

Morbidity and Mortality



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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

PUBLIC HEALTH SERVICE

HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

EPIDEMIOLOGIC NOTES AND REPORTS

TAENIASIS - Rhode Island

On May 9, 1968, a 40-year-old female X-ray technician from Rhode Island recognized tapeworm proglottids in her stool. For approximately 2 months the patient had experienced mild abdominal cramps, borborygmi, and a change in her bowel habits from relative constipation to bowel movements on arising each morning. Because she believed that she was infected with pinworms, she had mistakenly been looking at her stools each day until May 9 when she first sighted the tapeworm segments.

The patient gave no history of recent travel. She ate rare beef, often sampling raw hamburger during its preparation, but she rarely ate pork. She purchased all her meat in a single Rhode Island supermarket.

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The patient's stool was examined and found to contain *Taenia* eggs. She was treated with oral Atabrine, but this was not successful. She was then treated with Niclosamide (Yomesan)* and she stated that within a day her bowel

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TABLE I. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
 (Cumulative totals include revised and delayed reports through previous weeks)

DISEASE	23rd WEEK ENDED		MEDIAN 1963 - 1967	CUMULATIVE, FIRST 23 WEEKS		
	JUNE 8, 1968	JUNE 10, 1967		1968	1967	MEDIAN 1963 - 1967
Aseptic meningitis	48	48	24	687	746	635
Brucellosis	3	13	6	67	111	111
Diphtheria	-	5	5	70	49	78
Encephalitis, primary:						
Arthropod-borne & unspecified	28	32	---	374	573	---
Encephalitis, post-infectious	6	18	---	247	396	---
Hepatitis, serum	70	55	622	1,762	877	18,591
Hepatitis, infectious	780	646		19,378	17,714	
Malaria	31	34	4	928	870	43
Measles (rubeola)	592	1,614	7,564	15,965	51,799	214,200
Meningococcal infections, total	33	43	43	1,507	1,311	1,456
Civilian	33	42	---	1,361	1,214	---
Military	-	1	---	146	97	---
Mumps	3,012	---	---	108,983	---	---
Poliomyelitis, total	1	-	3	18	10	17
Paralytic	1	-	2	18	9	15
Rubella (German measles)	1,531	1,850	---	36,034	32,913	---
Streptococcal sore throat & scarlet fever	6,889	7,454	6,757	239,309	259,532	234,052
Tetanus	3	7	5	54	73	89
Tularemia	1	3	7	77	65	94
Typhoid fever	9	39	7	116	173	156
Typhus, tick-borne (Rky. Mt. spotted fever)	9	14	10	54	57	34
Rabies in animals	66	87	87	1,680	2,054	2,054

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:	2	Rabies in man:	-
Botulism: Calif.-1	1	Rubella, Congenital Syndrome:	3
Leptospirosis: Kans.-1	13	Trichinosis: N.Y.C.-1, Wash.-1	28
Plague:	-	Typhus, murine: Tex.-1	6
Psittacosis: Pa.-1, Tex.-1	18		

TAENIASIS - (Continued from front page)

habits returned to the previous normal pattern. Her stools will be examined periodically to see if the entire worm was removed.

The commercial sources of beef for the single supermarket from which the autochthonous case purchased her meat were traced. It was found that two of the sources were slaughter houses in Nebraska and Iowa that had processed Texas cattle infected with *Cysticercus bovis* during the epizootic that first appeared in mid-March (MMWR, Vol. 17, No. 16). An investigation is now under-

way to determine if there are more autochthonous cases of taeniasis in this region.

At the same time that this autochthonous case was found, two imported cases of taeniasis, one in an Ethiopian and the other in a Lebanese, were also reported in Rhode Island.

(Reported by Joseph E. Cannon, M.D., M.P.H., Director, Rhode Island Department of Health; and an EIS Officer.)

*Available through Parasite Disease Drug Service

TRICHINOSIS - Ohio

An outbreak of trichinosis has been reported from Willoughby, Lake County, Ohio, in an Italian family. Between March 9 and March 25, 1968, four of seven family members developed symptoms compatible with trichinosis and were later found to have positive serologic tests for trichinosis; two other persons in the family had symptoms and laboratory data highly suggestive of trichinosis, and one member was possibly infected (Table 1). The most common symptoms were fever, periorbital edema, and muscle ache. Suessenguth-Kline flocculation tests for trichinosis were positive for all four of the four patients tested. No muscle biopsies were performed. All patients were treated at home with corticosteroids, and all have recovered.

Investigation revealed that the family had consumed pork purchased in mid-February 1968 from two sources. Pork butts, purchased from a packing company in Ohio, were ground into sausage by the family and used in making spaghetti sauce. The family reported that the sauce was well-cooked and was eaten on March 7 and March 9. It was also eaten on two occasions by the family's physi-

cian who has remained well. On examination, a sample of sausage used in this sauce was negative for trichina larvae.

The family also purchased fresh sausage from another packing company in Ohio. This sausage was soaked in oil at home for several days and then eaten raw by at least six of the seven family members. The dates and amount of consumption of the sausage by each family member were unobtainable, but the sausage was eaten on several occasions by most of the family. Cases 1 and 2, who had the earliest dates of onset and who were severely ill, do a majority of the food preparation for the family and may have had the greatest exposure. No person outside the household ate this raw sausage. When tested, the sausage was found to be infected with an average of three trichina larvae per 50 gm of sausage.

It is unlikely that the pork used in the spaghetti sauce was the source of infection since the onset of systemic symptoms in three of the cases occurred only 2 days after

Table 1
Case Data in Family Outbreak of Trichinosis
Willoughby, Ohio, March 9 - March 25, 1968

Case	Age (years)	Sex	Date of Onset of Symptoms	Symptoms	WBC	Eosinophils	Serology: Suessenguth-Kline Flocculation	Pork Eaten	
								Spaghetti Sauce	Raw Sausage
1	27	F	March 9	Fever, Nausea, Periorbital edema, Muscle ache	14,700	29%	Positive	Yes	Yes
2	24	F	March 9	Fever, Nausea, Periorbital edema, Muscle ache	6,900	12%	Positive	Yes	Yes
3	5	M	March 9	Rash, Periorbital edema	14,000	25%	Positive	Yes	Yes
4	61	M	March 14	Slight muscle ache	Not tested	Not tested	Not tested	Yes	Uncertain
5	30	M	March 15	Fever, Periorbital edema, Muscle ache	8,950	21%	Not tested	Yes	Yes
6	60	F	March 25	Conjunctival hemorrhage	6,300	7%	Positive	Yes	Yes
7	2	M	March 25	Rash	14,150	14%	Not tested	Yes	Yes

consumption. These signs and symptoms of larval migration and muscle infiltration, generally, do not appear prior to the sixth day after ingestion of trichinous meat. Therefore it is likely that the raw sausage soaked in oil was the source of trichinosis.

No cases of trichinosis were reported to the Lake County Health Department in 1967 and only these seven cases have been reported in 1968. However, two cases in

neighboring Cuyahoga County are presently under investigation for possible relationship to this outbreak.

