

INTERNATIONAL NOTES FOLLOW-UP INFLUENZA LABORATORY FINDINGS Hong Kong Isolates

Further indication of the magnitude of antigenic difference between the Hong Kong isolates and the previous influenza A2 strains (MMWR, Vol. 17, No. 33) may be seen in the patterns of antibody response from confirmed cases of influenza occurring during the 1967-68 outbreak in the United States and from persons recently vaccinated. Table 1 shows the results of hemagglutination inhibition (HI) tests with paired sera from three such groups: Group I consists of acute and convalescent serum pairs from 32 persons ages 4 to 75 who had a laboratory confirmed diagnosis of A2 influenza during the 1967-68 season. Group II consists CONTENTS International Notes Follow-up Influenza Laboratory Findings – Hong Kong Isolates NUC SO 1997 Epidemiologic Notes and Reports Introduced Malaria – Alabama Epidemic of Obscure Illness – Pontiac Michigan

Cadmium Food Poisoning - Minnesota

of pre-and post-vaccine serum pairs. from 87 healthy prison volunteers who received a single dose of 1967-68 commercial polyvalent vaccine in November 1967. Group III consists of pre-and post-vaccine serum pains from 36 elderly persons (ages 70-74) who received 2 doses of 1967-68 commercial bivalent vaccine in October-November 1967.

(Continued on page 314)

and the second se	34th WEE	K ENDED	MEDIAN	CUMULATIVE, FIRST 34 WEEKS			
DISEASE	August 24, 1968	August 26, 1967	1963 - 1967	1968	1967	MEDIAN 1963 - 1967	
Aseptic meningitis	156	122	74	1,945	1,510	1,177	
Brucellosis	9	-	9	141	170	170	
Diphtheria	3	2	2	105	67	113	
Encephalitis, primary:						10 Sec. 10	
Arthropod-borne & unspecified	45	48		698	974		
Encephalitis, post-infectious	9	11		350	606		
lepatitis, serum	94	52	1 000	2,780	1,397	00.005	
lepatitis, infectious	856	731	\$ 638	28,613	24,951	26,005	
Aalaria	33	42	5	1,378	1,276	65	
Measles (rubeola)	91	175	598	19,336	57,254	238,672	
Meningococcal infections, total		21	28	1,943	1,616	1,886	
Civilian	47	20		1,768	1,504		
Military	_	1		175	112		
Aumps	502			123,275			
Poliomyelitis, total		-	4	35	23	61	
Paralytic		_	2	35	20	57	
Rubella (German measles)	214	178		43,037	39,467		
Streptococcal sore throat & scarlet fever	3,976	4,610	3,933	291,916	314,899	283,488	
Cetanus	5	3	4	98	141	157	
Cularemia	4	5	5	130	118	166	
Cyphoid fever		6	9	211	257	258	
Typhus, tick-borne (Rky. Mt. spotted fever) .	13	13	11	208	216	181	
Rabies in animals	61	81	75	2,375	2,983	2,983	

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

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.	for a set of the set o	Cum.
Anthrax: Botulism: Leptospirosis: La1 Plague: Psittacosis: Ariz1	4 25 2	Rabies in man: Rubella, Congenital Syndrome: Trichinosis:* Typhus, murine: N.J1	4 47

*Delayed reports: Trichinosis: Colo. delete 1

Data exclude report from Texas - Shortage of Help

Morbidity and Mortality Weekly Report AUGUST 24, 1968

FOLLOW-UP INFLUENZA LABORATORY FINDINGS - (Continued from front page)

Table 1 HI Antibody Response to Hong Kong/8/68 and Selected Influenza Virus Strains

Group Number in Group		Seru	m 1	Serum	2**	Serum pairs	
	Antigen	Titers ≥1:10 (%)	GM* Titer	Titers ≥1:10 (%)	GM* Titer	Showing ≥4 fold titer rise (%)	
I. Clinical	32	A2/Japan/170/62	75	21	100	437	100
Illness		A2/Georgia/19/67	41	<10	100	101	100
(4-75 yrs.)		A2/Tokyo/3/67	28	<10	94	54	88
	Ex 1 m/s	Hong Kong/8/68	3	<10	34	<10	19
II. Vaccine	87	A2/Japan/170/62	94	73	97	110	24
(prison)		A2/Tokyo/3/67	65	11	70	17	16
(1 · · ·)	100	Hong Kong/8/68	11	<10	33	<10	11
III. Vaccine	36	A2/Japan/170/62	39	10	100	259	92
(elderly)	A2/Tokyo/3/67	25	<10	86	28	53	
、 <i>。</i> ,		Hong Kong/8/68	6	<10	36	<10	12

*GM - Geometric mean titers of total group.

**Convalescent sera collected approximately 3 weeks after onset. Post-vaccine sera collected 3 weeks after final injection.

Group I convalescent sera showed a high geometric mean (GM) titer to A2/Japan/170/62, one of the two A2 strains in the current vaccine, and all serum pairs responded with a fourfold or greater rise to that antigen. Similar results, although with somewhat lower GM titers, were obtained with A2/Georgia/19/67, the strain representing isolates from the 1967-68 influenza outbreak in the United States. A significant response was also noted with A2/ Tokyo/3/67 which is antigenically somewhat different from either of the above viruses and is similar to isolates from current outbreaks in Australia, New Zealand, and South Africa. However, antibody response to the Hong Kong strain was considerably lower. The GM titer of the convalescent sera was <10 and only 19 percent of the serum pairs showed a fourfold or greater increase in titer.

