CENTER FOR DISEASE CONTROL

MMWR

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International Notes

Smallpox Surveillance — Worldwide

October 26, 1978, marks the first anniversary of the last case of endemic smallpox. The last known case occurred in Merka, Somalia. The recent laboratory-associated outbreak in Birmingham, United Kingdom, has not altered plans of the World Health Organization (WHO) for final certification of global eradication. Intensive surveillance continues in Somalia, Ethiopia, Kenya, Djibouti, and the Yemen Arab Republic with plans for Certification Commissions in the fall of 1979.

A reward of $1,000 has been established by the Director-General of WHO for the first person who reports an active case of smallpox resulting from person-to-person transmission and confirmed by laboratory tests (*1*).

Reference

1. Resolution WHA 31.54, World Health Assembly, 1978

Epidemiologic Notes and Reports

Isolation of Organisms Resembling Legionnaires' Disease Bacterium — Georgia

Organisms resembling the Legionnaires' disease bacterium (LDB) have been isolated from water obtained from the evaporative condensor at a country club in Atlanta, Georgia, by intraperitoneal inoculation of guinea pigs. The organism shows typical appearance on F-G agar, is positive by direct immunofluorescence, and has a characteristic cellular fatty acid profile on gas chromatographic analysis. DNA relatedness studies are pending. From July 2-7, 1978, a cluster of 3 confirmed and 5 presumptive cases of Legionnaires' disease occurred among member golfers (*1*). The water sample was obtained on August 23. The output vent of the evaporative condensor faces the tenth tee of the golf course, approximately 150 feet away. Decontamination of the evaporative condensor has been attempted, and post-decontamination water samples are presently being tested for the bacterium.

Reported by WR Elsea, MD, Fulton County Dept of Health; J McCroan, PhD, State Epidemiologist, Georgia Dept of Human Resources; Bacteriology Div and Pathology Div, Bur of Laboratories, Bacterial Diseases Div, Bur of Epidemiology, CDC.

Editorial Note: This is the fourth isolation of an organism resembling LDB from a cooling tower or evaporative condensor at the site of an outbreak (*2-4*). Epidemiologic analysis indicates that the golfers may have been exposed to airborne LDB coming from the evaporative condensor. Laboratory evaluation of chemical agents that might be effective in decontamination or preventive maintenance of evaporative condensors and cooling

Legionnaires' Disease Bacterium — Continued

towers has been initiated by CDC, in consultation with the Environmental Protection Agency and the American Society of Heating, Refrigeration and Air Conditioning Engineers.

References

1. MMWR 27:293, 1978
2. MMWR 27:283, 1978
3. MMWR 27:268, 1978
4. Glick TH, Gregg MB, Berman B, et al: Pontiac fever: An epidemic of unknown etiology in a health department: I. Clinical and epidemiologic aspects. Am J Epidemiol 107:149-160, 1978

Paralytic Shellfish Poisoning — Washington

During the last 2 weeks of September 1978, Washington State reported its first case since 1942 of paralytic shellfish poisoning (PSP) involving native shellfish. In 2 separate incidents, a total of 4 people required hospitalization after eating mussels and developing the typical symptoms of PSP—paresthesia of the lips, tongue, face, and extremities; nausea; vomiting; dysphonia; dysphagia; and some muscle incoordination. All the patients recovered.

Investigation of both incidents showed that the parties had collected and eaten mussels from Whidbey Island, Island County, Washington. Collection of mussels from North Bluff Beach and near the town of Clinton, the sites involved, revealed levels of 1,415 micrograms and 2,821 micrograms of PSP toxin per 100 grams of meat, respectively. The maximum allowable PSP toxin in commercial shellfish in Washington is 80 micrograms per 100 grams of meat.

PSP surveillance conducted by local health departments and the Office of Environmental Health Programs, Washington State Department of Social and Health Services (DSHS), was expanded and intensified. PSP toxin levels as high as 30,360 micrograms have since been found in shellfish from Whidbey Island. Toxic levels of PSP have also been noted in shellfish from the beaches of Clallam, King, Kitsap, Jefferson, San Juan, Skagit, Snohomish, and Whatcom Counties (Figure 1). Thus far the southernmost area of toxic levels has been the northern tip of Vashon Island, south of Seattle in King County. Toxic levels of PSP have not been recorded this far south in Washington before. Local health departments have closed all beaches to private shellfish harvesting, and the Office of Environmental Health Programs has closed the beaches to commercial shellfish harvesting in the affected areas. They will remain closed until further notice.

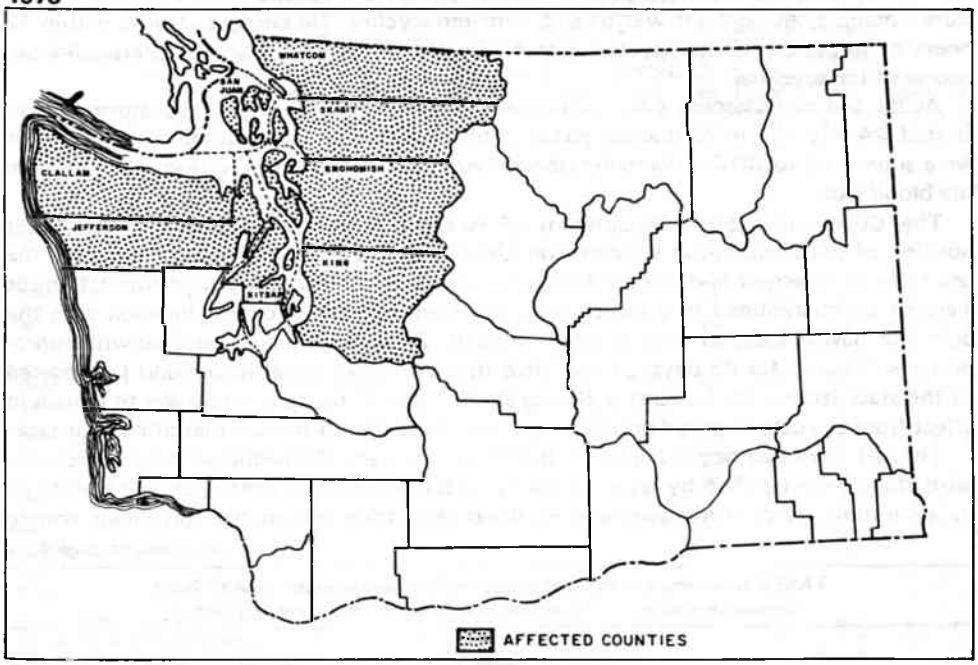
Reported by J Fischnaller, MD, H Hamm, RS, Clallam County Health District; R Durant, RS, Jefferson County Health District; H Anderson, RS, A Pedersen, MD, Seattle-King County Health Dept; W Fisher, MD, J Weigel, RS, Bremerton-Kitsap Health District; I Scherer, RS, M Heath, MD, San Juan County Health District; R Bernhardt, RS, J Neils, MD, Skagit County Health District; T Arnett, RS, F Remington, MD, Island County Health District; C Hyatt, MD, MPH, L Moser, RS, Snohomish County Health District; B Brainard, RS, P Jones, MD, Whatcom County Health District; M Ayaz, PhD, C Bartleson, RS, MPH, M Hays, RS, J Taylor, MD, MPH, State Epidemiologist, T Walker, RS, Washington State Dept of Social and Health Services; Field Services Div, Bur of Epidemiology, CDC.