(Reported by Ralph A. Masterson, D.V.M., M.P.H., Chief, Epidemiology Section, Jack Russell, D.V.M., Chief, Veterinary Unit, and Ohio Department of Health Laboratory, Ohio Department of Health; and Fred C. Kluth, M.D., Willoughby, Ohio.)

SUSPECT BOTULISM - California

A 49-year-old executive became ill on the evening of May 15, 1968, on his way home to San Diego after attending a convention in Wisconsin. His illness began with nausea, vomiting, and abdominal pain. After arriving home that same evening, he continued vomiting for 48 hours and was admitted to a hospital on May 17. On admission, he was severely dehydrated and had mild respiratory distress. Radiologic examination showed dilated loops of small bowel. A diagnosis of bowel obstruction was made, and at operation on May 18, a volvulus was found and reduced; however, an adynamic ileus was also present. Over the next 2 days the patient had increasing respiratory difficulty, and a tracheostomy was performed. The patient also developed symmetrical extraocular muscle weakness, ptosis, poorly reacting pupils, dysphagia, dry mouth, and neck muscle weakness. Deep tendon reflexes remained normal and no sensory impairment was found. Review of medications used prior to and during surgery revealed no obvious drug which might have caused these symptoms. The edrophonium test for myasthenia gravis was negative. Blood counts, serum chemistries, and cerebral spinal fluid studies were within normal limits.

On May 19 a diagnosis of botulism was considered and the patient was given 100,000 units of types A and B botulinum antitoxin without response; however, there was an apparent improvement when 10,000 units of type E antitoxin were given on May 19 and again on May 20. In spite of these temporary improvements the patient developed bronchopneumonia, became comatose, and died on May 25. Autopsy examination revealed no specific findings other than the bronchopneumonia. No evidence of intracranial tumor, cerebral arterial thrombosis, or hemorrhage was found.

The patient had attended a convention in Wisconsin on May 13 through 15, immediately prior to the onset of his illness. Review of the patient's food history at the convention and in the days prior to the meeting and review of the convention menu revealed no highly suspect food source.

Approximately 265 persons from 42 states had been at the convention with the patient. An intensive telephone survey of 256 of these persons was undertaken on May 20 and 21 by state epidemiologists, city health officials, and

EIS officers. No other persons with symptoms suggestive of botulism were found. It was learned that 30 persons had transient gastrointestinal illness during and after the convention, and an additional eight had equivocal, mild subjective neurologic symptoms during this period. Food histories did not implicate any single item as a possible source of illness. Overindulgence and late hours may have accounted for some if not all of these mild symptoms. Bioassay of serum specimens obtained from the patient and from 11 of the persons with equivocal symptoms were negative for botulinum toxin. Smoked and canned salmon and other food served at the convention were obtained for mouse bioassay and for culture. All these tests have been negative.

In summary, a patient died from an illness which was clinically compatible with botulism. However, laboratory and epidemiologic evidence did not confirm this diagnosis. *(Reported by John J. Dapolito, M.D.; J. B. Askew, M.D., Director of Public Health, San Diego County Health Department; Philip K. Condit, M.D., Chief, Bureau of Communicable Diseases, and the State Public Health Laboratories, California State Department of Public Health; Olga Brolnitsky, M.D., Chief Epidemiologist, Communicable Diseases, and Samuel Andelman, M.D., Commissioner, Chicago Board of Health; Norman J. Rose, M.D., Chief, Bureau of Epidemiology, Illinois Department of Public Health; H. Grant Skinner, M.D., Chief, Section of Communicable Disease Control, and S. L. Inhorn, M.D., Director, State Laboratory of Hygiene, Wisconsin State Department of Health and Social Services; Food and Drug Administration, Washington, D.C.; Laboratory Program, NCDC; State Epidemiologists and City and County Health Officials in 39 other states; and many EIS Officers.)*

Editorial Note

The inability to demonstrate circulating botulinum toxin in serum does not exclude the diagnosis of botulism in this case. In botulism, there are no specific postmortem changes. Therefore the lack of autopsy findings in this case does not support or negate the diagnosis, but it does exclude intracranial lesions which might cause a similar syndrome.

MALARIA - New York

On January 23, 1968, a 62-year-old woman was admitted to a New York City hospital for introduction of a bypass for an occluded left femoral artery. Following surgery, the patient's postoperative course was unremarkable until

February 21 when her temperature rose to 102°F. She experienced spiking fevers up to 104°F every other day until March 1. Then, between March 1 and 11 with the exception

(Continued on page 212)

MALARIA - (Continued from page 211)

of March 7, she had daily fever spikes with shaking chills. Physical examination on March 6 showed enlargement of the liver, and the possibility of hepatitis was considered. On March 11, examination of a routine blood smear revealed the presence of *Plasmodium vivax* parasites. Following treatment with chloroquine, the patient showed prompt clinical improvement.

The patient was born in Austria and came to the United States many years ago. She had never lived in malarious areas and had no history of unexplained fevers, blood transfusions, or use of commonly shared syringes. Because of a progressive decline of the hematocrit, the patient received seven units of whole blood between February 1 and 7, 1968. Four of the seven donors could be located. One donor was a 22-year-old veteran who had served in Vietnam from July 21, 1966, until July 21, 1967. He gave no history of malaria while overseas. However, on September 8, 1967, he developed daily fever spikes for which he was admitted to an Army hospital on September 12, 1967; vivax malaria was then diagnosed. Over a 3-day period he was treated with a total of 1.5 gm of chloroquine base and was then given eight tablets of chloroquine-primaquine to be taken once a week for eight weeks.

On February 1, 1968, he donated blood in New Jersey which was given to the patient in New York City on Feb-

ruary 4. The donor had denied both his military duty and his hospitalization for malaria to the blood bank. Examination of blood films from the donor taken in March 1968 revealed the presence of *P. vivax* parasites. Another donor, in Oklahoma, had served in Korea in 1960-1961, and had traveled in Mexico for several weeks in 1965. He did not give a history of malaria and no parasites could be detected in his blood. The two other contacted donors had not resided in malarious areas and gave no history suggestive of malaria.

The donor in New Jersey had also donated blood on December 15, 1967. This blood was given to a patient in New York City on December 28, 1967, together with another unit of blood. This recipient did not experience symptoms compatible with malaria although she did develop hepatitis 6 weeks after hospitalization.

(Reported by Vincent F. Guinee, M.D., Director, Bureau of Preventable Diseases, and Howard B. Shookhoff, M.D., Chief, Tropical Disease Division, New York City Department of Health; Herbert I. Horowitz, M.D., New York City; and Martin Goldfield, M.D., Director, Division of Laboratories, and Ronald Altman, M.D., Acting Director, Division of Preventable Diseases, New Jersey State Department of Health.)

