

October 6, 1978 / Vol. 27 / No. 40 Surveillance Summary

- 79 Mumps United States International Notes
- 381 Follow-up on Poliomyelitis Netherlands Epidemiologic Notes and Reports
- 387 Convention-Associated Legionnaires' Disease
- 38 Vibrio cholerae Infection Louisiana

Surveillance Summary

Mumps – United States

The incidence of mumps in the United States has reached its lowest point since reporting of this disease began in 1922 (Figure 1). There were 21,436 cases of mumps reported in the United States in 1977 (1). This represents a 44.3% decrease from 1976 and a 64.4% decrease from the average annual total for 1972-1976.

Analyses of surveillance data on mumps cases are available through 1976. Geographically, almost all areas of the country reported declining mumps activity in 1976, although there was considerable regional variation in incidence of reported illness. From 1973 through 1976, the 12 states with the highest average rates of mumps per 100,000 population under 18 years were Washington, Oregon, Kansas, Iowa, Wisconsin, Michigan, Tennessee, Kentucky, West Virginia, Connecticut, Rhode Island, and Maine. The seasonal pattern of mumps cases—a peak incidence in the winter and spring months—has remained unchanged.

Mumps remains predominantly a disease of young children. Over the past decade, incidence rates in 3 selected areas—California, Massachusetts, and New York City—have been highest in the 5- to 9-year-old group, followed by the <1-4,10-14, and ≥15 age



FIGURE 1. Reported cases of mumps per 100,000 population, United States, 1922-1977

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE / PUBLIC HEALTH SERVICE

Mumps - Continued

groups. With increasing use of mumps vaccination, reported incidence of mumps in these same 3 areas has declined dramatically in all age groups. The most marked decrease (68.6%) has been in the 5- to 9-year age group.

Encephalitis and aseptic meningitis are the only complications of mumps officially reportable to CDC. The number of mumps encephalitis cases reported each year since 1968 has been consistently fewer than the number reported before mumps vaccine was licensed, and in 1975 it was 26% below the average number reported in the preceding 5 years. Provisional 1976 data indicate that this trend is continuing. Mumps encephalitis accounted for 3.9% of all reported encephalitis cases in 1976, compared with 35.8% of all cases in 1967. Even with this reduction, mumps was the most commonly diagnosed cause of encephalitis—primary and post-infectious—in the United States until 1975. In that year it was responsible for only 6.8% of all diagnosed encephalitis—due in part to the declining incidence of mumps, but primarily to the marked increase in arboviral encephalitis, especially St. Louis encephalitis. Although the ratio of reported mumps-associated encephalitis cases to reported mumps cases was somewhat variable before 1968, the rate thereafter has remained fairly stable at about 2.6 per 1,000 cases. This figure is lower than that cited by other authors, who report from 60 to 100 cases of encephalitis per 1,000 mumps cases (2,3).

The case-fatality ratio for encephalitis has averaged 1.4% over this period (range 0-2.4%). Encephalitis was reported 3 times more frequently in males than in females. In older age groups, the male predominance is less apparent. Recent age data are available from only 6 reporting areas. Although only 10.5% of all mumps cases occurred in patients over 15 years of age, 15.4% of the encephalitis and 22.1% of the aseptic meningitis cases were from this age group, suggesting that involvement of the central nervous system (CNS) occurs more commonly with increasing age. The seasonal pattern of mumps encephalitis is similar to that of uncomplicated mumps, with a peak incidence in the spring.

The number of reported mumps aseptic meningitis cases has been relatively unchanged in recent years, accounting for approximately 1.1% of all viral aseptic meningitis and occurring at a rate ranging from 0.4 to 1.0 per 1,000 reported mumps cases. This rate is lower than the 5%-25% rate of aseptic meningitis cited in other studies (4-6). As with mumps-associated encephalitis, this discrepancy may be due to underreporting as well as to problems with case definitions of mumps-associated CNS complications.

Although the number of deaths attributed to mumps has declined steadily since 1966, the case-fatality ratio has remained fairly constant—between 1.0 and 3.4 deaths per 10,000 cases. In the period 1969-1975, there were 95 mumps-associated deaths reported to the National Center for Health Statistics (NCHS), but only 25 such deaths were reported to CDC (24 secondary to encephalitis, 1 secondary to aseptic meningitis). Although the cause of death was not included in the NCHS data, this discrepancy is likely due to the facts that not all deaths resulted from encephalitis and aseptic meningitis and that there was underreporting to CDC.

