474	295	113	29	20	9
Oakland, Calif.	72	42	22	3	3	–
Pasadena, Calif.	29	23	5	–	1	1
Portland, Oreg.	96	64	22	2	4	1
Sacramento, Calif.	62	44	11	5	–	3
San Diego, Calif.	120	73	26	7	7	2
San Francisco, Calif.	143	100	27	7	5	4
San Jose, Calif.	53	34	13	4	1	2
Seattle, Wash.	132	74	39	8	4	4
Spokane, Wash.	63	39	12	5	2	1
Tacoma, Wash.	35	27	4	1	–	1
TOTAL	11,044	6,543	2,877	721	445	377
Expected Number	10,909	6,521	2,808	718	429	363

*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

Current Trends

Measles and School Immunization Requirements — United States, 1978

Schools are commonly regarded as major sites of measles transmission in this country. Of 41,584 reported measles cases in 1977 for whom the age of patients was known, 34,163 (82.2%) were in children 5-19 years old; most (57%) were in 10- to 19-year-olds (*1*).

In recent years, increasing attention has been paid to requirements for a history of measles or measles immunization for children entering school. Such requirements currently exist in 49 states and Washington, D.C. In some of these states, these requirements apply to children in upper grades. Effective enforcement of these requirements has been variable; in some cases it has been complicated by absence of a clear allocation of responsibility.

As of December 31, 1977, at least 6 states* were enforcing school measles immunization requirements or measles-related health laws for students beyond entry level, to the extent of excluding any students who could not document their immune status. Table 3 compares reported measles incidence rates in 1975-1977 and in the first 31 weeks of 1978 in these 6 states with incidence rates for the rest of the United States.

TABLE 3. Incidence of reported measles in states enforcing school immunization laws beyond the entry level prior to 1978 and in other states*,1975-first 31 weeks, 1978

	Reported measles cases per 100,000 population <18 years old**			Reported measles cases first 31 weeks, 1978
	Mean for 1975-1976	1977	1978 (first 31 weeks)	
6 states strictly enforcing laws	47.0	40.6	2.7	83
Remainder of nation	50.4	90.3	35.2	21,856

*Data include Washington, D.C.

**1976 population data

Before enforcement (1975-1976), reported measles incidence rates in these 2 groups of states were similar. During the first 31 weeks of 1978 reported measles incidence rates in the 6 states enforcing their laws (2.7 cases/100,000 population <18 years old) were 92.3% less than the rate in the rest of the United States (35.2 cases/100,000 population <18 years old).

Reported by the Immunization Div, Bur of State Services, CDC.

Editorial Note: The existence of school immunization requirements within states has previously been demonstrated to correlate with a measles incidence rate that is approximately 55% of that in states without requirements (*2*). The above data indicate that vigorous enforcement of such school requirements and measles-related public health laws is associated with a significant further reduction in reported measles cases. Children in areas that have enforced these requirements are therefore at lower risk of measles and its complications.

Other approaches, in addition to exclusion from school, can be used to improve compliance with state requirements. In Tennessee, for example, the State Departments of Education and Public Health will cooperate in arranging an enforcement system whereby school children without proof of adequate immunization "will not be counted

*Alaska, Colorado, Hawaii, Maryland, New Mexico, South Dakota

Measles — Continued

in the average daily attendance of students for the distribution of state school funds" (*3*).

Published experience with enforcement programs in Alaska (*4*), Los Angeles (*5*), and Detroit (*6*) (the latter affecting primarily kindergarteners) indicates that necessary immunizations are quickly obtained by most delinquent pupils and that exclusion from school for significant periods is uncommon.

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Epidemiologic Notes and Reports

Follow-up on Dengue — Puerto Rico, United States

Puerto Rico: There have been 8,413 suspected cases of dengue reported thus far in 1978 in Puerto Rico. This figure is markedly greater than that for the same time period in 1976 or 1977 (Table 4).

TABLE 4. Reported incidence of dengue-like illness, Puerto Rico, cumulative totals, 1976-1978

Year	Number of cases cumulative, week 31	Yearly
1976	266	412
1977	277	11,824
1978	8,413	—

Several hundred cases in the early months of 1978 were associated with the outbreak that began in 1977, but there was a sharp increase in reported cases beginning in May, indicating a new outbreak (Figure 1). Dengue-like disease has been reported in 1978 from all Puerto Rican municipios.

The largest number of cases was reported in June 1978 (3,883), following a period of heavy rain. During July there was little rain (less than 1 inch/week, average), and the number of reported cases fell to 2,418. The rainy season in Puerto Rico began the week of August 7.