SUMMARY OF REPORTED CASES OF INFECTIOUS SYPHILIS

CASES OF PRIMARY AND SECONDARY SYPHILIS: By Reporting Areas May 1968 and May 1967 - Provisional Data

Reporting Area	May		Cumulative Jan. - May		Reporting Area	May		Cumulative Jan. - May	
	1968	1967	1968	1967		1968	1967	1968	1967
NEW ENGLAND.....	23	40	148	164	EAST SOUTH CENTRAL.....	129	179	615	772
Maine.....	1	-	2	-	Kentucky.....	8	17	46	55
New Hampshire.....	-	-	1	5	Tennessee.....	43	19	142	108
Vermont.....	-	-	-	2	Alabama.....	41	110	270	448
Massachusetts.....	16	22	89	99	Mississippi.....	37	33	157	161
Rhode Island.....	2	7	19	15	WEST SOUTH CENTRAL.....	335	295	1,493	1,277
Connecticut.....	4	11	37	43	Arkansas.....	11	15	57	60
MIDDLE ATLANTIC.....	226	304	1,283	1,473	Louisiana.....	97	58	359	262
Upstate New York.....	23	32	85	118	Oklahoma.....	16	15	39	57
New York City.....	141	174	819	873	Texas.....	211	207	1,038	898
Pa. (Excl. Phila.).....	15	14	80	105	MOUNTAIN.....	45	44	223	256
Philadelphia.....	11	29	113	122	Montana.....	2	1	4	4
New Jersey.....	36	55	186	255	Idaho.....	-	1	3	13
EAST NORTH CENTRAL.....	248	262	1,263	1,351	Wyoming.....	-	3	-	7
Ohio.....	33	51	207	280	Colorado.....	1	7	9	37
Indiana.....	38	9	151	46	New Mexico.....	15	10	63	70
Downstate Illinois.....	19	17	72	69	Arizona.....	27	16	122	113
Chicago.....	96	76	437	407	Utah.....	-	3	2	4
Michigan.....	58	108	386	534	Nevada.....	-	3	20	8
Wisconsin.....	4	1	10	15	PACIFIC.....	178	125	760	795
WEST NORTH CENTRAL.....	36	29	158	116	Washington.....	6	5	23	27
Minnesota.....	1	7	16	19	Oregon.....	5	6	16	20
Iowa.....	4	2	16	12	California.....	167	113	718	742
Missouri.....	17	8	78	36	Alaska.....	-	-	-	1
North Dakota.....	2	-	2	1	Hawaii.....	-	1	3	5
South Dakota.....	5	3	19	14	U. S. TOTAL.....	1,702	1,745	8,206	8,674
Nebraska.....	2	6	16	16	TERRITORIES.....	111	84	464	381
Kansas.....	5	3	11	18	Puerto Rico.....	110	80	439	360
SOUTH ATLANTIC.....	482	467	2,263	2,470	Virgin Islands.....	1	4	25	21
Delaware.....	5	10	17	24	Note: Cumulative Totals include revised and delayed reports through previous months.				
Maryland.....	35	45	185	262					
District of Columbia.....	49	59	284	265					
Virginia.....	27	18	117	117					
West Virginia.....	2	1	14	7					
North Carolina.....	54	56	305	283					
South Carolina.....	39	67	231	363					
Georgia.....	72	58	348	371					
Florida.....	199	153	762	778					

INTERNATIONAL NOTES
METHOD OF RECORDING DATE OF
INTERNATIONAL CERTIFICATES OF VACCINATION

The World Health Organization has recently called attention to the requirement in the "International Sanitary Regulations"¹ that all dates should be recorded in the following sequence:

	<u>Day</u>	<u>Month</u>	<u>Year</u>
e.g.	2	May	1968

WHO points out that difficulties continue to arise because of the use of arabic figures for recording the month. In the United States and some other countries, it is the custom to write the month (either in letters or arabic numerals) before the day. However, it is a common practice in many

countries to follow the format indicated above. Thus, an American physician who vaccinated one of his patients on November 2, 1965, may have written the date as "11/2/65." A quarantine inspector in Europe would assume that such a Certificate was issued on February 11, 1965. He would, therefore, consider the Certificate invalid because of apparent issuance more than 3 years prior to the present time. No misinterpretation is possible, however, if the date were indicated as prescribed by WHO, that is, "2 Nov. 65."

(Reported by Foreign Quarantine Program, NCDC.)

Reference:

¹World Health Organization: International Sanitary Regulations, Third Annotated Edition, 1966, page 49, Geneva.

CURRENT TRENDS
MEASLES - Florida

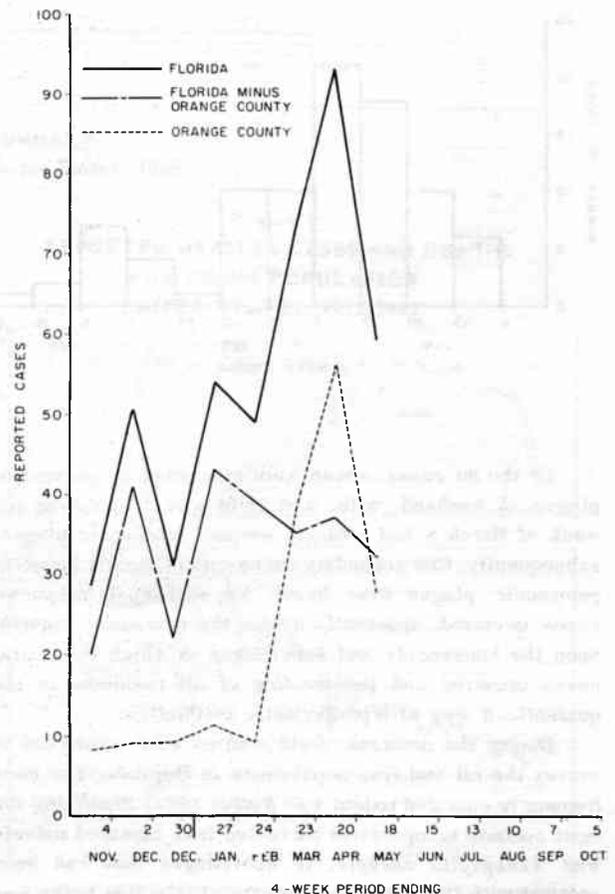
Mass measles eradication programs have been conducted in 25 of Florida's 67 counties since November 1966. Over 3 million of the state's 6 million population reside in the counties where these programs were held. Additionally, routine measles vaccination has been on-going in all counties through private practitioners and health department clinics. Presently 60 of the state's 67 counties participate in a Birth Certificate Follow-up Program which promotes immunizations. Reported cases of measles decreased from 3,976 cases in calendar year 1966 to 1,806 in 1967.

At the end of the eighth week of 1968, Orange County (population 305,500) had reported 20 percent of the 102 measles cases reported in Florida. Orange County had not conducted a county-wide eradication program. During the following 8 weeks, 168 measles cases were reported in the state and 94 cases (56 percent) were reported from Orange County (Figure 1). Epidemiologic investigation showed that the cases were occurring in elementary schools of low and middle socioeconomic groups and that approximately 17,000 children in Orange County were susceptible. Accordingly, an epidemic control program was planned.

From May 13 through May 22, 1968, selected elementary schools were visited by immunization teams, and susceptibles in the schools were administered measles vaccine. Parents were also encouraged to bring susceptible preschool children to the schools. Of the county's 70 elementary schools, 23 schools, representing 25 percent of the county's elementary school population, were visited. Measles vaccine was administered to 4,511 school children and 404 preschool children. During the program, an additional 25 cases of measles were reported in Orange County.