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

▲ A copy of the report from which these data were derived is available from: CDC, Attn: Chief, Surveillance Section, Immunization Div, Bureau of State Services, Atlanta, Ga. 30333. *References*

1. MMWR 26(53 Annual Suppl), 1977 (in press)

2. Strusberg S, Winter, S, Friedman A, et al: Notes on mumps meningoencephalitis; some features of 199 cases in children. Clin Pediatr 8:373-374, 1969

3. Philip RN, Reinhard KB, Lackman DB: Observations on a mumps epidemic in a "virgin" population. Am J Hygiene 69:91-111, 1959

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Mumps - Continued

5. Adair CU, Gaulf RL, Smadel JE: Aseptic meningitis, a disease of diverse etiology: Clinical and etiologic studies on 854 cases. Ann Intern Med 39:675-704, 1953

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International Notes

Follow-up on Poliomyelitis – Netherlands

As of September 29, 1978, there have been a total of 108 cases of poliomyelitis reported to the Ministry of Health, Netherlands. The most recent case, in a person from the province of Gelderland, had onset of illness on September 20. There have been 4 cases reported for the month of September in contrast to 57 cases in June.

All cases to date continue to be among members of religious groups that have refused vaccination. The cases have been geographically confined to a belt that parallels the main population concentrations of these religious communities and runs from the province of Zeeland in the Southwest to the province of Overijssel in the Northeast.

Sixty-six of the cases occurred in males, 42 in females (Table 1) (1). Seventy-eight of the reported cases had paralysis; the remaining 30 had aseptic meningitis. The paralytic cases included 65 cases with spinal paralysis, 8 with bulbar paralysis, and 5 with both spinal and bulbar involvement. There was 1 death in a female infant 3 months of age.

Age group (years)		Number of cases								
	Male	1	Female		Tota		virologically			
<1	2		1		3		3			
1 - 4	5		5		10	100 million (1990)	10			
5 - 9	21		7		28		27			
10 - 14	12		12		24		23			
15 - 19	12		6		18		18			
20 - 24	6		6		12		12			
25 - 34	7		3		10		10			
35 - 44	1		2		3	0.000	3			
45 - 54			-		-		· · · · · · · · · · · · · · · · · · ·			
≥55			-				and a state of the second s			
Total	66		42		108		106			

TABLE 1. Poliomyelitis cases, by sex and age group, Netherlands, April 15-September 29, 1978**

**provisional data (1)

The present epidemic, caused by type 1 virus, was first detected on May 3, when 2 cases were reported from neighboring villages in the center of the country. These patients had become ill on April 23 and April 24, respectively. Through a retrospective study in the involved regions, a 14-year-old girl from a village near Utrecht—presumably the index case—was discovered to have become ill on April 15. She attended a large, regional, secondary school attended by more than 1,000 pupils from over 100 municipalities. A large number of the pupils came from the few religious groups that refuse vaccination. Schools such as this are felt to have been the major means by which the poliovirus spread throughout the Netherlands.

Canada has reported 6 cases of paralytic poliomyelitis related to this outbreak. In the United States there have been no cases of polio that can be related to this ongoing outbreak.

Poliomyelitis - Continued

Reported by H Bijkerk, MD, Office of the Chief Medical Officer, Netherlands; Viral Diseases Div, Bur of Epidemiology, CDC.

Editorial Note: This situation is unique because a major outbreak of poliomyelitis has occurred in a country which exclusively uses the inactivated polio vaccine (IPV) and has an overall vaccine acceptance rate of 95%. In the past, outbreaks in the Netherlands were confined to areas of the country where relatively large numbers of persons were inadequately vaccinated. In well-vaccinated areas only sporadic cases, not outbreaks, were seen. In this outbreak no cases have occurred in fully vaccinated persons.

Reference

1. Bijkerk H: Poliomyelitis epidemic in some Protestant communities in the Netherlands. Paper given at the Fourth International Congress for Virology, The Hague, August 31, 1978. Updated and corrected through September 29, 1978.

Notice to Readers

Effective October 9, 1978, the main telephone number for the Center for Disease Control, Clifton Road Facility, will be (404) 329-3311. Individual parties within CDC can be dialed directly by using the 329 exchange plus extension. Persons at CDC's East Paces Ferry offices can be reached by dialing 262-plus extension, and parties at Chamblee offices by dialing 452-plus extension.

