NATIONAL COMMUNICABLE DISEASE CENTER

Morbidity and Mortality

Vol. 17, No. 24

WEEKLY REPORT

Week Ending June 15, 1968

PUBLUO HEALTINGERVICE

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

HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

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CURRENT TRENDS MEASLES - New Jersey

Between January 1 and April 30, 1968, 307 cases of measles were reported by the New Jersey State Department of Health (NJSDH) to NCDC. This represents an 11 percent increase over the 277 cases reported during the first 4 months of 1967. Essex, Passaic, and Bergen Counties, which represent approximately 35 percent of the New Jersey 1960 population, accounted for 68 percent of the cases reported in 1968.

Since January 1, 1968, the New Jersey Division of Preventable Diseases has maintained a surveillance program by which all cases of measles reported to the NJSDH are investigated in an attempt to verify the diagCurrent Trends

Measles-New Jersey.....

nosis, define the source of transmission, and determine the relationship, if any, of the cases to measles immunization. In the first 4 months of this year, approximately 90 percent of the cases reported to the NJSDH were investigated; 38 percent of the cases investigated were found not to be measles (Table 1). If the family of a case (Continued on page 222)

TABLE 1. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
(Cumulative totals include revised and delayed reports through previous weeks)

Marine College College	24th WEE	K ENDED	MEDIAN	CUMULATIVE, FIRST 24 WEEKS				
DISEASE	JUNE 15, 1968	JUNE 17, 1967	1963 - 1967	1968	1967	MEDIAN 1963 - 1967		
Aseptic meningitis	67	45	39	754	791	676		
Brucellosis	4	6	6	71	117	117		
Piphtheria	_	1	2	86	50	79		
Encephalitis, primary:		F Fedfield III	- 77 Section College		SHELL SHAP	was year no		
Arthropod-borne & unspecified	19	27		394	600			
ncephalitis, post-infectious	8	21		255	417			
epatitis, serum	90	43	040	1,852	920	10.074		
epatitis, infectious	789	740	646	20, 170	18, 454	19,374		
Ialaria	42	41	2	970	911	43		
leasles (rubeola)	651	1,244	6, 268	16,617	53,043	220, 468		
leningococcal infections, total	45	35	48	1,552	1,346	1,505		
Civilian	40	34		1,401	1,248			
Military	5	1	***	151	98			
Aumps .	2,943			111.940				
Oliomyelitis, total	1		A	19	10	18		
Paralytic	ī	-	1	19	9	16		
Rubella (German measles)	1,624	1,827		37,659	34,740			
treptococcal sore throat & scarlet fever	6, 294	6,350	6,350	246,028	265,882	240,727		
etanus	3	8	58	58	81	98		
ularemia	4	3	8	81	68	102		
yphoid fever	11-11-	4	6	127	177	162		
Typhus, tick-borne (Rky. Mt. spotted fever)	8	10	10	62	67	49		
Rabies in animals	45	97	94	1,725	2, 151	2, 151		

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.	The state of the section of the sect	Cum.
Anthrax: Botulism:	2	Rabies in man:	- 3
Leptospirosis:	13	Trichinosis: Calif1, N. J 1, NY Upstate - 4, Tex 1	35
Psittacosis: Calif 1	19	Polio, Unsp.:	_

MEASLES - (Continued from page 222)

could not be reached and the case was not investigated. the case was assumed to be measles and was reported as measles to NCDC.

The major portion of these reported cases (73 percent) occurred in nine New Jersey municipalities (Table 2). Measles immunization programs are being planned or have recently been held in each of these municipalities.

In Newark, cases have continued to appear despite the program on March 3, 1968, in which 6,802 children were immunized. Because of the continued occurrence of cases, weekly immunization programs are now being conducted in neighborhood houses used as clinic sites. In Paterson, since May 16, 1968, weekly (Thursday morning) immunization programs have been held in the health department clinics.

Table 1 Investigation of Cases

Month (1968)	Number Cases Reported to NJSDH*	Number Cases Investi- gated	Number Cases Found not to be Measles	Percent of Cases Inves- tigated Found not to be Measles	Number Cases Reported to NCDC**	Percent of Cases Reported to NJSDH which were reported to the NCDC
January	51	48	18	37.5	33	64.7
February	86	83	30	36.1	56	65.1
March	149	139	52	37.4	97	65.1
April	176	140	55	39.3	121	68.8
Total	462	410	155	37.8	307	66.5

*New Jersey State Department of Health.