(Reported by E. Charlton Prather, M.D., M.P.H., Director, Division of Epidemiology, Florida State Board of Health; and an EIS Officer.)

Figure 1
REPORTED CASES OF MEASLES BY
4-WEEK PERIODS, EPIDEMIOLOGIC YEAR 1967-68
FLORIDA



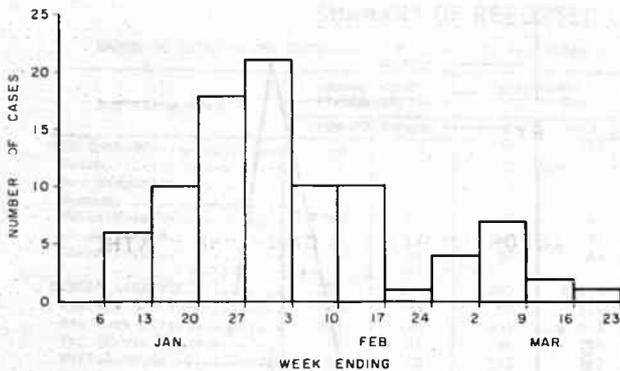
4 - WEEK PERIOD ENDING

INTERNATIONAL NOTES
 PLAGUE - Central Java, Indonesia

On February 21, 1968, the NCDC was notified that an outbreak of bubonic plague was occurring in Central Java, Indonesia. In response to a request from the Indonesian Ministry of Health, an NCDC team was sent to assist in the investigation and control of the epidemic.

From January 1 through March 23, 1968, 90 reported cases of plague with 36 deaths occurred in 10 villages in two subdistricts of Bojolali Regency, Central Java, Indonesia (Figure 2). These subdistricts are located between two volcanic mountains, Merapi (active) and Merbabu (inactive), and the infected area is inland near the center of Java, approximately 300 miles from Djakarta. The peak incidence of the epidemic occurred in the week ending February 3 when 21 cases were reported. Although cases were reported in all age groups up to the age of 60 years, 56 percent of the cases were in persons under 21 years of age (Figure 3). There was no sex related preponderance of cases or deaths.

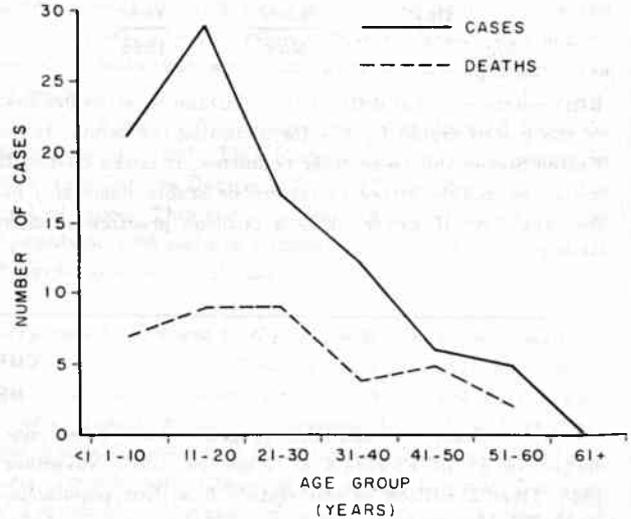
Figure 2
 CASES OF PLAGUE BY DATE OF ONSET
 INDONESIA - JANUARY 1 - MARCH 23, 1968



Of the 90 cases, seven were classified as pneumonic plague. A husband, wife, and child who died during the week of March 8 had strongly suspect pneumonic plague; subsequently, four secondary cases with clinically apparent pneumonic plague were found. No additional pneumonic cases occurred, apparently due to the quarantine imposed upon the households and subvillages in which the initial cases occurred and the treating of all residents in the quarantined area with prophylactic antibiotics.

During the outbreak, field studies were conducted to survey the rat and flea populations in Bojolali. The most frequently captured rodent was *Rattus rattus diardi* and the most common ectoparasite harvested from captured rodents was *Xenopsylla cheopis*. In subvillages that had been sprayed with DDT prior to February 21, the flea index was

Figure 3
 DISTRIBUTION OF
 PLAGUE CASES AND DEATHS BY AGE
 INDONESIA - JANUARY-MARCH 1968



approximately 1.0 flea per rat; in unsprayed areas, the indices ranged from 0.4 to 3.3 fleas per rat. Ectoparasite control was continued by several teams who dusted and sprayed villages with DDT on a planned basis, village by village, and by a mobile team that effected vector control within a 200 meter radius around each new reported case.

Several vaccination teams conducted an immunization program using standard methods as well as pedi-jet guns in an effort to provide a buffer of immune subjects throughout the two subdistricts. Of the 42,693 persons (82 percent of the population in the two subdistricts) who had received one dose of vaccine by March 28, approximately 50 percent had received a single dose of live attenuated vaccine; the remaining 50 percent received killed vaccine and would require a booster dose.

At the request of the Indonesian Ministry of Health, the NCDC team helped train Indonesian health personnel in epidemiologic methods, methods for conducting rodent and ectoparasite surveys, methods for fumigating ships, and in the use of bacterial agglutination and passive hemagglutination tests.

In addition to the 90 cases reported from January 1 through March 23, 1968, one case occurred in the first week of April; this case is presently being investigated. No new cases were reported after the first week of April.

(Reported by Dr. J. Sulianti, Director General, Communicable Disease Control, Indonesia; Ecological Investigations Program, NCDC, Kansas City, Kansas; and a team from NCDC.)

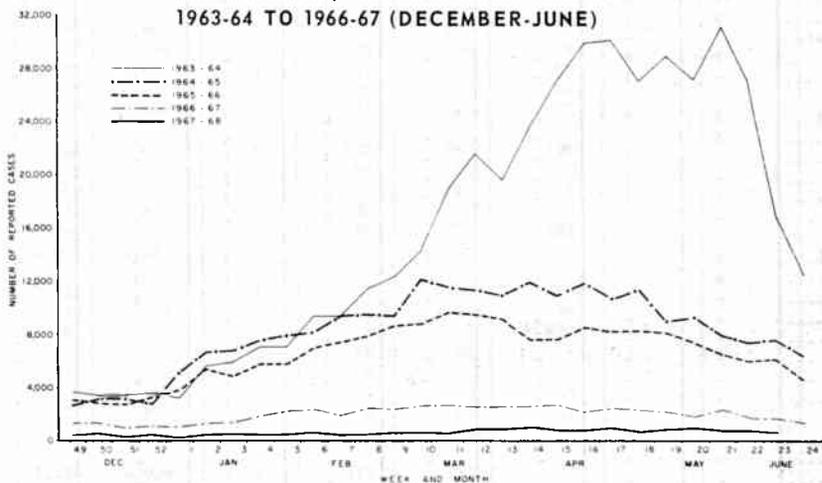
Morbidity and Mortality Weekly Report

**CURRENT TRENDS
MEASLES - United States**

For the week ending June 8, 1968, (week 23), 592 cases of measles were reported to NCDC. This is a decrease of 133 cases from the total of 725 cases reported for the preceding week. In addition, the 592 measles cases reported for the current week are 1,022 fewer than the 1,614 cases in 1967, and 16,218 fewer than the cases reported for the corresponding week in 1964 (Figure 4).