Editorial Note: PSP is caused by a neurotoxin produced by *Gonyaulax catanella*, a dinoflagellate associated with so-called "red tides." Termed saxitoxin, this neurotoxin is very stable and is not destroyed by freezing or by the routine cooking of shellfish. Saxitoxin is thought to block the propagation of nerve and muscle action potentials by interfering with sodium permeability. The neurotoxin is ingested and concentrated in the tissues of the filter-feeding bivalve mollusks, without any apparent effect on the shellfish (*1*).

There is a standardized mouse bioassay procedure for demonstrating and quantitating the toxin in shellfish. Although there is no readily available diagnostic test for clinical

Shellfish Poisoning — Continued

FIGURE 1. Washington counties associated with toxic levels of PSP* toxin in shellfish, 1978



*paralytic shellfish poisoning

specimens, this assay has also been used to demonstrate toxin in specimens of vomitus. Diagnosis is usually made on clinical and epidemiologic grounds.

Treatment consists of gastric lavage, if vomiting has not occurred, and a cathartic or enema in severe cases to help remove any unabsorbed toxin from the digestive tract. Extremely severe cases may require temporary respiratory support. Spontaneous recovery can usually be expected after 24 hours. There is no specific treatment to neutralize the toxin.

Another type of shellfish poisoning, neurotoxic shellfish poisoning (NSP), is caused by the ingestion of shellfish contaminated with the toxin of *Gymnodinium breve*, a dinoflagellate found off the Gulf and Atlantic Coasts of Florida. NSP presents with a similar, but generally milder syndrome than PSP.

Reference

1. Hughes JM, Merson MH: Fish and shellfish poisoning. N Engl J Med 295:1117-1120, 1976

Psittacosis — Connecticut

A 49-year-old man became ill on March 9, 1978, with intense pain in the legs followed by severe chills and headaches and a temperature spike to 104 F (40 C). The pattern of fever was intermittent. Prior to admission to the hospital, he developed a cough, a splotchy rash over the face and neck, and intense pruritis over the legs.

He was admitted to the hospital on March 16 with a productive cough with hemoptysis, chest pain in the right lower quadrant, and diarrhea. Admission X rays showed patchy, abnormal densities in the basal segments of the right lower lobe consistent with pneumonia. No definite hilar adenopathy or pleural fluid was noted.

Psittacosis — Continued

Because the patient was a pet store owner who gave a history of recent contact with sick birds, psittacosis was suspected. After appropriate cultures and serologic studies were obtained, the patient was treated with tetracycline. He became afebrile within 12 hours of initiation of therapy and was discharged on March 22 to complete a 14-day course of tetracycline.

Acute and convalescent serum specimens submitted to the state laboratory demonstrated >4-fold rise in psittacosis group antibodies. Sputum and blood clot specimens were submitted to CDC. *Chlamydia psittaci* was isolated from the sputum but not from the blood clot.

The Connecticut State Department of Health's Preventable Diseases Division was notified of the presumptive diagnosis on March 17. The state veterinarian inspected the pet store in question and imposed a quarantine with the following guidelines: 1) birds were to be quarantined in a closed area free from contact or communication with the public or newly acquired birds or other animals; 2) birds were to be treated with appropriate antibiotics for 45 days; 3) any birds that died were to be frozen and transported to the state laboratory for further testing at CDC; and 4) the quarantine was to remain in effect from the date imposed until 60 days after the death of the last identified avian case.

The pet store had begun selling birds in early February. All people who had purchased birds there were notified by letter of their possible exposure to psittacosis and advised of its symptoms. A questionnaire was enclosed requesting information on illness among

(Continued on page 423)

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

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

DISEASE	42nd WEEK ENDING		MEDIAN	CUMULATIVE, FIRST 42 WEEKS		
	October 21, 1978	October 22, 1977*	1973-1977**	October 21, 1978	October 22, 1977*	MEDIAN 1973-1977**
Aseptic meningitis	234	146	107	4,771	3,796	3,210
Brucellosis	5	5	6	125	185	185
Chickenpox	808	918	918	126,265	163,727	147,150
Diphtheria	–	–	2	64	73	155
Encephalitis: Primary (arthropod-borne & unspec.)	30	55	52	784	914	1,190
Post-infectious	3	5	3	171	173	227
Hepatitis, Viral: Type B	297	346	219	11,970	13,338	9,302
Type A	627	650	709	23,457	24,779	28,108
Type unspecified	170	155		7,175	7,093	
Malaria	14	14	13	584	450	348
Measles (rubeola)	173	110	110	24,459	53,392	24,661
Meningococcal infections: Total	32	25	24	1,931	1,419	1,178
Civilian	31	24	24	1,906	1,409	1,153
Military	1	1	–	25	10	25
Mumps	143	297	418	14,026	17,104	46,405
Pertussis	26	49	---	1,657	1,403	---
Rubella (German measles)	63	60	101	16,783	18,995	15,223
Tetanus	1	2	2	67	60	75
Tuberculosis	553	557	588	23,954	24,350	25,280
Tularemia	4	3	1	105	137	124
Typhoid fever	15	12	9	409	321	340
Typhus fever, tick-borne (Rky. Mt. spotted)	16	13	10	959	1,060	767
Venereal diseases:						
Gonorrhea: Civilian	21,610	21,518	21,518	814,379	804,975	804,975
Military	349	431	431	20,527	21,892	23,826
Syphilis, primary & secondary: Civilian	351	415	520	17,266	16,561	19,585
Military	5	8	8	246	246	282
Rabies in animals	60	75	72	2,524	2,532	2,470