	39th WE	EK ENDING		CUMUL	ATIVE, FIRST 3	9 WEEKS
DISEASE	September 30, 1978	October 1, 1977*	MEDIAN 1973-1977**	September 30, 1978	October 1, 1977*	MEDIAN 1973-1977**
Aseptic meningitis	274	166	166	4,030	3,385	2,748
Brucellosis	3	5	5	113	173	173
Chickenpox	324	665	364	123,332	161.701	145.751
Diphtheria	1	2	2	61	72	143
Encephalitis: Primary (arthropod-borne & unspec.)	33	47	47	686	773	1,069
Post-infectious	3	5	5	156	164	210
Hepatitis, Viral: Type B	299	327	253	11,060	12,373	8,663
Туре А	607	627	767	21,506	23,085	1 24 142
Type unspecified	184	197	۲۰۰	6,537	6,623	1 20,102
Malaria	13	13	9	529	416	315
Measles (rubeola)	89	101	83	23,240	53,089	24,371
Meningococcal infections: Total	22	25	22	1,817	1,359	1,119
Civilian	22	29	22	1,793	1,350	1,094
Military	-	-		24	9	24
Mumps	130	197	292	13,471	16,388	45,126
Pertussis	48	91		1,487	1,252	
Rubella (German measles)	66	102	84	15,326	18,770	14,962
Tetanus	2	1	1	61	55	68
Tuberculosis	637	567	627	22,582	22,581	23,589
Tularemia	4	5	2	95	126	115
Typhoid fever	7	é	11	369	284	307
Typhus fever, tick-borne (Rky. Mt. spotted)	44	23	22	898	1,025	732
Venereal diseases:						
Gonorrhea: Civilian	21, 666	21.095	21,244	748,676	742.478	742.478
Military	387	552	552	18,915	20,500	22,454
Syphilis, primary & secondary: Civilian	519	450	484	15,838	15,439	18,144
Military	10	15	6	226	234	258
Rabies in animals	55	68	66	2,318	2,339	2,264

TABLE I. Summary – cases of specified notifiable diseases, United States [Cumulative totals include revised and delayed reports through previous weeks,]

TABLE II. Notifiable diseases of low frequency. United States

a sector and the sector and	CUM. 1978		CUM. 1978
Anthrax	5	Poliomvelitis: Total	2
Botulism (NYC 1, Ariz. 1)	61	Paralytic	- ī - ī -
Cholera t (La. 8)	8	Psittacosist	82
Congenital rubella syndrome	23	Rabies in man	-
Leprosy (Tex. 1, Calif. 3, Hawaii 4)	122	Trichinosis †	42
Leptospirosis †	45	Typhus fever flea-borne (endemic murine) (Hawaii 1)	33
Plague †	6	sypherics at the barne (chachine, manne) (marrier r)	

*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: Cholera: La. +1, Leptospirosis: III, +1, Plague: N. Mex. +1, Psittacosis: III, +1, Trichinosis: Fla. +1.

382

	ASEPTIC	8AU-	CHICKCH	_			ENCEPHALI	ITIS	HEPATI	TIS (VIRAL			
REPORTING AREA	MENIN- G:TIS	CEL- Losis	POX	DIPHT	HERIA	Pr	imary	Post-in- fectious	8	A	Unspecified	MAI	ARIA
	1978	1978	1978	1978	CUM. 1978	1978	1977*	1978	1978	1978	1978	1978	CUM. 1978
UNITED STATES	274	3	324	1	61	33	47	3	299	607	184	13	529
NEW ENGLAND	7	12	54 15	Ξ	-	-	1	-	10	11	6	1	28
NHT	-	-		_	_	-	-	_	12	-	2	-	4
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Conn.	4	-	- 4	-	-	-	-	-	6	3	1	1	- 11
MID. ATLANTIC	13	-	23	-	1	8	4	-	50	39	21	3	112
Upstate N.Y.		-	10	-	-		-	-	11		ž		11
	13	-	13	-	1	•	1	-	12		2	1	99
Pa.	23		-		-	-	2		17	13	1.0	2	22
							-	10	ŭ	-			2.4
E.N. CENTRAL	36	1	119	-	-	8	15	1	50	109	18	2	29
Ohio	-	-	1	-	-	1	10		5	36	-	-	5
Ind. 1	3	-	24		-	-	1	-	- 11	6	5	-	3
ан, т	_	-	11	-	-			-	16	32	z		4
Mich,	27	-	54	-	-	1	2	1	16	31	8	2	15
Wis.	6	1	29	-	-	-	z	-	Z	4	3	-	2
W.N. CENTRAL	7	-	27	-	2	3	_	-	13	50	5	-	21
Minn.	-	-		-	-	-	-	-	7	19	_		4
lowa	_	-	18	-	-	-	-	-	2	2	1	-	-
Mo.	1	-	_	-	1	_	-	_	1	14	4	-	7
N. Dak. 1	-	-	4	-	-	-	-	-	_	2	-	-	-
S. Dak.	1	-	_	-	~	-	-	-	1	1	-	-	1
Nebr.	1	-	1	-	1	-	-	-	-	2	-	-	4
Kans.	4		4		-	3	-	-	2	11	=	-	5
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Fla.	4	-	20	-	-	-	10	1	32	49	17	1	29
E.S. CENTRAL	21		2	-		1	7	-	4	21	1	1	6
Ky.		-	2	-	-	-	-	-	-	-	-	1	2
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Ala. Miss +	12				-				1	7	_	_	1
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W.S. CENTRAL	20	1	9	-	1	6	5	-	28	114	46	1	26
Ark.	1	1	-		1	1	-	-	2	1	3	_	1
La.†	4	-	NN		-	1	-	_	10	19	4	-	3
Okla.†	2	-	-	-	-		1	-	-	5	5	-	
Tex. 1	13	-	9	-	-	4	4	-	16	89	34	1	22
MOUNTAIN	7	,	17		6	-	1		18	62	q	-	4
Mont	i	-	î,		-	-		_	ĩ	-	-	_	-
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PACIFIC	50	-	34	1.1	53	1	3	-	58	144	47	3	209
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TABLE III. Cases of specified notifiable diseases, United States, weeks ending September 30, 1978, and October 1, 1977 (39th week)