During the first 23 weeks in 1968, 15,965 cases of measles have been reported to the NCDC. This is 31 percent, 9.5 percent, 7.5 percent, and 3.9 percent of the cumulative totals reported to NCDC for the same time periods in the years 1967 through 1964, respectively. (Reported by State Services Section and Statistics Section, Epidemiology Program, NCDC.)

**Figure 4
REPORTED CASES OF MEASLES BY WEEK
UNITED STATES, 1967-68 COMPARED WITH
1963-64 TO 1966-67 (DECEMBER-JUNE)**



**SURVEILLANCE SUMMARY
MEASLES MORTALITY - United States, 1966**

A total of 261 deaths have been attributed to measles occurring in 1966 in the United States. This total is 15 measles deaths less than the 276 recorded in 1965 and 160 less than the 421 recorded in 1964. The death rate for 1966 is 0.13 deaths per 100,000 population. This is the third year in which the death rate fell below 0.20 deaths per 100,000 population (Figure 5); the other 2 years were 1963 (0.19) and 1965 (0.14).

(Reported by State Services Section and Statistics Section, Epidemiology Program, NCDC.)

**Figure 5
REPORTED MEASLES CASES AND DEATHS
PER 100,000 POPULATION
UNITED STATES, 1912-1967**

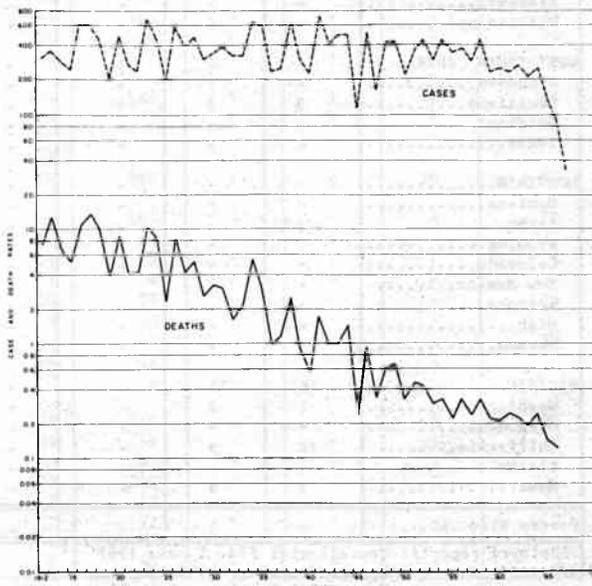


TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED
JUNE 8, 1968 AND JUNE 10, 1967 (23rd WEEK)

AREA	ASEPTIC MENINGITIS		BRUCELLOSIS	DIPHTHERIA	ENCEPHALITIS			HEPATITIS			MALARIA
	1968	1967			Primary including unsp. cases		Post-Infectious	Serum	Infectious		
					1968	1967			1968	1968	
UNITED STATES...	48	48	3	-	28	32	6	70	780	646	31
NEW ENGLAND.....	3	3	-	-	1	3	1	1	29	18	-
Maine.....	-	-	-	-	-	-	-	-	2	2	-
New Hampshire.....	-	-	-	-	-	-	-	-	-	-	-
Vermont.....	-	-	-	-	-	-	-	-	-	-	-
Massachusetts.....	3	2	-	-	-	1	1	1	17	7	-
Rhode Island.....	-	1	-	-	-	2	-	-	4	5	-
Connecticut.....	-	-	-	-	1	-	-	-	6	4	-
MIDDLE ATLANTIC.....	12	10	-	-	11	5	2	23	140	97	9
New York City.....	9	1	-	-	6	-	-	16	42	24	2
New York, up-State.	1	-	-	-	-	-	1	1	16	15	2
New Jersey.....	2	8	-	-	2	4	-	4	43	21	1
Pennsylvania.....	-	1	-	-	3	1	1	2	39	37	4
EAST NORTH CENTRAL...	5	5	-	-	6	7	-	6	131	108	5
Ohio.....	5	1	-	-	2	4	-	2	30	19	-
Indiana.....	-	1	-	-	1	1	-	-	12	11	-
Illinois.....	-	2	-	-	1	1	-	2	44	34	2
Michigan.....	-	1	-	-	-	1	-	2	42	33	3
Wisconsin.....	-	-	-	-	2	-	-	-	3	11	-
WEST NORTH CENTRAL...	4	-	1	-	3	2	3	-	36	45	6
Minnesota.....	4	-	-	-	-	1	1	-	9	9	-
Iowa.....	-	-	-	-	-	-	1	-	6	2	-
Missouri.....	-	-	-	-	-	-	-	-	11	23	1
North Dakota.....	-	-	-	-	-	-	-	-	-	5	-
South Dakota.....	-	-	-	-	3	-	-	-	1	1	-
Nebraska.....	-	-	-	-	-	-	-	-	1	-	-
Kansas.....	-	-	1	-	-	1	1	-	8	5	5
SOUTH ATLANTIC.....	-	4	-	-	1	6	-	1	62	71	2
Delaware.....	-	-	-	-	-	-	-	-	5	10	-
Maryland.....	-	1	-	-	-	1	-	1	17	10	2
Dist. of Columbia..	-	-	-	-	-	-	-	-	2	-	-
Virginia.....	-	-	-	-	1	-	-	-	5	8	-
West Virginia.....	-	1	-	-	-	-	-	-	8	4	-
North Carolina.....	-	1	-	-	-	-	-	-	-	1	-
South Carolina.....	-	-	-	-	-	-	-	-	4	-	-
Georgia.....	-	-	-	-	-	-	-	-	1	25	-
Florida...*	-	1	-	-	-	5	-	-	20	13	-
EAST SOUTH CENTRAL...	1	6	1	-	2	2	-	-	58	43	-
Kentucky.....	-	-	-	-	-	1	-	-	23	14	-
Tennessee.....	1	-	1	-	-	1	-	-	24	12	-
Alabama.....	-	-	-	-	-	-	-	-	4	6	-
Mississippi.....	-	6	-	-	2	-	-	-	7	11	-
WEST SOUTH CENTRAL...	7	4	1	-	-	2	-	1	58	78	1
Arkansas.....	-	-	-	-	-	1	-	1	1	3	-
Louisiana.....	3	2	1	-	-	1	-	-	5	7	1
Oklahoma.....	-	-	-	-	-	-	-	-	21	4	-
Texas.....	4	2	-	-	-	-	-	-	31	64	-
MOUNTAIN.....	-	-	-	-	1	-	-	-	17	18	1
Montana.....	-	-	-	-	-	-	-	-	8	1	-
Idaho.....	-	-	-	-	-	-	-	-	-	-	-
Wyoming.....	-	-	-	-	-	-	-	-	-	1	-
Colorado.....	-	-	-	-	1	-	-	-	-	6	1
New Mexico.....	-	-	-	-	-	-	-	-	5	6	-
Arizona.....	-	-	-	-	-	-	-	-	3	2	-
Utah.....	-	-	-	-	-	-	-	-	1	2	-
Nevada.....	-	-	-	-	-	-	-	-	-	-	-
PACIFIC.....	16	16	-	-	3	5	-	38	249	168	7
Washington.....	1	2	-	-	-	1	-	-	13	14	-
Oregon.....	-	-	-	-	-	-	-	1	17	8	-
California.....	12	5	-	-	2	4	-	37	219	146	7
Alaska.....	-	-	-	-	1	-	-	-	-	-	-
Hawaii.....	3	9	-	-	-	-	-	-	-	-	-
Puerto Rico...*	-	1	-	-	-	-	-	-	15	32	-