TABLE II. Notifiable diseases of low frequency, United States

	CUM. 1978		CUM. 1978
Anthrax	5	Poliomyelitis: Total	3
Botulism (Utah 1)	62	Paralytic	1
Cholera (La. 2)	11	Psittacosis (Ark. 2)	87
Congenital rubella syndrome (Miss. 1)	25	Rabies in man	–
Leprosy (NYC 1, Va. 1)	126	Trichinosis (Fla. 1, Tex. 1)	45
Leptospirosis (Hawaii 3)	52	Typhus fever, flea-borne (endemic, murine)	34
Plague	7		

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

**Medians for gonorrhea and syphilis are based on data for 1975-1977.

TABLE III. Cases of specified notifiable diseases, United States, weeks ending October 21, 1978, and October 22, 1977 (42nd week)

REPORTING AREA	ASEPTIC MENINGITIS	BRUCELLOSIS	CHICKENPOX	DIPHTHERIA		ENCEPHALITIS			HEPATITIS (VIRAL), BY TYPE			MALARIA	
						Primary		Post-infectious	B	A	Unspecified		
	1978	1978	1978	1978	CUM. 1978	1978	1977*	1978	1978	1978	1978	1978	CUM. 1978
UNITED STATES	234	5	808	–	64	30	55	3	297	627	170	14	584
NEW ENGLAND	3	–	153	–	–	–	2	–	2	11	12	–	28
Maine	–	–	32	–	–	–	–	–	1	3	–	–	1
N.H.	–	–	3	–	–	–	–	–	–	2	–	–	4
Vt. †	–	–	4	–	–	–	–	–	–	–	–	–	–
Mass.	2	–	55	–	–	–	1	–	–	4	9	–	7
R.I.	–	–	38	–	–	–	–	–	–	–	–	–	5
Conn.	1	–	21	–	–	–	1	–	1	2	3	–	11
MID. ATLANTIC	76	–	47	–	1	1	4	1	63	49	27	7	125
Upstate N.Y.	34	–	15	–	–	1	–	1	9	12	8	–	18
N.Y. City	7	–	9	–	1	–	–	–	15	9	5	3	55
N.J.	13	–	NN	–	–	–	2	–	23	10	8	2	24
Pa. †	22	–	23	–	–	–	2	–	16	18	6	2	28
E.N. CENTRAL	42	–	291	–	–	6	21	–	44	86	12	–	39
Ohio †	–	–	3	–	–	3	9	–	7	14	–	–	5
Ind.	7	–	–	–	–	2	5	–	4	1	8	–	3
Ill.	7	–	42	–	–	–	4	–	9	21	2	–	14
Mich.	16	–	120	–	–	1	2	–	20	40	2	–	15
Wis. †	12	–	126	–	–	2	1	–	4	10	–	–	2
W.N. CENTRAL	9	1	79	–	2	2	3	–	33	92	9	–	22
Minn.	–	–	–	–	–	–	1	–	7	32	2	–	4
Iowa	–	1	41	–	–	2	–	–	3	3	1	–	–
Mo.	3	–	1	–	1	–	2	–	15	23	5	–	8
N. Dak.	–	–	7	–	–	–	–	–	–	2	–	–	–
S. Dak.	–	–	–	–	–	–	–	–	1	8	–	–	1
Nebr.	1	–	–	–	1	–	–	–	3	10	–	–	4
Kans.	5	–	30	–	–	–	–	–	4	14	1	–	5
S. ATLANTIC	41	1	82	–	–	7	13	2	49	98	23	4	103
Del.	1	–	–	–	–	–	–	–	–	2	–	–	1
Md. †	7	–	5	–	–	1	–	–	2	8	–	1	23
D.C.	–	–	–	–	–	–	1	–	13	2	–	2	4
Va. †	6	–	2	–	–	–	–	–	4	4	5	–	20
W. Va.	1	–	24	–	–	3	–	–	–	4	–	–	1
N.C.	11	–	NN	–	–	3	1	–	8	13	3	–	10
S.C.	1	–	3	–	–	–	–	–	5	6	–	–	4
Ga.	–	1	–	–	–	–	–	–	5	18	–	1	9
Fla.	14	–	48	–	–	–	11	2	12	41	15	–	31
E.S. CENTRAL	11	–	1	–	–	6	–	–	22	42	10	–	6
Ky.	–	–	–	–	–	–	–	–	3	2	1	–	2
Tenn.	4	–	NN	–	–	4	–	–	12	13	8	–	1
Ala.	4	–	1	–	–	1	–	–	5	13	1	–	1
Miss.	3	–	–	–	–	1	–	–	2	14	–	–	2
W.S. CENTRAL	18	2	39	–	1	4	4	–	18	80	29	–	26
Ark.	–	–	–	–	1	–	–	–	2	2	3	–	1
La.	3	–	NN	–	–	4	2	–	2	16	3	–	3
Okla.	3	–	–	–	–	–	–	–	3	6	3	–	–
Tex.	12	2	39	–	–	–	2	–	11	56	20	–	22
MOUNTAIN	6	1	31	–	4	–	–	–	11	41	15	–	7
Mont.	1	–	5	–	–	–	–	–	–	1	–	–	–
Idaho	–	1	1	–	–	–	–	–	–	2	–	–	–
Wyo.	–	–	–	–	–	–	–	–	–	–	–	–	–
Colo.	4	–	22	–	2	–	–	–	7	7	4	–	4
N. Mex.	–	–	–	–	–	–	–	–	–	4	2	–	1
Ariz.	–	–	NN	–	1	–	–	–	3	20	5	–	1
Utah	1	–	–	–	–	–	–	–	–	5	4	–	–
Nev.	–	–	3	–	1	–	–	–	1	2	–	–	1
PACIFIC	28	–	85	–	56	2	8	–	55	128	33	3	228
Wash. †	2	–	71	–	52	–	–	–	3	15	5	–	7
Oreg.	3	–	2	–	–	–	–	–	2	23	1	–	9
Calif. †	19	–	–	–	1	1	8	–	47	88	23	3	188
Alaska	1	–	10	–	3	1	–	–	2	2	3	–	4
Hawaii	3	–	2	–	–	–	–	–	1	–	1	–	20
Guam †	NA	NA	NA	NA	–	NA	–	–	NA	NA	NA	NA	–
Pac. Trust Terr.	–	–	1	–	–	–	NA	–	–	–	3	–	–
P.R. †	–	–	12	–	–	–	–	–	1	–	–	–	4
V.I.	–	–	–	–	–	–	–	–	–	–	–	–	1

NN: Not notifiable. NA: Not available.