**National Communicable Disease Center - Includes the cases not investigated.

Table 2

Nine Municipalities with Measles Outbreaks, New Jersey,

January - April, 1968

		Numb	er of C	Immunization		
Municipality	County	Jan.	Feb.	Mar.	Apr.	Program in
Absecon	Atlantic		100		20	May 1968
Bogata	Bergen	9		2	19	May 1968
Hackensack	Bergen	1		2	6	June 1968
East Orange	Essex	4	10	5		May 1968
Newark	Essex	9	13	25	25	March 1968
Orange	Essex	2	6	12		June 1968
New Brunswick	Middlesex		5	2		January 1968
Paterson	Passaic	10	4	19	14	May 1968*
Vernon	Sussex				11	May 1968

'In addition, Weekly Program in Health Department Clinics.

As a result of the recent increase in immunization programs, personnel have been unable to maintain the previous level of measles surveillance. For example, in May (through May 17) only 63 percent of the cases reported to the NJSDH were investigated, as contrasted with approximately 95 percent investigated during each of of the first 3 months of 1968 (Table 1). This may explain the 10 percent increase in the number of cases reported from New Jersey to NCDC in May.

(Reported by Ronald Altman, M.D., State Epidemiologist, New Jersey State Department of Health; and two EIS Officers.)

EPIDEMIOLOGIC NOTES AND REPORTS GASTROENTERITIS - Portland, Oregon

An outbreak of gastroenteritis which occurred in Portland, Oregon, between May 17 and 20, 1968, has been traced to a meal served at a local restaurant on May 17. A total of 450 persons, including 75 who were attending two banquets and 375 individual diners, were served at the restaurant that evening. Interviews were obtained from 83 persons; 73 had been at the banquets and 10 had been individual diners. Of the 73 persons attending the banquet, 62 (85 percent) reported illnesses, and of the 10 individual diners, eight (80 percent) reported illnesses, giving an overall attack rate of 84 percent. Onsets of illness ranged from 3 to 67 hours after the meal with a mean incubation period of 36 hours. Symptoms of the ill persons included fever (54 percent), myalgia (37 percent), abdominal cramps (64 percent), nausea (71 percent), vomiting (46 percent), and diarrhea (63 percent). The durations of illness ranged from 8 to 96 hours with a mean duration of 30 hours. No persons were hospitalized and no deaths occurred.

Food items consumed by the diners included shrimp cocktail, oyster cocktail, king crab, steak, broiled lobster, green beans, baked potato and whipped margarine, salad, sherbet, ice water, and coffee. None of the foods could be implicated as the responsible vehicle by food histories.

Stool cultures were obtained 1 week after the meal from 11 ill persons, three well persons, and four asymptomatic food handlers. All cultures were negative for salmo-

nella and shigella, but five ill persons and two food handlers had cultures positive for enteropathogenic Escherichia coli (EEC) 0124:B17. Follow-up cultures obtained 2 weeks after the meal revealed that only two food handlers were still positive for EEC. In addition, cultures from one other ill person and one other food handler were positive for Clostridium perfringens, type A. Inspection of the restaurant showed poor hygienic conditions in the restaurant kitchen, the presence of numerous flies, and improper food preparation techniques. Samples of all food items, as well as scrapings of food from the cutting boards were cultured and were negative for salmonella and shigella, but several other organisms were cultured from different foods including EEC 0124:B17 from lobster, Cl. perfringens, type A from whipped margarine, and low concentrations of Staphylococcus aureus from the sherbet. Samples of the water supply as well as dye studies revealed no bacterial contamination of the water.

Subsequent investigation disclosed that similar illnesses had occurred among persons who had eaten at the restaurant on May 16. Food histories were obtained from 73 persons, 35 of whom (48 percent) had been ill. Symptoms and incubation periods were similar to those of the persons who became ill after the May 17 meal. No illnesses have been reported from persons eating at the restaurant after May 17.