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.

17 he following delayed reports will be reflected in next week's cumulative totals: Asep. meng.: Ind. +2, III. +12, Va. +13, La. -3; Bruc.: III. +1; Chickenpox: III. +112, Calif. +4, Guam +3; Enceph.: N.H. +1, Ind. +6, Miss. +1, Wash. -1; Hep. B: N.J. -7, III. +95, ND.Bak. +1, Ga. +1, La. -1; Hep. A: III. +142, N. Dak. +1, Ga. +17, La. -4, Okla. -3, Tex. -2, N. Mex. +2, Guam +2; Hep. Unsp.: N.J. -3, III. +48; Malaria: III. +8.

÷	MEASLES (RUBEOLA)			MENING	OCOCCAL IN	FECTIONS		NUMPS	PERTUSSIS	RUBELLA		TETANUS	
REPORTING AREA	1978	CUM. 1978	CUM. 1977*	1978	CUM.	CUM.	1978	CUM. 1978	1978	1978	CUM. 1978	CUM. 1978	
UNITED STATES	89	23,240	53,089	22	1,817	1,359	130	13,471	48	66	15,326	61	
		1 0//						11/					
Maina		1, 314	170	_	101	30	_	486	-	2	151	-	
NH	-	46	511	-	ž	1	_	15	_		101	_	
Vt.	-	27	293	-	ź	6	-	5	-	-	27	2	
Mass.†	-	244	623	-	40	17	3	88	-	2	219		
8,1.	-	8	64	-	17	1	3	38	-	_	42	-	
Conn.	-	327	830	-	27	26	2	104	1	1	204	-	
MID. ATLANTIC	5	2,180	8,346	2	308	176	12	627	2	6	2,997	4	
Upstate N.Y.	2	1,396	3,810	-	97	42	6	206	1	2	523	1	
N.Y. City	3	354	721	1	72	47	1	150	-	3	131	-	
N.J.	-	74	155	-	58	39	1	135	-	1	1.605	-	
Pa.	-	356	3,614	1	81	48	4	136	1	-	738	3	
E.N. CENTRAL	34	10,159	11.272	4	169	152	34	5,365	15	22	7,095	2	
Ohio'	L	484	1,852	-	66	56	5	937	7	3	1,368	1	
Ind.	4	158	4,325	1	32	9	4	319	5	3	592	1	
III.t	2	641	1,732	2	9	36	3	1,678	-	1	425	-	
Mich. [†]	24	7.360	948	1	51	38	15	1,371	3	10	3,171	-	
Wis.†	3	1,476	2,415	-	11	13	7	1.060	-	5	1,539	-	
W.N. CENTRAL	2	388	5,455	2	60	58	7	1,926	10	- 4	667	6	
Minn.	-	34	2,620	-	14	19	1	21	3	-	128	1	
lowa	-	53	4,277	-	5	8	3	124	-	2	55	-	
Mo.	2	13	1,043	-	24	19	1	1,168	-	2	105	-	
N. Dak.	. –	193	23	-	3	1	-	15	-	-	81	-	
S. Dak.	-		£7	-	3	4	-	7	7	-	111	1	
Nebr.	-	5	214	-		2	1	24	-	-	34	-	
Kans.	-	90	1,211	2	21	5	1	567	-	-	153	4	
S. ATLANTIC	15	4,980	4,617	5	458	304	42	811	4	7	1,020	14	
Del.	1	7	22	-	16	21	-	56	-	-	35	-	
Md.	-	51	371	2	30	20	1	69	-	-	7	S	
D.C.	-	-	14	-	_1	_		2		-	1	-	
Va.	2	2,827	2,725	1	54	26	32	167	1	2	245	1	
W. Va.	3	1,046	246	1	13	9	4	174	-	5	317		
N.C.	1	120	64	-	89	62	1	69	2	-	180	3	
S.L.		158	132	-	20	29	-	17	-	-	28	1	
Fla. †	6	702	255	1	182	90	4	189	-	_	183	7	
E S CENTRAL		1.284	2.032	,	14.8	1 7 8	4	1 - 141	_		503	,	
Kv.	_	119	1.190	-	28	26	2	190	-	i i	130	2	
Tenn.	1	950	726	1	3.4	35	ĩ	451	_	-	201		
Ala.	-	AQ	78	ĩ	45	51	ī	420	-	_	22	-	