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

†The following delayed reports will be reflected in next week's cumulative totals: Asep. meng.: Vt. +4, Ohio +3, Wash. –4; Bruc.: Vt. –2; Chickenpox: Calif. +2, Guam +1, P.R. +2; Enceph.: Wis. +10, P.R. +1; Hep.B: Pa. +24, Wis. +3, Md. +4; Hep.A: Pa. +17, Wis. –3, Md. +13; Hep.unsp.: Pa. +2, Va. –1, Guam +1; Malaria: Wash. +1.

TABLE III (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending October 21, 1978, and October 22, 1977 (42nd week)

REPORTING AREA	MEASLES (RUBEOLA)			MENINGOCOCCAL INFECTIONS TOTAL			MUMPS		PERTUSSIS	RUBELLA		TETANUS
	1978	CUM. 1978	CUM. 1977*	1978	CUM. 1978	CUM. 1977*	1978	CUM. 1978	1978	1978	CUM. 1978	CUM. 1978
UNITED STATES	173	24,459	53,392	32	1,931	1,419	143	14,026	26	63	16,783	67
NEW ENGLAND	4	1,985	2,500	1	104	58	4	753	2	2	750	2
Maine	–	1,315	170	–	8	3	–	492	–	–	153	–
N.H.†	2	48	511	–	7	3	–	15	–	–	102	–
Vt.	2	33	294	–	2	6	–	5	–	–	27	2
Mass.	–	253	628	1	41	17	1	90	2	2	222	–
R.I.	–	8	64	–	18	2	3	42	–	–	42	–
Conn.	–	328	833	–	28	27	–	109	–	–	204	–
MID. ATLANTIC	13	2,199	8,374	5	320	183	13	651	11	10	3,020	5
Upstate N.Y.	8	1,407	3,826	2	102	43	8	215	4	5	530	2
N.Y. City	3	360	737	–	73	48	1	153	4	4	139	–
N.J.	–	74	197	–	60	44	–	138	–	1	1,609	–
Pa.	2	358	3,614	3	85	48	4	145	3	–	742	3
E.N. CENTRAL	49	11,033	11,398	3	206	160	52	5,698	5	15	8,421	3
Ohio	1	491	1,858	–	70	58	4	987	1	3	1,375	1
Ind.	–	199	4,336	–	37	10	–	321	–	–	593	1
Ill.	4	1,149	1,781	–	30	36	20	1,888	1	–	1,712	1
Mich.†	43	7,711	983	3	58	42	23	1,417	1	10	3,195	–
Wis.†	1	1,483	2,440	–	11	14	5	1,085	2	2	1,546	–
W.N. CENTRAL	1	399	9,479	6	70	60	9	1,955	2	5	680	6
Minn.	–	38	2,624	4	19	19	–	21	–	–	128	1
Iowa	–	55	4,295	–	5	9	1	137	2	1	61	–
Mo.†	1	15	1,044	2	29	21	1	1,171	–	1	108	–
N. Dak.	–	196	24	–	3	1	–	15	–	–	82	–
S. Dak.	–	–	67	–	3	4	–	7	–	–	111	1
Nebr.†	–	5	214	–	–	2	–	25	–	–	34	–
Kans.	–	90	1,211	–	11	5	7	579	–	3	156	4
S. ATLANTIC	56	5,143	4,637	8	480	316	22	843	2	13	1,042	17
Del.	–	7	22	–	16	22	–	56	–	–	35	–
Md.	–	51	372	1	33	21	–	70	–	–	7	2
D.C.	–	–	14	–	2	–	–	2	–	–	1	–
Va.†	5	2,834	2,730	1	56	27	–	172	1	–	247	1
W. Va.	1	1,055	248	1	14	9	1	177	–	3	325	–
N.C.	1	121	65	2	95	66	2	71	1	9	189	3
S.C.	1	199	153	–	28	34	–	17	–	–	28	4
Ga.	–	33	768	1	52	47	1	69	–	1	27	–
Fla.	48	843	265	2	184	90	18	209	–	–	183	7
E.S. CENTRAL	–	1,389	2,034	4	158	145	16	1,163	2	1	505	3
Ky.	–	119	1,191	–	30	29	11	203	1	1	131	2
Tenn.	–	955	727	1	41	36	1	452	1	–	202	–
Ala.	–	89	78	–	46	53	2	425	–	–	22	–
Miss.	–	226	38	3	41	27	2	83	–	–	150	1
W.S. CENTRAL	32	1,136	2,109	1	282	280	14	1,729	–	3	943	14
Ark.	–	16	29	–	22	15	–	602	–	–	58	1
La.	–	343	75	–	117	127	–	65	–	–	486	1
Okla.	–	14	61	–	16	14	–	4	–	1	13	3
Tex.	32	763	1,944	1	127	124	14	1,058	–	2	386	9
MOUNTAIN	1	252	2,532	1	43	35	2	420	1	1	208	3
Mont.	–	105	1,162	–	3	4	–	145	–	–	18	–
Idaho	–	1	161	–	4	5	–	20	–	–	2	1
Wyo.	–	–	19	–	–	2	–	1	–	–	–	–
Colo.	–	31	503	–	3	1	–	95	1	–	48	1
N. Mex.	–	–	257	–	8	9	–	16	–	–	3	–
Ariz.	–	51	317	–	15	10	1	18	–	–	94	–
Utah	–	44	20	1	6	3	1	117	–	1	31	1
Nev.†	1	20	93	–	4	1	–	8	–	–	12	–
PACIFIC	17	923	10,329	3	268	182	11	814	1	13	1,214	14
Wash.	6	210	542	–	44	24	1	190	–	3	117	1
Oreg.	–	149	366	–	29	18	1	109	–	–	120	–
Calif.	11	552	9,326	2	184	109	9	480	1	9	957	13
Alaska	–	1	60	1	8	29	–	9	–	1	8	–
Hawaii	–	12	35	–	3	2	–	26	–	–	12	–
Guam	NA	24	9	–	–	1	NA	38	NA	NA	4	1
Pac. Trust Terr.	4	23	NA	1	1	NA	2	6	–	–	2	–
P.R.†	2	267	990	–	7	1	15	1,323	–	–	16	7
V.I.	–	6	14	–	1	–	–	1	–	–	1	–

NA: Not available.

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

†The following delayed reports will be reflected in next week's cumulative totals: Measles: N.H. +3, Mich. –3, Wis. –6, Va. –1; Men. inf.: Nev. +1; Mumps: P.R. +9, Pertussis: Mo. +1, Nebr.: +1; Tetanus: Mo. +1.