Local health officials suggested numerous improvements in food handling techniques, and a follow-up inspection of the restaurant revealed great improvements in overall sanitation and techniques of food preparation.

(Reported by Vivian E. Runte, Nurse Epidemiologist, and M. A. Holmes, D.V.M., Public Health Veterinarian, Portland City Health Department; John H. Donnelly, M.D., Health Officer, and Robert Peth, Sanitarian, Multnomah County Health Department; James H. Stewart, M.D., Health Officer, and Eldred A. Henderson, Sanitarian, Washington County Health Department; and an EIS Officer.)

Editorial Note

The symptoms, long incubation period, and short durations of illness are suggestive of EEC as the causative agent in this outbreak. Whether EEC can cause gastroenteritis in adults has been a point of controversy. However several recent outbreaks have pointed to an association between EEC and gastroenteritis in adults 1,2,3,4 (MMWR, Vol. 16, No. 30). That EEC was the responsible agent in this outbreak is impossible to prove. The fact that the organism was isolated from five ill persons and two food handlers as well as one of the food items does

suggest a possible causal relationship. All previous reported outbreaks of diarrhea in adults associated with with EEC have been waterborne; 1,2,3,4 in this outbreak, no food items were implicated by food histories although EEC 0124:B17 was recovered from lobster. Only a minority of those who became ill had eaten lobster, and it would appear that the outbreak was not caused by one particular food item. Although contaminated water is certainly a possibility, it seems unlikely that the exact route of contamination can be identified.

References:

Schroeder, S.A., Caldwell, J.R., Vernon, T.M., White, P.C., Granger, S.I., and Bennett, J.V.: A waterborne outbreak of gastroenteritis in adults associated with enteropathogenic *E. coli* 0111:B4. Lancet 1:737-739, 1968

²Costin, I.D., Voiculescu, D., and Gorcea, V.: An outbreak of food poisoning in adults associated with *Escherichia coli* serotype 86:B7:H34. Path Microbiol 27:68-78, 1964.

³Lanyi, B., Szita, J., Ringelhann, B., and Kovach, K.: A water-borne outbreak of enteritis associated with *Escherichia coli* serotype 124:72:32. Acta Microbiol Acad Sci Hung 6:77-84,1959.

⁴Bengtsson, S., Berg, R., Danielsson, D., Landmark, K.M., Norbring, F., and Sandler, O.: A waterborne epidemic of enteropathogenic E. coli. Translated from Sartryck ur LaKartidningen 63:4599, 1966.

INTERNATIONAL NOTES FOLLOW-UP OBSCURE DISEASE RELATED TO AFRICAN MONKEYS

In the fall of 1967, NCDC was first informed of a disease of unknown etiology in persons having contact with African green monkeys (Cercopithecus aethiops) (MMWR, Vol. 16, Nos. 36 and 37). The clinical disease was characterized by severe prostration, myalgia, nausea, vomiting, and diarrhea. Conjunctivitis occurred early in the disease followed by enanthem and exanthem of scarlatiniform in appearance. Leukopenia developed initially followed by leukocytosis. Thrombocytopenia with a resulting bleeding tendency from mucous membranes was reported. Later stages of the disease showed evidence of liver, heart, and brain involvement. Deaths occurred from 7 to 12 days after onset.

A total of 30 cases with 7 deaths were reported occurring most frequently in persons who had contact with monkey tissues or cell cultures, particularly kidney tissue cell cultures. No cases were attributable to contact with intact animals only. Early intensive laboratory investigation with sera and tissue from affected human cases revealed an agent (the Marburg-Frankfurt agent) that infects and kills guinea pigs with resulting splenomegaly and degeneration of the liver (MMWR, Vol. 16, Nos. 38, 42, and 43). Although rickettsia were not found, hepatic cells from guinea pigs showed large numbers of intracytoplasmic granules (500-600 μ) resembling rickettsia. Convalescent sera from febrile guinea pigs and patients were negative against rickettsialpox, typhus, and Rocky Mountain spotted fever antigens. Subsequent characterization of the agent including growth in tissue cultures, RNA content, and

electron micrographic appearance has suggested that the agent is a virus.