Miss.	-	226	38	-	37	26	2	80	-	-	150	1	
W.S. CENTRAL	17	1.070	2.089	4	276	269	5	1.696		10	930	14	
Ark.		16	29	_	22	13	-	600	_		58	- i	
La.		343	74	-	113	124	-	65	-	1	486	ĩ	
Okla.	_	13	59	-	16	11	-	4	1	-	12	3	
Tex.	17	658	1,927	4	125	121	5	1.027	3	9	374	9	
MOUNTAIN	2	250	2,521	1	41	32	3	410	-	-	203	3	
Mont.	-	105	1,162	1	3	2	2	143	-	-	18	-	
Idaho	-	1	161	-	4	4	-	20	-	_	2	1	
Wyo.	-	-	19	-		2	-	1	-	-	-	-	
Colo.	L	30	563	-	3	1	-	92	-	-	47	1	
N. Mex.	-	-	256	-	7	9	-	16	-	-	3	-	
Ariz.	1	51	365	-	15	10	-	15	-	-	93	-	
Utah	-	44	18	-	5	3	-	116	-	-	29	1	
Nev.	-	15	\$3	-	4	1	1	7	-	-	11	-	
PACIFIC	13	863	10,266	2	256	174	13	759	12	11	1,167	13	
Wash.	8	177	541	-	41	22	- 4	177	- 1	2	108	1	
Oreg.	-	148	366	-	28	18	4	92	L	2	117	-	
Calif.	5	526	9.264	2	178	104	5	456	8	7	925	12	
Alaska	-	1	€0	-	6	28	-	8	2	-	7	-	
Hawaii	-	9	35	-	3	2	-	26	-	-	10	-	
Guam	NA	24	5	-	-	1	NA	37	NA	NA	4	1	
rac. irust ierr.		13		-		-		1	-	Ē.			
r.n. V I	E	249	973	-	!	1	14	1,252	-		16	>	
v.i.	NA.	6	14		1		NA		NA	NA	1	-	

TABLE III (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending September 30, 1978, and October 1, 1977 (39th week)

NA: Not available. *Delayed reports received for 1977 are not shown below but are used to update last year's weekly and cumulative totals.

1 The following delayed reports will be reflected in next week's cumulative totals: Measles: Mass. -1, III. +495, Mich. +281, Wis. -5, Ga. +2; Men inf.: III. +21, Ga. +1, Fla. -6; Mumps: III. +184; Pertussis: III. +73, Ga. +2; Rubella: Mass. -1, III +1284, Wis. +1, Ga. +2; Tetanus: III. +1.

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TABLE III (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending September 30, 1978, and October 1, 1977 (39th week)

NA: Not available. *Delayed reports received for 1977 are not shown below but are used to update last year's weekly and cumulative totals. *Delayed reports received for 1977 are not shown below but are used to update last year's weekly and cumulative totals.

Delayed reports received for 1977 are not shown below but are due to optione as years weekly and chimitative rolats. The following delayed reports will be reflected in next week's cumulative totals: TB: Ohio. -7, Mich. -3, Iowa -1, Md. -6, N.C. -1, Fla. -3, Alaska -1, Guam +1; T, fever: Pa. -1, III. +5, Ga. +1; RMSF: III. +14; GC: Wis. -1 civ., Nebr. -1 civ., La. -11 civ., Mont. -1 mil., Guam +4 civ.; An rabies: Fla. +1, N. Mex. +1, Ariz, +7.