*Delayed reports: Brucellosis: Fla. 1 case 1967
Hepatitis, serum: P.R. 1
Hepatitis, infectious: P.R. 11

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED
JUNE 8, 1968 AND JUNE 10, 1967 (23rd WEEK) - CONTINUED

AREA	MEASLES (Rubeola)			MENINGOCOCCAL INFECTIONS, TOTAL			MUMPS	POLIOMYELITIS			RUBELLA
	Cumulative			Cumulative				Total	Paralytic		
	1968	1968	1967	1968	1968	1967		1968	1968	Cum. 1968	
UNITED STATES...	592	15,965	51,799	33	1,507	1,311	3,012	1	1	18	1,531
NEW ENGLAND.....	86	876	709	3	78	57	281	-	-	-	353
Maine..*	-	30	212	-	6	3	5	-	-	-	21
New Hampshire.....	-	80	72	-	7	2	2	-	-	-	10
Vermont.....	-	1	28	-	1	-	5	-	-	-	6
Massachusetts*.....	38	315	262	2	35	29	190	-	-	-	112
Rhode Island.....	-	1	60	-	7	4	18	-	-	-	55
Connecticut.....	48	449	75	1	22	19	61	-	-	-	149
MIDDLE ATLANTIC.....	163	2,737	1,886	6	253	200	193	-	-	-	302
New York City.....	94	1,137	338	3	50	34	129	-	-	-	150
New York, Up-State.....	40	1,005	412	2	42	47	NN	-	-	-	74
New Jersey.....	23	463	439	-	90	78	64	-	-	-	69
Pennsylvania.....	6	132	697	1	71	41	NN	-	-	-	9
EAST NORTH CENTRAL...	95	3,268	4,492	6	170	161	739	-	-	-	248
Ohio.....	6	258	931	1	45	59	23	-	-	-	62
Indiana.....	4	568	533	-	21	20	22	-	-	-	2
Illinois.....	30	1,231	803	-	39	37	74	-	-	-	43
Michigan.....	4	206	814	3	50	34	303	-	-	-	49
Wisconsin.....	51	1,005	1,411	2	15	11	317	-	-	-	92
WEST NORTH CENTRAL...	8	325	2,516	1	77	60	249	-	-	-	24
Minnesota.....	-	13	121	1	18	14	19	-	-	-	1
Iowa.....	4	81	713	-	5	12	198	-	-	-	17
Missouri..*	-	73	215	-	26	12	-	-	-	-	1
North Dakota.....	2	111	778	-	3	-	-	-	-	-	4
South Dakota.....	-	4	47	-	4	6	NN	-	-	-	-
Nebraska.....	2	35	580	-	6	10	32	-	-	-	1
Kansas.....	-	8	62	-	15	6	-	-	-	-	-
SOUTH ATLANTIC.....	21	1,156	6,039	5	317	251	175	-	-	-	83
Delaware.....	1	12	36	1	5	5	-	-	-	-	8
Maryland.....	-	72	117	-	21	29	19	-	-	-	15
Dist. of Columbia..	-	6	19	-	11	9	3	-	-	-	-
Virginia.....	9	237	1,845	1	23	25	50	-	-	-	10
West Virginia.....	2	183	1,236	1	8	19	66	-	-	-	10
North Carolina.*..	3	264	823	-	62	50	NN	-	-	-	-
South Carolina.....	-	12	445	-	54	23	2	-	-	-	-
Georgia.....	-	3	26	-	58	43	-	-	-	-	-
Florida.....	6	367	1,492	2	75	48	35	-	-	-	40
EAST SOUTH CENTRAL...	25	483	4,693	2	130	113	226	-	-	-	77
Kentucky.....	4	163	1,169	1	49	32	47	-	-	-	29
Tennessee.....	1	54	1,615	-	44	47	161	-	-	-	33
Alabama.*.....	7	69	1,267	-	18	22	18	-	-	-	15
Mississippi.....	13	197	642	1	19	12	-	-	-	-	-
WEST SOUTH CENTRAL...	105	4,162	16,241	3	258	189	343	1	1	10	84
Arkansas.....	-	2	1,388	-	15	24	1	-	-	-	-
Louisiana.....	-	2	141	1	68	74	-	-	-	-	-
Oklahoma.*.....	-	105	3,303	-	48	12	-	-	-	-	-
Texas.....	105	4,053	11,409	2	127	79	342	1	1	10	84
MOUNTAIN.....	41	825	3,940	-	24	25	140	-	-	-	52
Montana.....	1	66	252	-	2	-	10	-	-	-	-
Idaho.....	3	15	347	-	10	1	3	-	-	-	3
Wyoming.....	1	49	64	-	-	1	4	-	-	-	-
Colorado.....	26	416	1,274	-	7	10	28	-	-	-	26
New Mexico.....	-	77	539	-	-	3	10	-	-	-	-
Arizona.....	10	178	884	-	1	4	43	-	-	-	23
Utah.....	-	19	311	-	1	4	42	-	-	-	-
Nevada.....	-	5	269	-	3	2	-	-	-	-	-
PACIFIC.....	48	2,133	11,283	7	200	255	666	-	-	8	308
Washington.....	3	491	5,275	1	33	24	69	-	-	-	25
Oregon.....	8	412	1,436	-	16	24	61	-	-	-	12
California.....	37	1,195	4,339	4	139	197	511	-	-	8	216
Alaska.....	-	1	122	1	1	8	13	-	-	-	52
Hawaii.....	-	34	111	1	11	2	12	-	-	-	3
Puerto Rico.*.....	7	309	1,832	-	17	8	16	-	-	-	2

*Delayed reports: Measles: Me. 17, Mass. delete 2, N.C. delete 1, Ala. delete 4, Okla. 2
Meningococcal infections: P.R. 1
Mumps: Me. 12, Mo. 295
Rubella: Me. 34

Morbidity and Mortality Weekly Report

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDED
JUNE 8, 1968 AND JUNE 10, 1967 (23rd WEEK) - CONTINUED