Recently serologic studies on 129 African green monkeys were conducted at the Special Studies Laboratory, NCDC. The monkeys' sera were tested by complement fixation (CF) tests for antibody to the African green monkey virus. Of the 129 sera tested, 65 (50 percent) had positive reactions with titers ranging from 1:8 to \geq 1:256. The rate of positive reactions did not differ significantly between sera obtained from imported animals in the United States and from animals soon after capture in Africa. The monkeys originated in Ethiopia, Kenya, and Uganda, and positive reactors were found among animals from each country.

Sera from a limited number of captured chimpanzees, gorillas, and orangutans were also tested and approximately the same percentage of animals demonstrated CF antibody as that observed for the 129 African green monkeys. In tests conducted to date, sera from bushbabies and wild rodents collected in Africa and sera from 17 U.S. laboratory workers who have had contact with green monkeys for several years have shown no antibody to the virus.

Although no known antibody cross-reactions to the Marburg-Frankfurt virus occur with any other virus, virus neutralization tests must be performed before these serologic results can be confirmed and adequately interpreted.

(Reported by Special Studies Laboratory, Virology Section, Laboratory Program, NCDC.)

Morbidity and Mortality Weekly Report

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

JUNE 15, 1968 AND JUNE 17, 1967 (24th WEEK)

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*Delayed reports: Diphtheria: Tex. 16 Encephalitis, primary: N.H. 1 Hepatitis, infectious: Me. 3

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

JUNE 15, 1968 AND JUNE 17, 1967 (24th WEEK) - CONTINUED

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*Delayed reports: Measles: N.H. 33, Mass. delete 32 Mumps: Me. 14

Rubella: Me. 1

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TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDED

JUNE 15, 1968 AND JUNE 17, 1967 (24th WEEK) - CONTINUED

AREA	STREPTOCOCCAL SORE THROAT & SCARLET FEVER	TETA	ANUS	TULA	REMIA	ТҮР	HOID	TICK	S FEVER -BORNE . Spotted)		IES IN IMALS
			Cum.		Cum.		Cum.		Cum.		Cum.
	1968	1968	1968	1968	1968	1968	1968	1968	1968	1968	1968
UNITED STATES	6,294	3	58	4	81	11	127	8	62	45	1,725
VEW ENGLAND	1,225	-	1	-	40	-	4	1 2		1	60
Maine	11	_	-	-	- ·	-	-	-	l - i	-	50
New Hampshire	41	-	-	-	- ,	- 1	-	-		-	2
Vermont	55	-	-	-	40	-		-	-	1	7
Massachusetts	159	_	-	-	-	-	2	-			1
Rhode Island	120	-	1	-	_		2		-	_	
Connecticut	839	-	1	17	_	_	4		-	_	
MIDDLE ATLANTIC	171		9	_	3	_	11	-	4	-	15
New York City	23	_	5	-	_	-	6	-	-	-	-
New York, Up-State.	130	-	4	-	3	-	2	_	1	-	11
New Jersey	NN	-	-	-	-	-	1	-	- 11	-	-
Pennsylvania	18	**	-	-	-	•	3		3	-	4
	540	,	۰	2	_	,	21	_	2	5	155
EAST NORTH CENTRAL	549 53	1	8	2	6 1	1	11			2	62
OhioIndiana	111		1	_	-		1	_] [-	56
Illinois	196	1	5	2	4	1	8	F.	1 1	2	17
Michigan*	64		2	_	i	-	-	-	-	1	9
Wisconsin	125	- "	-	-	-	-	1	-		-	11
							1 _				
WEST NORTH CENTRAL	182	-	2	-	6	-	5	-	2	11	388
Minnesota	20		-	-	-	-	-	-		2 2	109
Iowa	33	-	2		4	-	3	_		2	73 68
Missouri	34 46		_	_]			4	65
North Dakota	6	1 4	2	_	1	_	1	-	1 i	-	34
South Dakota Nebraska	34		_	_		_	i	1 -	i	-	19
Kansas	9		-	-	1	_	Į -	_	_	1	20
							1				
SOUTH ATLANTIC	904	-	11	-	5	4	35	6	39	5	195
Delaware	1	-	-	-	-	-	-	-	1 -		
Maryland	330	-		-	-	-	5	-	3	-	3
Dist. of Columbiat.	22	-	1	-	- ;		1	-		-	-
Virginia	215	- 1	2 1	1 [1	1	7	2	17	2	82 26
West Virginia	158 8		2		2		2	1	12	-	7
North Carolina	9	12.4	1	_	2 1		_	l <u>-</u>	1	_	
Georgia	6	-	1	_	1	1	9	2	4	2	25
Florida	155	-	4	_	1	2	11	1	2	1	52
EAST SOUTH CENTRAL	818	1	8	-	6	2	15	2	8	7	429
Kentucky	28	-	1	-	1		2	- 1	1	2	200
Tennessee	674	-	2	-	4	2	10	2	5	4	210
Alabama	49	1	2		- 1		3	1	1 1	1	19
Mississippi	67	1	,		1		,	· -	1		
WEST SOUTH CENTRAL	495	- 4	7	1	11		9	■_	6	8	318
Arkansas	16	-	1	-	1	-	1	-	-		36
Louisiana	7	-	4	-10	1	- ,	1	-	-	-	30
Oklahoma	36	-		-	2	-	2	-	4	2	99
Texas	436	-	2	1	7	-	5	-	2	6	153
1011171	1 , , , ,	- 1		,	,	,	,	_	Ι,		38
MOUNTAIN	1,111	- 1	1	1	4	1 -	9		1 -	1	30
Montana	19 51		_			_ I	_		[-	
Idaho	5	_		1	1		1		-	-	
Colorado	749	_	-		î	- 1	2	77.	1	-	
New Mexico	83	-	_	-		1	6	-	- 1	-	11
Arizona	91	-	-	-		- 1	-	-	- 1	1	18
Utah	113	4 - 6		-	2	-	-	1 -	- 4	-	- T
Nevada	-	-	-	-	-	i -	-	-	; - I	-	
	000									_	100
PACIFIC	839	1	12		-	3	18	-	-	7	12
Washington	128 58	. I : II	1				2				100
Oregon	531	1	11			3	16			7	12
California	29	- (2)	-		-	-	-	-		-	1000
Hawaii.	93						1001	1/31 mm			