TABLE IV. Deaths in 121 U.S. cities,* week ending September 30, 1978 (39th week)

						-							
	-	ALL CAUS	SES, BY AG	E (YEARS)					ALL CAUS	ES, BY AG	(YEARS)		
REPORTING AREA	ALL	>65	45-64	25-44	<1	P& I** TOTAL	REPORTING AREA	ALL AGES	>65	45-64	25-44	<1	P&I** TOTAL
NEW ENGLAND	717	468	177	33	19	39	S. ATLANTIC	1.201	662	3 30	82	78	51
Boston, Mass.	203	119	58	9	12	11	Atlanta, Ga.	156	89	40	8	13	5
Bridgsport, Conn.	55	43	9	Ł	-	5	Baltimore, Md.	242	127	72	22	10	5
Cambridge, Mass	23	16	4	3	-	2	Charlotte, N.C.	74	48	16	6	2	- 4
Hall Hiver, Mass.	21	19		-	-	Ē.	Jacksonville, Ma.	83	44	24	6	3	5
Lowell Mass	27	16	22	- 7 -		2	Norfolk Va	111	60 27	12	1	9	7
Lynn, Mass.	22	16	4	2		ĩ	Richmond, Va.	92	46	32	-	4	ŝ
New Bedford, Mass.	26	21	5	_	-	_	Savannah, Ga.	44	21	16	2	3	6
New Haven, Conn.	41	27	7	4	2	1	St. Petersburg, Fla.	81	68	11	1	-	6
Providence, R.I.	58	34	15	1	3	4	Tampa, Fla.	66	34	18	7	3	5
Somerville, Mass.	8			-		-	Washington, D.C.	173	76	50	14	30	3
Springheid, Mass.	10	90	1.4	3	1	2	Wilmington, Del.	33	17	13	1	1	z
Waterbury, Cont.	37	47	1.5	2	-	2	1						
Auftration' wante			.,	~		3	E.S. CENTRAL	648	365	177	51	22	21
							Birmingham, Ala.	107	61	29	1	3	- î
MID. ATLANTIC	2,667	1,670	668	177	72	125	Chattanooga, Tenn.	64	42	16	4	-	3
Alberry, N.Y.	62	40	16	-	5	2	Knoxville, Tenn.	47	24	14	7	-	-
Allentown, Pa.	19	11	.7	1	-	-	Louisville, Ky.	92	53	24	6	6	- 4
Buffalo, N.Y.	125	76	31	5	9	9	Memphis, Tenn.	119	66	38	11	1	2
Campen, NJ.	56	21	10	2	1	3	Mobile, Ala	82	42	21	1	5	7
Frie Pa	20	12	7		- 2	2	Nontgomery, Ala.	101	23	20		2	
Jarsey City, N.J.	47	36	i	2		1	Addate inte, renn.	102		30	0	2	
Newark, N.J.	57	23	22	6	3	3	1						
N.Y. City, N.Y.	1,346	854	320	104	27	51	W.S. CENTRAL	1,196	625	319	102	83	35
Paterson, N.J.	34	23	9	1	L	2	Austin, Tex.	43	26	11	3	-	3
Philadelphia, Pa.	489	292	133	29	15	28	Baton Rouge, La.	25	16	4	3	2	2
Pittsburgh, Pa.	65	36	25	3	1	2	Corpus Christi, Tex.	39	19	9	2	5	-
Recharger N V	38	31		2	-		Dallas, Tex.	150	76	37	14	11	4
Schenectady, N.Y.	25	- 12	25	1.1	<u> </u>	10	El Paso, Tex.	52	31	14	- 11 <u>\$</u>		3
Scranton, Pa.	16	12	10	2			Fort Worth, Tex.	345	173	22	20		-
Syracuse, N.Y.	81	54	18	4	2	,	Little Bock Ark	75	34	19		10	1
Trenton, N.J.	27	20	5	-	2	-	New Orleans La	96	42	29	ă	- 11	
Utica, N.Y.	22	15	7	-	-	3	San Antonio, Tex.	154	94	36	10	10	4
Yonkers, N.Y.	19	13	4	2	-	1	Shreveport, La. Tulsa, Okia.	48 90	32 42	12 28	2	2 10	3
E.N. CENTRAL	2,200	1.290	599	120	99	57							
Akron, Ohio	103	33	11	;	- 1		MOUNTAIN	551	330	129	39	24	22
Clanton, Unio	499	266	150	29	25	Å	Colo Spring Colo	. 04	23	4		<u> </u>	5
Cincingo, m.	142	88	41	5	ŝ	3	Danvar Colo	116	74	26	9		2
Cleveland, Ohio	154	78	53	8	3	4	Las Vegas, Nev.	65	30	22	9	ź	3
Columbus, Ohio	133	81	29	10	8	7	Ogden, Utah	15	10	3	1	1	
Dayton, Ohio	59	57	28	5	6	1	Phoenix, Ariz.	110	68	25	5	6	3
Detroit, Mich.	240	140	74	13	6	3	Pueblo, Colo.	16	10	4	1	-	
Evansville, Ind.	27	18	6	2	-	2	Salt Lake City, Utah	52	27	12	3	5	2
Fort Wayne, Ind.	26	12	12	2	2	2	Tucson, Ariz.	82	52	15	6	5	-
Grand Danide Minh	56	26	17	ŝ	5	5							
Indiananolis Ind	157	54	42	í	ź	5	PACIFIC	1.627	1.077	345	75	44	54
Madison, Wis.	56	28	16	Ś	ź	5	Berkeley Calif.	24	15	7		1	- 11
Milwaukee, Wis.	113	73	31	5	2	2	Fresno, Calif.	70	40	20	3	2	2
Peoria, III.	41	29	1	2	1	2	Glendale, Calif.	22	17	2	1	-	-
Rockford, III.	41	24	9	3	3	2	Honolulu, Hawaii	59	36	14	2	6	3
South Bend, Ind.	48	37			1	3	Long Beach, Calif.	90	51	34	2	1	5
Toledo, Ohio	58	60	26	3	8		Los Angeles, Calif.	507	350	105	17	10	14
Youngstown, Unio		30	12	2	2		Pasadena, Calif.	46	35	8	1	1	
WALCONTRAL	470	454	124	22	20		Portland, Oreg.	120	78	32	3	5	1
Des Moines Iowe	619	41)1	4	20	~ ~	San Dieac, Calif.	127	19	22			27
Duluth Minn.	A	4	- îŝ	-	_	_	San Francisco Colif	127	91	23	11		- 1
Kansas City, Kans.	29	20		3	2	-	San Jose Calif.	50	15		1	1	2
Kansas City, Mo.	110	72	23	5	6	5	Seattle, Wash.	148	103	32	1	-	7
Lincoln, Nebr.	36	26	8	2	2	1	Spokane, Wash.	56	34	11	3	รี	3
Minneapolis, Minn.	101	64	20	5	7	3	Tacoma, Wash.	37	30	5	2	_	4
Omaha, Nebr.	78	58	13	1	L	1							
St. Louis, Mo.	136	88	29	6	5	1							
St. Paul, Minn. Wichita, Kans.	68 51	31	13	5	1	8	TOTAL	11,486	6,941	2,902	711	466	425
							Expected Number	10,776	6.538	Z.766	689	424	372