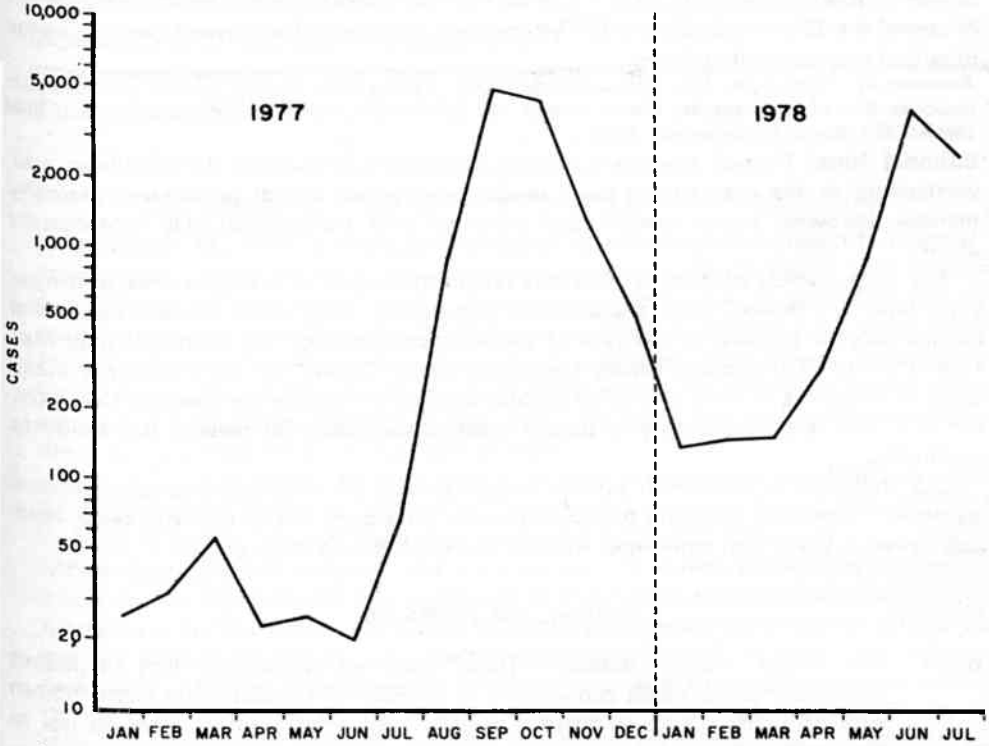
Dengue virus type 1 was first isolated in Puerto Rico in December 1977 toward the end of that year's outbreak. Nearly all (97/103) confirmed dengue isolates in 1978 have been the type 1 strain. Type 3 dengue virus was the major strain isolated during the Puerto Rican outbreak of 1963-64. Type 2 prevailed from 1968 through the peak of the 1977 outbreak.

Although there have been no reported cases of dengue shock syndrome, to date, in the Caribbean, there have been reports of patients with minor hemorrhagic manifestations. In Puerto Rico there are at least 7 patients (age range: 6 weeks-63 years), with findings including one or more of the following hemorrhagic manifestations: positive tourniquet test, petechiae, epistaxis, hematuria, guaiac positive stool, and/or thrombo-

Dengue – Continued

cytopenia (<100,000/mm^3). Also, dengue virus has been isolated from at least 5 women during the first trimester of pregnancy. Follow-up on these patients and their offspring is pending.

FIGURE 1. Reported cases of dengue-like illness, by month, Puerto Rico, 1977-1978



Larval indices for *Aedes aegypti,* the mosquito vector of dengue, are increased over those from previous years, indicating an increased vector population in the areas examined. The Breteau index* reported from the July 1978 larval survey in Ponce was 31, the highest in that area for that month since surveying began in 1973. However, in 2 areas with active programs to clean up the environment the index from January-July 1978 was 3–60% lower than the average of those areas from 1973-1977. By contrast, the index from 2 comparable areas without such programs was 30% higher than the 1973-1977 average. Malathion spraying efforts continue throughout Puerto Rico, particularly in the San Juan metropolitan area and towns reporting large numbers of suspected cases.

* (The number of positive containers ÷ total number of houses) X 100

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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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Dengue – Continued

United States: Twenty-two cases of serologically confirmed dengue have been reported in 1978 in persons entering the United States from the Caribbean (20 cases) and Tahiti (2). Reports are from 12 different states. A secondary type serologic response (suggesting that the patients had had a previous Group B arboviral infection) was demonstrated in nearly half of the cases; there has been no report of hemorrhagic complications in any of the 22 patients. During 1977 there were a total of 70 confirmed cases of dengue imported into the United States.

Reported by J Chiriboga, MD, Environmental Health, Puerto Rico Dept of Health; San Juan Laboratories, Bur of Laboratories, Vector Biology and Control Div, Bur of Tropical Diseases, and Viral Diseases Div, Bur of Epidemiology, CDC.

Editorial Note: Dengue fever is a disease of interest throughout the Caribbean area, particularly as the peak of the rainy season approaches. Vector populations generally increase following heavy rainfall, and increased viral transmission may subsequently occur.

The large number of cases in 1978 may reflect the impact of the appearance of dengue virus type 1 infection upon a susceptible population. Also, other illnesses resembling dengue may be present, as the rate of serologic confirmation has decreased since May from 81% to 70% positive among specimens tested. During the 1977 outbreak many cases of influenza A were identified among specimens negative for dengue. Currently, the CDC San Juan Laboratory is testing negative specimens for measles and influenza antibodies.

U.S. travelers to areas with known dengue activity are encouraged to take measures to prevent mosquito bites and to report to their physicians any illness with fever, headache, myalgias, and rash with onset within 4 weeks of leaving those areas.

Erratum, Vol. 27, No. 30

p 267 The article "Human Rabies – Texas" reported erroneously that 14 persons were undergoing rabies prophylaxis as a result of exposure to a recent human case of rabies. Only 10 persons actually were treated; 4 were judged not to have been exposed.

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