*Delayed reports: SST: Me. 331, D.C. 94 Tetanus: Mich. 1

Week No.

TABLE IV. DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED JUNE 15, 1968

24

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

	A11 C	auses	Pneumonia	Under		All Ca	uses	Pneumonia	Unde
Area	A11	65 years	and	1 year	Area	A11	65 years	and	1 year
	Ages	and over	Influenza All Ages	All Causes		Ages	and over	Influenza All Ages	All Cause
EW ENGLAND:	736	463	29	42	SOUTH ATLANTIC:	1,223	582	56	115
Boston, Mass	234	128	15	17	Atlanta, Ga	128	58	56 2	113
Bridgeport, Conn	36	29	3	2	Baltimore, Md	288	133	8	23
Cambridge, Mass	29	22	-	(+3)	Charlotte, N. C	43	17	1	5
Fall River, Mass	34	24	-	3	Jacksonville, Fla	86	40	i	2
Hartford, Conn	52	29		5	Miami, Fla	100	60	1	5
Lowell, Mass	37	21	3	2	Norfolk, Va	54	25	8	5
Lynn, Mass	14	9	(*C)	200	Richmond, Va	82	42	6	4
New Bedford, Mass	21	17	1	1	Savannah, Ga	26	10	4	2
New Haven, Conn	49	30	7.5	4	St. Petersburg, Fla	75	60	8	_ 2
Providence, R. I	71	38	1	5	Tampa, Fla	52	25	7	
Somerville, Mass	16 52	12	7	•	Washington, D. C	251	93	9	59
Springfield, Mass	39	40 25	4	-	Wilmington, Del	38	19	1	2
Waterbury, Conn Worcester, Mass	52	39	2	1 2	EAST SOUTH CENTRAL:	500	205	24	27
worterster, than.	32	"		-	Birmingham, Ala	588 81	305	34	27
IDDLE ATLANTIC:	3,487	2,014	128	144	Chattanooga, Tenn	57	51	1 9	,
Albany, N. Y	52	29	120	3	Knoxville, Tenn	48	30 26	2	4
Allentown, Pa	38	30	2	2	Louisville, Ky	129	73	12	5
Buffalo, N. Y	178	96	4	10	Memphis, Tenn	115	53	2	10
Camden, N. J	41	24	i	1	Mobile, Ala	50	24	1	2
Elizabeth, N. J	31	18	5.00	-	Montgomery, Ala	34	15	4	2
Erie, Pa	51	26	4	1	Nashville, Tenn	74	33	3	4
Jersey City, N. J	70	32	i	3		, ,]	V	1
Newark, N. J	83	42	2	4	WEST SOUTH CENTRAL:	1,211	620	26	83
New York City, N. Y	1,796	1,036	74	66	Austin, Tex	39	24	5	2
Paterson, N. J	43	24	2	3	Baton Rouge, La	37	20	2	2
Philadelphia, Pa	490	276	11	29	Corpus Christi, Tex	2 7	13		2
Pittsburgh, Pa	158	84	1	3	Dallas, Tex	172	88	3	11
Reading, Pa	47	35	7		El Paso, Tex	49	27	2	9
Rochester, N. Y	133	82	2	12	Fort Worth, Tex	80	43	1	9
Schenectady, N. Y	21	16	3,000	1	Houston, Tex	238	99	1	10
Scranton, Pa	28	21	3		Little Rock, Ark	64	37	2	2