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.

386

Epidemiologic Notes and Reports

Convention-Associated Legionnaires' Disease

On September 14, 1978, Legionnaires' disease was diagnosed in a 58-year-old New Jersey man who had onset of symptoms on August 21. He had arrived on August 12 for the 79th Annual National Veterans of Foreign Wars (VFW) Convention, held in Dallas. Texas, August 18-August 25, 1978. The VFW national organization reports that there were approximately 36,000 conventioneers, representing 19,000 VFW members, 5,300 Auxillary members, and guests.

Since the initial case was diagnosed, a total of 5 confirmed cases (on the basis of a \geq 4-fold serologic rise in reciprocal indirect immunofluorescent titer to \geq 128) and 2 presumptive cases (a single convalescent-phase reciprocal titer of \geq 256) have been reported (Figure 2). Cases are from New Jersey (4), Washington, New York, and Missouri; none has been fatal.

FIGURE 2. VFW Convention-associated Legionnaires' disease cases, by date of onset, August 18-September 5, 1978



ONSET (2-DAY INTERVALS)

Intensive nationwide casefinding was initiated on September 18. Among 2,953 persons who attended any convention-associated activity and were contacted in a systematic fashion, the overall incidence of pneumonia with onset within 2 weeks of the end of the convention was 0.3%. In Texas, where comprehensive case finding was initiated, 480 persons were contacted, and no documented cases of pneumonia were discovered. Serum specimens from all persons ill with pneumonia were solicited. A questionnaire survey of cases and controls to identify a possible common source of exposure is planned.

Preliminary analysis by week of patients with pneumonia admitted to 13 major Dallasarea hospitals from July 1-September 19, 1978, and the same period in 1977 showed no evidence of an outbreak of pneumonia there this year. Review of records in Dallas-area emergency facilities of persons seen with pneumonia, upper respiratory infection, or fever is pending.