AREA	STREPTOCOCCAL SORE THROAT & SCARLET FEVER	TETANUS		TULAREMIA		TYPHOID		TYPHUS FEVER TICK-BORNE (Rky. Mt. Spotted)		RABIES IN ANIMALS	
		1968	1968	Cum. 1968	1968	Cum. 1968	1968	Cum. 1968	1968	Cum. 1968	1968
UNITED STATES...	6,889	3	54	1	77	9	116	9	54	66	1,680
NEW ENGLAND.....	1,305	-	1	-	40	-	4	-	-	1	59
Maine..*	10	-	-	-	-	-	-	-	-	-	50
New Hampshire.....	46	-	-	-	-	-	-	-	-	-	2
Vermont.....	69	-	-	-	40	-	-	-	-	1	6
Massachusetts.....	227	-	-	-	-	-	2	-	-	-	1
Rhode Island.....	76	-	-	-	-	-	-	-	-	-	-
Connecticut.....	877	-	1	-	-	-	2	-	-	-	-
MIDDLE ATLANTIC.....	413	-	9	-	3	-	11	-	4	1	15
New York City.....	12	-	5	-	-	-	6	-	-	-	-
New York, Up-State.	388	-	4	-	3	-	2	-	1	1	11
New Jersey.....	NN	-	-	-	-	-	-	-	-	-	-
Pennsylvania.....	13	-	-	-	-	-	3	-	3	-	4
EAST NORTH CENTRAL...	499	-	6	-	4	2	20	-	2	13	150
Ohio.....	41	-	-	-	1	-	11	-	1	8	60
Indiana.....	70	-	1	-	-	-	1	-	-	3	56
Illinois.....	158	-	4	-	2	2	7	-	1	2	15
Michigan.....	156	-	1	-	1	-	-	-	-	-	8
Wisconsin.....	74	-	-	-	-	-	1	-	-	-	11
WEST NORTH CENTRAL...	281	-	2	-	6	-	5	-	2	11	377
Minnesota.....	26	-	-	-	-	-	-	-	-	2	107
Iowa.....	79	-	-	-	-	-	-	-	-	3	71
Missouri.....	2	-	2	-	4	-	3	-	-	2	66
North Dakota.....	68	-	-	-	-	-	-	-	-	2	61
South Dakota.....	13	-	-	-	1	-	1	-	1	-	34
Nebraska.....	93	-	-	-	-	-	1	-	1	-	19
Kansas.....	-	-	-	-	1	-	-	-	-	2	19
SOUTH ATLANTIC.....	590	-	11	-	5	2	31	5	33	8	190
Delaware.....	1	-	-	-	-	-	-	-	-	-	-
Maryland.....	120	-	-	-	-	1	5	1	3	-	3
Dist. of Columbia..	-	-	1	-	-	-	1	-	-	-	-
Virginia.....	191	-	2	-	1	-	6	-	15	5	82
West Virginia.....	146	-	1	-	-	-	-	-	-	-	24
North Carolina.....	1	-	2	-	2	-	2	4	11	-	7
South Carolina.....	6	-	1	-	-	-	-	-	1	-	-
Georgia.....	26	-	-	-	1	1	8	-	2	1	23
Florida.....	99	-	4	-	1	-	9	-	1	2	51
EAST SOUTH CENTRAL...	1,277	-	7	-	6	-	13	2	6	15	422
Kentucky.....	100	-	1	-	1	-	2	1	1	6	198
Tennessee.....	958	-	2	-	4	-	8	1	3	9	206
Alabama.....	175	-	2	-	-	-	-	-	1	-	18
Mississippi.....	44	-	2	-	1	-	3	-	1	-	-
WEST SOUTH CENTRAL...	687	-	7	1	10	1	9	2	6	12	310
Arkansas.....	-	-	1	-	1	-	1	-	-	3	36
Louisiana.....	4	-	4	-	1	-	1	-	-	-	30
Oklahoma.....	37	-	1	1	2	1	2	1	4	2	97
Texas.....	646	-	2	-	6	-	5	1	2	7	147
MOUNTAIN.....	897	-	-	-	3	-	8	-	1	2	37
Montana.....	31	-	-	-	-	-	-	-	-	-	-
Idaho.....	87	-	-	-	-	-	-	-	-	-	-
Wyoming..*	17	-	-	-	-	-	1	-	-	-	2
Colorado.....	455	-	-	-	1	-	2	-	1	-	1
New Mexico.....	137	-	-	-	-	-	5	-	-	1	17
Arizona.....	105	-	-	-	-	-	-	-	-	1	17
Utah.....	65	-	-	-	2	-	-	-	-	-	-
Nevada.....	-	-	-	-	-	-	-	-	-	-	-
PACIFIC.....	940	3	11	-	-	4	15	-	-	3	120
Washington.....	162	-	-	-	-	-	-	-	-	-	-
Oregon.....	102	1	1	-	-	-	2	-	-	-	3
California.....	581	2	10	-	-	4	13	-	-	3	117
Alaska.....	40	-	-	-	-	-	-	-	-	-	-
Hawaii.....	55	-	-	-	-	-	-	-	-	-	-
Puerto Rico*	8	-	5	-	-	-	-	-	-	-	15

*Delayed reports: SST: Me. 14, Wyo. 16
Tetanus: P. R. 4

Week No. 23 TABLE IV. DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED JUNE 8, 1968