Syracuse, N. Y	90	54	4	4	New Orleans, La	186	88	3	12
Trenton, N. J	57	30	2	-	Oklahoma City, Okla	78	44	2	2
Utica, N. Y	38	31	4	-	San Antonio, Tex	136	80	-	15
Yonkers, N. Y	42	28	4	2	Shreveport, La	35	18	1	2
	775	i			Tulsa, Okla	70	39	4	9
AST NORTH CENTRAL:	2,937	1,744	109	126			100		1
Akron, Ohio	62	43	-	1	MOUNTAIN:	435	245	16	22
Canton, Ohio	The state of the s	26	3	3	Albuquerque, N. Mex	49	29	5	4
Chicago, Ill	896	533	36	44	Colorado Springs, Colo.	17	10	1	1
Cincinnati, Ohio	150	94	6	6	Denver, Colo	104	56	5	1
Cleveland, Ohio	243	129	7	8	Ogden, Utah	14	10	2	1
Columbus, Ohio	135	70	1	8	Phoenix, Ariz Pueblo, Colo	112	62	-	8
Dayton, Ohio Detroit, Mich	91	55	3 9	1 12	Salt Lake City, Utah	20	17	1	-
Evansville, Ind	405 47	256 28	4	12	Tucson, Ariz	64	30	-	5
Flint, Mich	63	38	2	2		55	31	2	2
Fort Wayne, Ind	36	22	¥.	-	PACIFIC:	1 7/0	1 000	۱ ۵٬	١
Gary, Ind	55	25	6	6	Berkeley, Calif	1,748 28	1,039	24	71
Grand Rapids, Mich	70	45	6	-	Fresno, Calif	38	19	2	2
Indianapolis, Ind	158	1: 73	2	11	Glendale, Calif	37	26	2	1 1
Madison, Wis	45	20	6	6	Honolulu, Hawaii	52	23	2	4
Milwaukee, Wis	133	84	6	8	Long Beach, Calif	107	56	5	4
Peoria, Ill	50	24	1	6	Los Angeles, Calif	644	400	10	36
Rockford, Ill	28	18	3	-	Oakland, Calif	89	52	10	4
South Bend, Ind	36	23	ī	-	Pasadena, Calif	29	23	-	10.31
Toledo, Ohio	112	78	3	2	Portland, Oreg	107	71	1	1 2
Youngstown, Ohio	75	60	4	2	Sacramento, Calif	57	28	2	2
8 9		l	Į.		San Diego, Calif	99	51	-	8
ST NORTH CENTRAL:	849	504	27	54	San Francisco, Calif	183	94	2	
Des Moines, lowa	65	42	3	4	San Jose, Calif	35	26	ī	
Duluth, Minn	16	14	2	1	Seattle, Wash	149	79	ī	4
Kansas City, Kans	43	17	1	5	Spokane, Wash	57	43		2
Kansas City, Mo	155	84	3	11	Tacoma, Wash	37	27	-	2
Lincoln, Nebr	26	11	-	2					
Minneapolis, Minn	140	95	5	8	Total	13,214	7,516	449	684
Omaha, Nebr	69	45	2	3	#77 F	5 5 73	1 1 1 1 1	1917-8-85	-
St. Louis, Mo	209	117	7	14		mulative T			
St. Paul, Minn	78	48		5	including reporte	ed correct	ions for p	revious we	eks
Wichita, Kans	48	31	4	1					
The state of the s			- 4		All Causes, All Ages			316,07	/2
					II All Courses Ass 65 and	MIOY		10/ E/	. 0
					All Causes, Age 65 and	DAGI		104,34	10