TABLE III (Cont.'d). Cases of specified notifiable diseases, United States, weeks ending October 21, 1978, and October 22, 1977 (42nd week)

REPORTING AREA	TUBERCULOSIS		TULAREMIA	TYPHOID FEVER		TYPHUS FEVER (Tick-borne) (RMSF)		VENEREAL DISEASES (Civilian)						RABIES (in Animals)
								GONORRHEA			SYPHILIS (Pri. & Sec.)			
	1978	CUM. 1978	CUM. 1978	1978	CUM. 1978	1978	CUM. 1978	1978	CUM. 1978	CUM. 1977*	1978	CUM. 1978	CUM. 1977*	CUM. 1978
UNITED STATES	553	23,954	105	15	409	16	959	21,610	814,379	804,975	351	17,266	16,561	2,524
NEW ENGLAND	9	773	2	–	76	–	13	431	20,882	21,680	6	475	658	89
Maine	2	59	–	–	–	–	–	54	1,692	1,571	–	7	23	72
N.H.	1	15	–	–	5	–	–	33	968	886	–	5	4	3
Vt.	–	31	–	–	1	–	–	8	512	546	–	3	6	2
Mass.	6	454	–	–	58	–	5	159	9,146	9,236	4	291	461	6
R.I.	–	53	–	–	4	–	1	36	1,490	1,730	–	20	8	–
Conn.	NA	161	2	–	8	–	7	142	7,074	7,711	2	149	156	6
MID. ATLANTIC	108	3,999	5	2	49	4	55	2,420	87,754	84,304	68	2,256	2,338	90
Upstate N.Y.	21	633	4	–	6	3	31	287	14,785	14,431	4	157	217	58
N.Y. City	36	1,457	1	1	32	–	4	822	33,241	32,715	52	1,562	1,470	–
N.J.	32	845	–	1	6	1	12	504	16,461	15,224	5	277	300	13
Pa.	19	1,064	–	–	5	–	8	807	23,267	21,934	7	260	351	19
E.N. CENTRAL	84	3,765	1	1	37	2	47	3,341	125,999	127,008	43	1,958	1,717	147
Ohio	23	679	1	–	6	–	21	865	32,591	33,723	9	353	397	18
Ind.	14	440	–	–	2	–	1	391	13,221	11,919	–	135	132	13
Ill.	20	1,420	–	1	16	2	25	1,087	39,808	40,729	28	1,240	901	41
Mich.†	20	1,045	–	–	13	–	–	814	29,200	29,369	3	177	198	7
Wis.	7	181	–	–	–	–	–	184	11,179	11,268	3	53	89	68
W.N. CENTRAL	24	770	21	2	19	–	40	1,345	41,505	42,138	6	380	369	513
Minn.	5	137	–	–	7	–	–	211	7,059	7,638	2	135	116	153
Iowa	–	86	1	–	3	–	1	175	4,597	4,922	–	38	35	105
Mo.	17	334	17	–	4	–	20	597	18,305	17,368	2	121	143	67
N. Dak.	–	31	–	–	–	–	1	23	750	789	–	3	3	90
S. Dak.	–	61	–	–	–	–	6	55	1,425	1,261	–	3	9	64
Nebr.†	–	21	–	1	1	–	7	51	2,990	3,656	1	14	25	6
Kans.	2	100	3	1	4	–	5	233	6,380	6,504	1	66	38	28
S. ATLANTIC	144	5,155	9	3	57	5	519	5,102	198,123	198,239	117	4,568	4,570	374
Del.	1	46	–	–	3	–	5	72	2,808	2,684	1	10	19	3
Md.	24	773	5	–	11	–	105	568	25,429	24,484	3	334	286	–
D.C.	5	251	–	–	1	–	1	291	13,143	13,071	8	354	468	–
Va.†	18	544	4	–	5	2	109	450	19,083	20,826	6	380	454	12
W. Va.	5	200	–	–	5	–	11	86	2,741	2,590	2	18	3	12
N.C.	19	804	–	–	2	3	189	896	28,000	29,816	10	476	633	13
S.C.	11	447	–	3	8	–	54	527	19,586	18,506	3	236	201	87
Ga.	23	706	–	–	4	–	45	1,128	38,451	38,388	39	1,140	1,015	233
Fla.	38	1,384	–	–	18	–	–	1,084	48,882	47,874	45	1,620	1,491	14
E.S. CENTRAL	49	2,286	6	–	8	4	178	1,323	69,088	71,431	19	914	638	124
Ky.	16	521	2	–	2	–	42	263	9,153	9,639	4	120	81	64
Tenn.	13	703	3	–	3	–	110	549	25,573	28,781	2	312	199	25
Ala.	11	561	1	–	2	2	13	207	19,582	19,309	8	159	141	35
Miss.	9	501	–	–	1	2	13	304	14,780	13,702	5	323	217	–
W.S. CENTRAL	63	2,802	50	–	36	1	93	3,501	110,033	101,129	49	2,787	2,379	758
Ark.†	13	326	36	–	7	–	14	384	8,131	7,766	1	61	57	118
La.	9	486	6	–	3	–	1	603	18,000	15,091	8	596	567	20
Okla.	8	276	5	–	2	1	54	242	10,300	9,753	–	80	63	157
Tex.	33	1,714	3	–	24	–	24	2,272	73,602	68,519	40	2,050	1,692	463
MOUNTAIN	13	695	8	–	19	–	10	717	30,742	32,486	10	372	344	96
Mont.	1	51	–	–	3	–	2	82	1,762	1,727	–	8	4	19
Idaho	–	27	2	–	5	–	3	31	1,272	1,490	–	13	11	–
Wyo.	–	14	2	–	–	–	1	26	755	764	–	8	2	–
Colo.†	–	74	–	–	4	–	2	186	8,534	8,480	3	116	106	34
N. Mex.	1	117	–	–	2	–	–	228	4,442	4,793	3	74	71	15
Ariz.	10	320	1	–	3	–	1	37	7,847	8,980	–	81	128	21
Utah	–	32	3	–	1	–	–	52	1,677	1,929	–	12	8	7
Nev.	1	60	–	–	1	–	1	75	4,453	4,323	4	60	14	–
PACIFIC	59	3,709	3	7	108	–	4	3,430	130,253	126,560	33	3,556	3,548	333
Wash.	NA	244	–	–	7	–	1	337	10,686	9,711	NA	176	208	2
Oreg.	–	145	–	–	1	–	2	214	8,938	8,749	6	134	117	11
Calif.	48	2,814	3	7	92	–	1	2,725	104,256	101,272	25	3,200	3,168	312
Alaska	–	59	–	–	–	–	–	80	4,063	4,162	1	10	23	8
Hawaii	11	447	–	–	8	–	–	74	2,310	2,666	1	36	32	–
Guam†	NA	50	–	NA	–	NA	–	NA	173	173	NA	–	2	–
Pac. Trust Terr.	1	6	–	–	–	–	–	–	20	NA	–	–	NA	–
P.R.	–	302	–	–	3	–	–	82	1,806	2,572	16	405	432	30
V.I.†	–	4	–	–	2	–	–	10	161	172	–	14	8	–

NA: Not available.