Reported by EL Berry, MD, Dept of Public Health, Dallas; H Dewlett, MD, H Munson, MD, C Webb, MD, State Epidemiologist, Texas Dept of Health; R Altman, MD, State Epidemiologist, New Jersey Dept of Health; JW Taylor, MD, MPH, State Epidemiologist, Washington Dept of Social and Health Services; DO Lyman, MD, State Epidemiologist, New York Dept of Health; HD Donnell Jr, MD,

Legionnaires' Disease - Continued

State Epidemiologist, Missouri Dept of Social Services; Immunization Div, Bur of State Services, Field Services Div, Bacterial Diseases Div, Bur of Epidemiology, CDC.

Editorial Note: Efforts are being directed to determine whether this occurrence of Legionnaires' disease is greater than that which would be otherwise expected. The clustering in time of pneumonia cases (with or without confirmation as Legionnaires' disease) suggests that an outbreak occurred.

Follow-up on Vibrio cholerae Serotype Inaba Infection – Louisiana

Four more cases of cholera and 2 asymptomatic infections have been identified in Louisiana, bringing the total number of persons known to be infected in August and September to 11. The 6 most recent infections were discovered after a 58-year-old woman from Lafayette had onset of a diarrheal illness on September 24, was hospitalized, and had Vibrio cholerae, serotype Inaba, isolated from her stool. On September 22, she had eaten crabs that had been caught in White Lake, boiled, and then held without refrigeration for approximately 6 hours (Figure 3). Investigation found that 5 of 9 other persons who had eaten the crabs at the same time had also developed diarrheal illnesses; V. cholerae, serotype Inaba, organisms have been isolated from the stools of 3 of these ill persons. Some of the boiled crabs left over after the meal had been refrigerated, and V. cholerae, serotype Inaba, organisms were isolated from one of them. Other crabs, caught in White Lake at the same time by the same man, were boiled separately on September 22 and eaten at once by 6 persons; none became ill, but V. cholerae, serotype Inaba, organisms were isolated from the stools of 2 of the 6 persons. All previously reported isolates of V. cholerae from Louisiana in August and September were also of this serotype. The biotype of the most recent isolates has not yet been determined.

The 8 infected persons with symptoms had eaten boiled or steamed crab within 5 days before onset of illness. A case-control study of foods eaten by the first 5 symptomatic patients and 10 age- and sex-matched neighbor controls found that none of the





October 6, 1978

MMWR

Vibrio cholerae – Continued

controls had eaten crabs during comparable periods (p=0.007). The 3 asymptomatic infected persons had eaten crabs within 9 days before culture. As mentioned above, *V. cholerae*, serotype Inaba, was isolated from a boiled crab. The organism was also isolated from raw shrimp caught south of Pecan Island (1). These epidemiologic and laboratory data indicate that crabs collected in Louisiana in the area between Mud Lake, west of Cameron, and Vermilion Bay, south of Abbeville, have been the vehicles of infection for the cases of cholera (Figure 3). Crabs prepared in large lots by commercial establishments have not been implicated.

Preliminary results of studies on the effect of boiling on crabs artificially infected with *V. cholerae*, serotype Inaba, from 1 of the Louisiana cases have shown that the organism can be isolated from iced crabs individually boiled after 2, 4, 6, and 8 minutes of boiling, but not after 10 minutes. At 8 minutes the crab shell was red and the meat was firm, so these criteria are not adequate to determine if crabs are safe to eat. In actual practice, crabs are cooked in varying numbers and using a variety of methods and containers. The crabs eaten by the persons with cholera were reportedly steamed for up to 35 minutes or boiled for 10-20 minutes.

Surveillance for cases, culture of seafoods, and monitoring of sewage from 21 cities and towns will continue in Louisiana to determine if a larger coastal area than the one designated is infected, and if other seafoods from the area are causing cholera. Parrish sanitarians will visit all commercial establishments that use crabs to give them information on proper cooking and handling of crabs, including the recommendation that crabs be immersed in vigorously boiling water for at least 15 minutes, and that steaming of crabs be discontinued until studies of the efficacy of steaming have been carried out.

Reported by HB Bradford, PhD, Director, Bur of Laboratories, CT Caraway, DVM, State Epidemiologist, Louisiana Dept of Health and Human Resources; U.S. Food and Drug Administration; Enteric Diseases Br, Epidemiologic Investigations Laboratory Br, Bacterial Diseases Div, Quarantine Div, Field Services Div, Bur of Epidemiology, CDC. Reference

1. MMWR 27:367, 1978

Erratum, Vol. 27, No. 38

p 355 In the article, "Follow-up on Vibrio cholerae Infection – Louisiana," the second reference is incorrect. It should read: The cholera situation. Public Health Rep 26: 1133-1136, 1911.

The Morbidity and Mortality Weekly Report, circulation 78,750, 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.

October 6, 1978

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