INTERNATIONAL NOTES INFLUENZA - South America

In January 1968, there was an outbreak of A2 influenza in northern Chile. 1 Subsequently, an outbreak of A2 influenza associated with marked absenteeism occurred in Santiago.

In mid-March a severe epidemic of A2 influenza was observed on Easter Island, national territory of Chile. Nearly the entire population was affected, and there were some deaths in the older age group.

In late April, A2 influenza was first noticed in Mendoza and San Juan, Argentina.2 These communities are in western Argentina directly across the Andes from Santiago, Chile. The epidemic in Argentina seems to be gradually spreading from the west to the north and to the east, and suspect outbreaks have recently been reported in Buenos Aires and Pergamino. To date, nine influenza A2 viruses have been isolated at the National Influenza Center of of Cordoba, Argentina.

(Reported by Dr. E. Pearson, Head, Virus Department, Instituto Bacteriologico de Chile, Santiago, Chile; Dr. Violeta Knez, Chief, Influenza Program, Unversidad Nacional de Cordoba, Instituto de Virologia, Cordoba, Argentina, Dr. A. Vilches, Director, Instituto Nacional de Microbiologia, Buenos Aires, Argentina; and WHO International Influenza Center for the Americas, NCDC.)

References:

WHO Weekly Epidemiologic Record, 43:(19)241, May 10, 1968. 2WHO Weekly Epidemiologic Record, 43(24)301, June 14, 1968.

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In the article, "Trichinosis - Ohio," the list of persons reporting the article is incomplete. The following list is correct: "(Reported by Ralph A. Masterson, D.V.M., M.P.H., Chief, Epidemiology Section, Jack Russell, D.V.M., Chief, Veterinary Unit, Donald Baker, Investigator, and Ohio Department of Health Laboratory, Ohio Department of Health; Fred C. Kluth, M.D., Commissioner, Lake County Health Department; and Joseph Koelliker, M.D., Willoughby, Ohio.)"

Page 213

The page number in the reference in the article "Method of Recording Date of International Certificates of Vaccination," should be page 43 and not page 49.

Page 215

In the article "Measles Mortality - United States, 1966," the title to Figure 5 is incorrect. The title should be the following:

Figure 5 REPORTED MEASLES CASES (1912-1967) AND DEATHS (1912-1966) PER 100,000 POPULATION, UNITED STATES

The mortality data for 1967 are not yet available.

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

DIRECTOR, NATIONAL COMMUNICABLE DISEASE CENTER

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IDA L. SHERMAN, M.S. MICHAEL B. GREGG M.D. EDITOR

IN ADDITION TO THE ESTABLISHED PROCEDURES FOR REPORTING MORBIDITY AND MORTALITY, THE NATIONAL COMMUNICABLE DISEASE CENTER WELCOMES ACCOUNTS OF INTERESTING OUTBREAKS OR CASE INVESTIGATIONS WHICH ARE OF CURRENT INTEREST TO HEALTH OFFICIALS AND WHICH ARE DIRECTLY RELATED TO THE CONTROL OF COMMUNICABLE DISEASES. SUCH COMMUNICATIONS SHOULD BE ADDRESSED TO: NATIONAL COMMUNICABLE DISEASE CENTER

NATIONAL COMMUNICABLE DISEASE CENTER ATLANTA, GEORGIA 30333 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.

HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION NATIONAL COMMUNICABLE DISEASE CENTER HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE ATLANTA, GEORGIA 30333 OFFICIAL BUSINESS COMMUNI CABLE DISEASE

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