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

†The following delayed reports will be reflected in next week's cumulative totals: TB: Mich. –1, Va. –13, Ark. –1, Guam +1; Tularemia: Colo. +1; GC: Nebr. –3 civ. +3 mil., Guam +6 civ., V.I. +1 civ.; Syphilis: Nebr. –2, V.I. +1; An. rabies: Colo. +1.

TABLE IV. Deaths in 121 U.S. cities,* week ending October 21, 1978 (42nd week)

REPORTING AREA	ALL CAUSES, BY AGE (YEARS)					P&I** TOTAL
	ALL AGES	≥65	45-64	25-44	<1	
NEW ENGLAND	659	453	144	21	24	22
Boston, Mass.	188	127	45	3	8	7
Bridgeport, Conn.	46	30	11	-	3	2
Cambridge, Mass.	17	10	6	-	-	-
Fall River, Mass.	24	21	2	1	-	-
Hartford, Conn.	48	35	8	2	2	1
Lowell, Mass.	15	11	3	1	-	-
Lynn, Mass.	28	19	6	2	-	1
New Bedford, Mass.	32	27	4	1	-	-
New Haven, Conn.	45	28	10	5	1	3
Providence, R.I.	71	44	17	4	4	3
Somerville, Mass.	4	2	2	-	-	-
Springfield, Mass.	50	36	12	-	1	4
Waterbury, Conn.	37	24	12	-	-	-
Worcester, Mass.	54	39	6	2	5	1
MID. ATLANTIC	2,662	1,658	686	160	84	123
Albany, N.Y.	45	24	16	1	4	3
Allentown, Pa.	30	14	10	4	-	2
Buffalo, N.Y.	111	69	27	6	5	7
Camden, N.J.	45	29	14	-	1	2
Elizabeth, N.J.	22	16	5	1	-	-
Erie, Pa.	26	20	3	3	-	1
Jersey City, N.J.	45	23	15	5	2	-
Newark, N.J.	68	31	23	7	4	3
N.Y. City, N.Y.	1,402	886	347	94	39	46
Paterson, N.J.	33	18	7	5	1	2
Philadelphia, Pa.	336	187	99	22	14	17
Pittsburgh, Pa.	101	62	26	3	7	4
Reading, Pa.	34	23	10	-	1	3
Rochester, N.Y.	115	89	20	3	2	14
Schenectady, N.Y.	26	19	7	-	-	2
Scranton, Pa.	34	23	8	1	2	1
Syracuse, N.Y.	101	65	28	1	2	4
Trenton, N.J.	43	26	12	4	-	7
Utica, N.Y.	18	15	3	-	-	3
Yonkers, N.Y.	27	19	6	-	-	2
E.N. CENTRAL	2,379	1,421	606	168	96	75
Akron, Ohio	84	52	24	5	1	2
Canton, Ohio	34	21	9	3	-	1
Chicago, Ill.	555	294	149	53	34	19
Cincinnati, Ohio	144	86	43	6	4	5
Cleveland, Ohio	176	102	54	13	4	3
Columbus, Ohio	136	89	27	7	3	9
Dayton, Ohio	106	71	23	7	3	3
Detroit, Mich.	302	171	83	29	11	4
Evansville, Ind.	42	33	9	-	-	1
Fort Wayne, Ind.	50	24	14	5	5	4
Gary, Ind.	13	7	3	2	-	1
Grand Rapids, Mich.	46	33	8	1	3	4
Indianapolis, Ind.	156	90	42	11	7	2
Madison, Wis.	49	35	9	2	2	4
Milwaukee, Wis.	156	101	36	7	5	7
Peoria, Ill.	46	23	12	3	6	3
Rockford, Ill.	52	42	6	2	1	1
South Bend, Ind.	49	36	12	1	-	-
Toledo, Ohio	102	68	21	4	2	-
Youngstown, Ohio	81	43	22	7	5	2
W.N. CENTRAL	811	517	188	38	41	28
Des Moines, Iowa	52	32	15	4	1	1
Duluth, Minn.	33	22	8	2	-	2
Kansas City, Kans.	51	30	16	1	-	-
Kansas City, Mo.	113	73	19	4	12	3
Lincoln, Nebr.	31	19	9	1	1	1
Minneapolis, Minn.	76	48	18	3	5	2
Omaha, Nebr.	93	56	25	3	7	-
St. Louis, Mo.	224	142	48	14	13	6
St. Paul, Minn.	76	47	21	4	2	6
Wichita, Kans.	62	48	9	2	-	7