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

Area	All Causes		Pneumonia and Influenza All Ages	Under 1 year All Causes	Area	All Causes		Pneumonia and Influenza All Ages	Under 1 year All Causes
	All Ages	65 years and over				All Ages	65 years and over		
NEW ENGLAND:	667	416	20	30	SOUTH ATLANTIC:	1,231	630	37	52
Boston, Mass.-----	216	118	9	12	Atlanta, Ga.-----	143	55	-	10
Bridgeport, Conn.-----	49	31	-	3	Baltimore, Md.-----	296	156	5	10
Cambridge, Mass.-----	24	14	-	1	Charlotte, N. C.-----	49	30	1	2
Fall River, Mass.-----	31	23	-	1	Jacksonville, Fla.-----	74	43	-	1
Hartford, Conn.-----	63	42	1	1	Miami, Fla.-----	95	55	1	7
Lowell, Mass.-----	25	14	3	2	Norfolk, Va.-----	50	21	5	1
Lynn, Mass.-----	26	21	1	-	Richmond, Va.-----	73	40	3	9
New Bedford, Mass.-----	23	13	-	1	Savannah, Ga.-----	44	15	2	2
New Haven, Conn.-----	48	30	-	2	St. Petersburg, Fla.-----	87	68	8	-
Providence, R. I.-----	27	23	-	-	Tampa, Fla.-----	77	38	7	4
Somerville, Mass.-----	9	9	1	-	Washington, D. C.-----	191	85	2	5
Springfield, Mass.-----	45	29	-	2	Wilmington, Del.-----	52	24	3	1
Waterbury, Conn.-----	37	23	-	4					
Worcester, Mass.-----	44	26	5	1	EAST SOUTH CENTRAL:	688	359	26	33
					Birmingham, Ala.-----	82	41	1	5
MIDDLE ATLANTIC:	3,359	1,942	115	153	Chattanooga, Tenn.-----	73	32	7	10
Albany, N. Y.-----	46	34	1	1	Knoxville, Tenn.-----	25	16	-	1
Allentown, Pa.-----	44	29	1	1	Louisville, Ky.-----	136	73	9	4
Buffalo, N. Y.-----	143	78	3	10	Memphis, Tenn.-----	174	88	3	8
Camden, N. J.-----	46	30	-	1	Mobile, Ala.-----	48	26	-	1
Elizabeth, N. J.-----	35	14	-	2	Montgomery, Ala.-----	27	16	2	1
Erie, Pa.-----	52	32	1	2	Nashville, Tenn.-----	123	67	4	3
Jersey City, N. J.-----	75	42	4	5					
Newark, N. J.-----	112	60	5	10	WEST SOUTH CENTRAL:	1,223	638	48	92
New York City, N. Y.-----	1,656	958	61	64	Austin, Tex.-----	50	30	4	3
Paterson, N. J.-----	42	19	3	7	Baton Rouge, La.-----	44	20	2	4
Philadelphia, Pa.-----	495	280	9	21	Corpus Christi, Tex.-----	19	7	-	4
Pittsburgh, Pa.-----	200	105	2	11	Dallas, Tex.-----	165	88	2	14
Reading, Pa.-----	63	44	-	1	El Paso, Tex.-----	48	32	4	6
Rochester, N. Y.-----	99	53	7	8	Fort Worth, Tex.-----	69	35	3	5
Schenectady, N. Y.-----	33	21	3	-	Houston, Tex.-----	224	98	5	16
Scranton, Pa.-----	53	29	1	2	Little Rock, Ark.-----	59	37	8	2
Syracuse, N. Y.-----	85	56	5	3	New Orleans, La.-----	196	94	4	10
Trenton, N. J.-----	27	16	3	3	Oklahoma City, Okla.-----	68	41	2	5
Utica, N. Y.-----	21	18	4	-	San Antonio, Tex.-----	144	76	4	14
Yonkers, N. Y.-----	32	24	2	1	Shreveport, La.-----	54	24	2	7
					Tulsa, Okla.-----	83	56	8	2
EAST NORTH CENTRAL:	2,732	1,555	79	154	MOUNTAIN:	499	270	21	20
Akron, Ohio-----	64	39	-	3	Albuquerque, N. Mex.-----	41	17	5	-
Canton, Ohio-----	29	20	3	-	Colorado Springs, Colo.-----	34	25	4	2
Chicago, Ill.-----	799	417	36	49	Denver, Colo.-----	144	77	7	7
Cincinnati, Ohio-----	170	103	3	12	Ogden, Utah-----	17	10	2	1
Cleveland, Ohio-----	245	118	5	15	Phoenix, Ariz.-----	114	51	-	4
Columbus, Ohio-----	127	72	2	4	Pueblo, Colo.-----	27	19	3	1
Dayton, Ohio-----	99	55	1	6	Salt Lake City, Utah-----	58	36	-	3
Detroit, Mich.-----	311	174	7	18	Tucson, Ariz.-----	64	35	-	2
Evansville, Ind.-----	48	32	2	2					
Flint, Mich.-----	44	26	1	6	PACIFIC:	1,513	894	31	60
Port Wayne, Ind.-----	48	29	2	1	Berkeley, Calif.-----	15	14	-	-
Gary, Ind.-----	24	12	1	-	Fresno, Calif.-----	48	22	2	7
Grand Rapids, Mich.-----	61	47	-	-	Glendale, Calif.-----	27	19	-	-
Indianapolis, Ind.-----	175	97	2	17	Honolulu, Hawaii-----	48	25	5	5
Madison, Wis.-----	44	20	6	2	Long Beach, Calif.-----	102	64	2	3
Milwaukee, Wis.-----	150	99	3	8	Los Angeles, Calif.-----	411	240	7	14
Peoria, Ill.-----	29	15	1	2	Oakland, Calif.-----	78	45	2	8
Rockford, Ill.-----	35	26	1	-	Pasadena, Calif.-----	32	23	-	1
South Bend, Ind.-----	40	25	-	2	Portland, Oreg.-----	114	67	2	3
Toledo, Ohio-----	114	75	3	5	Sacramento, Calif.-----	63	41	-	1
Youngstown, Ohio-----	76	54	-	2	San Diego, Calif.-----	96	57	-	4
					San Francisco, Calif.-----	161	79	-	4
WEST NORTH CENTRAL:	893	524	21	47	San Jose, Calif.-----	48	27	1	-
Des Moines, Iowa-----	63	41	4	1	Seattle, Wash.-----	177	108	9	6
Duluth, Minn.-----	13	6	1	2	Spokane, Wash.-----	51	32	-	1
Kansas City, Kans.-----	27	14	1	3	Tacoma, Wash.-----	42	31	1	3
Kansas City, Mo.-----	150	81	2	10					
Lincoln, Nebr.-----	40	24	-	2	Total	12,805	7,228	398	641
Minneapolis, Minn.-----	137	94	5	4	Cumulative Totals including reported corrections for previous weeks				
Omaha, Nebr.-----	98	59	1	3	All Causes, All Ages -----	302,849			
St. Louis, Mo.-----	252	141	2	11	All Causes, Age 65 and over-----	177,029			
St. Paul, Minn.-----	53	36	2	3	Pneumonia and Influenza, All Ages-----	13,560			
Wichita, Kans.-----	60	28	3	8	All Causes, Under 1 Year of Age-----	13,691			

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Table 6 in the article "Salmonellosis - January, February, and March 1968," is incorrect. The following table is a corrected table:

Table 6
Summary of 10 Most Frequently Reported Serotypes
from Humans and Nonhumans
January, February, and March 1968

Human			Non-human		
Serotype	Number	Percent	Serotype	Number	Percent
<i>typhi-murium</i>	987	27.3	<i>typhi-murium</i>	293	13.7
<i>heidelberg</i>	256	7.1	<i>heidelberg</i>	201	9.4
<i>saint-paul</i>	246	6.8	<i>anatum</i>	164	8.6
<i>enteritidis</i>	231	6.4	<i>montevideo</i>	116	5.5
<i>infantis</i>	203	5.6	<i>saint-paul</i>	105	4.9
<i>newport</i>	189	5.2	<i>cubana</i>	96	4.6
<i>typhi</i>	131	3.6	<i>infantis</i>	65	3.0
<i>derby</i>	107	3.0	<i>thompson</i>	57	2.7
<i>blockley</i>	93	2.6	<i>eimsbuettel</i>	55	2.6
<i>thompson</i>	91	2.5	<i>senftenberg</i>	53	2.5
Subtotal	2,534	70.2	Subtotal	1,229	57.6
Total all serotypes	3,611		Total all serotypes	2,134	

THE MORBIDITY AND MORTALITY WEEKLY REPORT, WITH A CIRCULATION OF 17,000, IS PUBLISHED AT THE NATIONAL COMMUNICABLE DISEASE CENTER, ATLANTA, GEORGIA.

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NATIONAL COMMUNICABLE DISEASE CENTER
 ATLANTA, GEORGIA 30333
 ATTN: THE EDITOR
 MORBIDITY AND MORTALITY WEEKLY REPORT

NOTE: THE DATA IN THIS REPORT ARE PROVISIONAL AND ARE BASED ON WEEKLY TELEGRAMS TO THE NCDC BY THE INDIVIDUAL STATE HEALTH DEPARTMENTS. THE REPORTING WEEK CONCLUDES ON SATURDAY; COMPILED DATA ON A NATIONAL BASIS ARE RELEASED ON THE SUCCEEDING FRIDAY.

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