REPORTING AREA	ALL CAUSES, BY AGE (YEARS)					P&I** TOTAL
	ALL AGES	≥65	45-64	25-44	<1	
S. ATLANTIC	1,015	594	279	69	38	41
Atlanta, Ga.	142	77	35	8	17	3
Baltimore, Md.	167	93	45	19	2	4
Charlotte, N.C.	67	40	17	6	3	1
Jacksonville, Fla.	60	41	16	2	1	6
Miami, Fla.	51	33	14	3	-	6
Norfolk, Va.	58	29	19	3	4	3
Richmond, Va.	77	43	20	9	3	4
Savannah, Ga.	38	18	14	2	-	3
St. Petersburg, Fla.	87	71	13	-	1	3
Tampa, Fla.	55	32	16	3	1	2
Washington, D.C.	159	84	55	12	3	5
Wilmington, Del.	54	33	15	2	3	1
E.S. CENTRAL	684	394	190	42	29	31
Birmingham, Ala.	102	54	33	9	5	3
Chattanooga, Tenn.	46	31	11	-	3	2
Knoxville, Tenn.	41	31	7	1	1	2
Louisville, Ky.	131	72	32	12	8	8
Memphis, Tenn.	155	86	48	9	3	4
Mobile, Ala.	64	34	19	3	5	3
Montgomery, Ala.	44	28	10	4	1	4
Nashville, Tenn.	101	58	30	4	3	5
W.S. CENTRAL	1,151	631	316	81	72	37
Austin, Tex.	47	27	9	4	5	-
Baton Rouge, La.	36	19	12	3	1	2
Corpus Christi, Tex.	45	27	7	5	3	-
Dallas, Tex.	188	92	56	16	14	7
El Paso, Tex.	44	27	10	1	2	4
Fort Worth, Tex.	73	48	21	3	-	5
Houston, Tex.	217	112	65	17	13	4
Little Rock, Ark.	71	37	18	6	9	3
New Orleans, La.	125	58	45	10	10	-
San Antonio, Tex.	144	80	37	12	7	4
Shreveport, La.	54	32	12	2	5	2
Tulsa, Okla.	107	72	24	2	3	6
MOUNTAIN	533	323	139	33	19	17
Albuquerque, N.Mex.	57	30	21	3	-	5
Colo. Springs, Colo.	29	21	4	2	2	4
Denver, Colo.	88	58	19	6	3	-
Las Vegas, Nev.	59	29	22	3	1	2
Ogden, Utah	23	18	3	1	1	1
Phoenix, Ariz.	132	70	40	12	5	3
Pueblo, Colo.	23	17	6	-	-	2
Salt Lake City, Utah	40	26	6	4	4	-
Tucson, Ariz.	82	54	18	2	3	-
PACIFIC	1,747	1,120	404	117	57	47
Berkeley, Calif.	17	12	2	3	-	1
Fresno, Calif.	57	37	12	3	3	2
Glendale, Calif.	31	27	4	-	-	1
Honolulu, Hawaii	61	31	16	11	-	-
Long Beach, Calif.	93	60	27	4	1	-
Los Angeles, Calif.	596	414	109	36	19	23
Oakland, Calif.	62	37	18	4	3	-
Pasadena, Calif.	29	23	2	1	2	-
Portland, Oreg.	129	84	30	8	5	6
Sacramento, Calif.	70	35	26	5	2	-
San Diego, Calif.	186	94	56	24	5	-
San Francisco, Calif.	144	98	34	4	4	2
San Jose, Calif.	63	42	14	3	1	1
Seattle, Wash.	144	87	39	8	7	6
Spokane, Wash.	35	21	8	2	2	3
Tacoma, Wash.	30	18	7	1	3	2
TOTAL	11,641	7,111	2,952	729	460	421
Expected Number	10,860	6,620	2,785	677	420	375

*Mortality data in this table are voluntarily reported from 121 cities in the United States, most of which have populations of 100,000 or more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

**Pneumonia and influenza

Psittacosis – Continued

family members or their pet birds. Through this procedure, 2 ill birds were subsequently identified and tested. *C. psittaci* was recovered from the tissues of 1 bird, a grey cockatiel that had experienced several episodes of respiratory illness between February 7 and March 13. No *Chlamydia* organisms were cultured from the second bird, a parakeet. Members of the family that owned the infected bird had experienced mild illness following the bird's death, but serologic tests for psittacosis performed on them were negative. No additional cases in humans were identified as a result of this investigation.

Review of records revealed that parakeets were purchased from 3 local Connecticut dealers who were properly certified and had no illness in their birds, and that all the other birds were purchased from a large wholesaler in New Jersey. The pet store owner received from the New Jersey distributor on February 27 a shipment of birds that contained an ill albino cockatiel. He had treated this bird for a "cold" prior to onset of his own symptoms. Although this bird, which had recuperated, was among those treated during the quarantine, no serum samples were collected. The quarantine was removed from this pet store on May 16.

During the investigation, the Connecticut Department of Health submitted 6 dead birds to CDC for attempts at isolation of *C. psittaci*. As noted previously, one of these 6 was positive. No serum specimens were taken from well birds.

When notified on March 29, the New Jersey Department of Health began an investigation of the New Jersey wholesaler's facility. Serum specimens from 18 of 250 birds and from 6 employees were examined. Although 4 birds and 1 employee had complement fixing antibody titers >1:32 for psittacosis, there were no reports of human or avian illness. The facility was quarantined, with the option to treat or sacrifice the birds, and health authorities in cities and states that received or shipped the birds from January to April were notified. In view of the expense involved in implementing the quarantine and treating all the birds, the wholesaler chose to destroy all suspect animals. Following thorough cleaning of the wholesale facility, the quarantine was lifted on April 27.

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Editorial Note: The results of this investigation are typical of recent investigations of human psittacosis traced to pet birds. Generally, a large number of people are potentially exposed, and birds from many sources are found mixed together in the pet shop and wholesale facilities. Extensive investigation is required to trace potential contacts and sources, and, in many cases, poor record-keeping by dealers makes tracing of sources and contacts impossible. Finally, the quarantine and treatment requirements constitute a considerable economic hardship for the dealers.

The number of reported cases of psittacosis in humans has risen from 35 in 1973 to 93 in 1977. Sixty percent of last year's cases are known to have had contact with pet caged birds.

Current Trends

Primary and Secondary Syphilis – United States, August 1978

Reported primary and secondary syphilis cases numbered 1,875 in August 1977 and 1,880 in August 1978, representing an increase of 0.3%. During the first 8 months of 1978, some 13,798 such cases were reported—2.0% more than the number reported during the same period in 1977.

Syphilis — Continued

Although 32 areas reported an increase in the number of cases occurring in 1978 compared to 1977, 5 areas accounted for most of the increase. Twenty-seven areas reported fewer cases in the first 8 months of 1978 compared to the same period in 1977 (Table 1). Reported early latent (less than 1 year's duration) syphilis cases numbered 11,152 during January-August 1978, up 1.3% over the number reported during January-August 1977.

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

TABLE 1. Summary of reported primary and secondary syphilis cases by reporting areas, August 1978 and August 1977 — provisional data

Reporting Area by HEW Regions	August		Calendar Year Cumulative January-August		Reporting Area by HEW Regions	August		Calendar Year Cumulative January-August		Reporting Area by HEW Region	August		Calendar Year Cumulative January-August	
	1978	1977	1978	1977		1978	1977	1978	1977		1978	1977	1978	1977
Connecticut	21	15	114	120	Illinois	15	9	103	109	Arizona	9	13	67	111
Maine	0	2	7	16	(Excl. Chicago)					California	166	132	1,136	993
Massachusets	30	47	228	393	Chicago	103	94	838	641	(Excl. LA & SF)				
New Hampshire	0	0	5	4	Indiana	6	13	54	73	Los Angeles*	129	134	1,113	908
Rhode Island	0	0	16	8	(Excl. Indianapolis)					San Francisco*	51	73	413	571
Vermont	0	0	3	5	Indianapolis*	5	3	37	35	Hawaii	1	1	27	23
REGION I TOTAL	51	64	373	546	Michigan	18	27	154	182	Nevada	2	4	31	13
					Minnesota	11	10	122	93	**REGION IX TOTAL**	358	357	2,787	2,616
New Jersey	38	38	216	239	Ohio	43	45	288	334					
New York	10	15	138	183	Wisconsin	6	17	46	75	Alaska	1	1	8	20
(Excl. NYC, New York City	165	160	1,282	1,177	**REGION V TOTAL**	287	218	1,642	1,542	Idaho	1	2	7	6
REGION II TOTAL	211	213	1,636	1,599	Arkansas	3	8	48	46	Oregon	18	13	101	84
					Louisiana	81	86	474	165	Washington	33	24	152	160
Delaware	0	0	7	15	New Mexico	6	18	66	65	**REGION X TOTAL**	53	40	268	270
District of Columbia	37	38	281	389	Oklahoma	8	7	66	54					
Maryland	8	9	100	104	Texas	262	217	1,592	1,346	**UNITED STATES TOTAL**	1,880	1,875	13,798	13,525
(Excl. Baltimore)					**REGION VI TOTAL**	360	336	2,246	1,976					
Baltimore	26	35	192	190						Puerto Rico	65	63	346	413
Pennsylvania	9	14	73	106	Iowa	2	3	30	25	Virgin Islands	3	0	16	10
(Excl. Philadelphia)					Kansas	9	1	61	42	**UNITED STATES, INCLUDING OUTLYING AREAS**	1,948	1,938	14,160	13,948
Philadelphia	27	18	133	168	Missouri	18	22	91	111					
Virginia	43	44	300	373	Nebraska	3	1	11	25					
West Virginia	4	2	14	3	**REGION VII TOTAL**	32	27	193	203					
REGION III TOTAL	154	160	1,186	1,346										
					Colorado	17	14	76	87					
Alabama	26	23	118	96	Montana	1	0	7	5					
Florida	131	139	1,281	1,263	North Dakota	0	1	2	3					
Georgia	71	105	536	532	South Dakota	0	2	2	4					
(Excl. Atlanta)					Utah	0	0	11	5					
Atlanta*	44	53	356	295	Wyoming	1	0	5	2					
Kentucky	15	12	95	62	**REGION VIII TOTAL**	19	17	103	106					
Mississippi	23	19	250	174										
North Carolina	67	56	381	577										
South Carolina	21	18	186	173										
Tennessee	37	18	241	149										
REGION IV TOTAL	435	443	3,444	3,321										

*County data

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

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

Epidemiologic Notes and Reports

Fatal Measles — United States, 1978

CDC has received details of 6 fatal measles cases through the first 40 weeks of 1978 (Table 2). The patients, who came from 4 states* and the Trust Territory of the Pacific Islands, ranged in age from 11 months to 22 years. Three of the 4 from the continental United States who died were adolescents; 1 was a young adult. At least 3 of the 6 patients had encephalitis; 3 of 6, including 2 pre-school children, had respiratory involvement. Two of the patients had apparent underlying illness. Four of the 6 cases occurred during large measles outbreaks.

A history of vaccination with live measles vaccine at or after 1 year of age could not be documented for any of the 6 cases: 3 were definitely unvaccinated, 1 had been vaccinated prior to 1 year of age but had not been revaccinated, and 2 had uncertain vaccination histories.

*Indiana, North Carolina, Virginia, West Virginia

Fatal Measles – Continued

TABLE 2. Epidemiologic features of 6 fatal measles cases, United States*, 1978

Age (years)	Sex	Complication	Underlying condition	Vaccine history
13	M	encephalitis	none	unvaccinated
22	F	pneumonia	splenectomy	uncertain
16	F	encephalitis	none	unvaccinated
13	M	encephalitis	none	live, <1 year
3	F	respiratory distress	none	uncertain
<1	F	pneumonia	malnutrition	unvaccinated

*including Trust Territory of the Pacific Islands

Reported by CL Barrett, MD, Indiana State Board of Health; MP Hines, DVM, State Epidemiologist, JN MacCormack, MD, North Carolina Dept of Human Resources; GB Miller Jr, MD, State Epidemiologist, Virginia Dept of Health; PP Ladewig, MD, Charleston Area Medical Center, Charleston; WL Cooke, MD, State Epidemiologist, West Virginia Dept of Health; RC McIntyre, MD, Acting State Epidemiologist, Dept of Health Services, Trust Territory of the Pacific Islands; Immunization Div, Bur of State Services, Field Services Div, Viral Disease Div, Bur of Epidemiology, CDC.

Editorial Note: The presence of respiratory and/or neurologic complications in all 6 cases and the existence of underlying disease in 2 of the 6 is characteristic of recent measles fatalities (*1*).

The older age of these patients as compared to earlier cases (*1*) parallels the recently noted upward shift in age distribution of reported measles cases (*2*). This relative increase in adolescent measles is of some concern because the risk of encephalitis increases with age (*3*).

The absent or uncertain history of live measles vaccine after 1 year of age in these patients is similar to that reported in a 1975 Colorado survey of complicated or fatal measles cases (*4*).

Use of measles vaccine over the last 15 years has significantly reduced mortality from measles in this country (*1*). The anticipated further improvement in measles control (*5*) will provide a still greater decline in these preventable deaths.

References

1. Barkin RM: Measles mortality. Am J Dis Child 129:307, 1975
2. MMWR 27:235-237, 1978
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4. Colorado Department of Health: Colorado measles tragedy. Colorado Communicable Disease Bulletin 3(41), October 11, 1975
5. MMWR 27:391, 1978

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

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Erratum, Vol. 27, No. 41

p 400 In the article "Rabies in a Pet Skunk," the credits should have been as follows: T Kelly, DVM, Maricopa County Animal Rabies Control, Phoenix; J Counts, DrPH, P Hotchkiss, DVM, A Kelter, MD, State Epidemiologist, F Marks, BS, D Woodall, BS, Arizona Dept of Health Services; W Bilderback, DVM, C Webb, MD, State Epidemiologist, Texas Dept of Health; Respiratory and Special Pathogens Br, Viral Diseases Div, Bur of Epidemiology, CDC.

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