The vaccinees in Group II had low fourfold response rates to all strains, including A2/Japan/170/62. While the individuals in Group III gave excellent reactions to the 1962 and 1967 A2 viruses as measured by percent of fourfold responses and rise in GM titer, their response to the Hong Kong strain was not appreciably increased over that of Group II.

Homotypic and heterotypic antibody responses of vaccinees depend both on the potency of the vaccine and the age and prior influenza experience of the recipient. This is also true to some extent for individuals recovering from the natural disease. While serum antibody titers are only indirectly related to protection, individuals demonstrating peak heterotypic antibody titers following immunization or natural disease would be considered at lowest risk of infection. The antibody responses in all three groups, measured with the Hong Kong antigen, are minimal.

These results with human sera confirm the previous findings based on reciprocal HI tests with monospecific animal sera. The Hong Kong/8/68 strain represents a considerable antigenic change from earlier A2 influenza isolates. (Reported by the World Health Organization International Influenza Center for the Americas, NCDC.)

EPIDEMIOLOGIC NOTES AND REPORTS INTRODUCED MALARIA - Alabama

Between August 15 and 19, four cases of malaria were reported in teenagers who live or vacationed in eastern Alabama. None of the patients had been in malarious areas. received blood transfusions, or used common syringes. The infections were due to Plasmodium vivax, acquired through mosquito transmission at a drive-in movie theater during 3 different nights.

M.W., an 18-year-old male student, first experienced severe headache and backache on August 8. This was followed by an intermittent course of fever, chills, and diaphoresis. He was hospitalized on August 12, and malaria parasites were found in his peripheral blood on August 15. He, as well as the other three patients, were successfully treated with the recommended 3-day course of chloroquine followed by 14 days of primaquine.

D.D., the 18-year-old girl friend of M.W., became ill on August 12. She was hospitalized on August 14, and the diagnosis of malaria was made the following day.

T.B., a 17-year-old male student, also became ill on August 12. He was hospitalized on August 18, and the diagnosis of malaria was made on August 19.

L.H., a 15-year-old female, unlike the other patients, was not a resident of Alabama; however, she did visit Alabama from July 20 to August 11. She became ill on August 10 but returned to her home in western New York the following day. She was hospitalized on August 16, and the diagnosis of malaria was made shortly thereafter.

The only factor that all patients had in common was attendance at a local drive-in movie theater. L.H. attended on July 26, D.D. and M.W. on July 27, and T.B. on July 28

(Figure 1). Although they attended the same drive-in theater at other times during the summer, each patient attended only once during that week. The average time from attendance at the drive-in until onset of symptoms was 14 days. None of the patients' friends who were with them at the drive-in became ill.

The drive-in theater is located by a state highway and is surrounded by at least eight ponds. Anopheline mosquitoes are prevalent in the area. A major university and trailer parks are located in the immediate vicinity and a large Army base is approximately 30 miles away. It is believed that the malaria parasite donor is probably a foreign student or a soldier who has returned from South East Asia to the military base or to the university.

Shortly after the onsets of their illnesses, three of the patients were reexposed to mosquitoes. M.W. and L.D.,

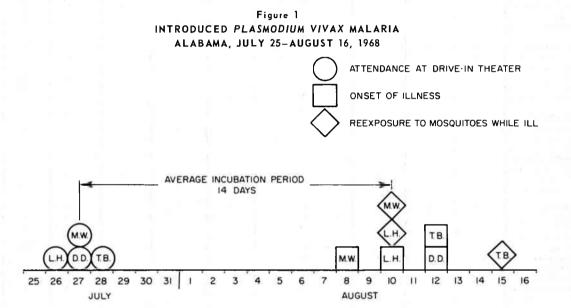
although they were unknown to each other, both returned to the drive-in theater on August 10 when they were febrile. T.B. camped out overnight in a nearby fishing area on August 15 when he was febrile.

An epidemiologic investigation is underway to locate the parasite carrier and other possible cases.

(Reported by J. R. Herring, M.D., Lafayette, Alabama; W. H. Y. Smith, M.D., C.P.H., Alabama State Department of Public Health; Julia L. Freitag, M.D., Director, Bureau of Epidemiology, New York State Department of Health; and a team of EIS Officers.)

Editorial Note:

Transmission of malaria by mosquitoes is now a rare event in the United States. Previous episodes of introduced malaria during this decade have been isolated cases and have been confined to military reservations.



EPIDEMIC OF OBSCURE ILLNESS - Pontiac, Michigan

On July 2, 1968, an acute febrile illness with marked constitutional symptoms developed in employees of the Oakland County Health Department, Pontiac, Michigan. By the following day, 95 percent of the employees who had been present in the building on July 1 were ill. Additional cases continued to occur in some persons newly exposed during the next 5 weeks. The syndrome was highly uniform, consisting of fever, chills, malaise, headache, and myalgia, with onset from 1 to 2 days after initial exposure in the building. The illness was self-limited, lasting an average of 3 to 5 days. Some employees complained of a variety of related symptoms in the ensuing weeks; however, in many of these cases, there was no clear relationship between recrudescent symptoms and reexposure in the building, and the majority of employees did not develop illness upon reexposure. Close contacts of ill persons were apparently not affected with clinical illness

nor were people in nearby buildings or in the community at large.

Physical examination of patients in both acute and convalescent stages of illness was uniformly negative. A sampling of white blood cell counts showed modest polymorphonuclear leukocytosis, but extensive clinical laboratory tests failed to show any other abnormalities. Serial chest X-rays were negative as were electrocardiagrams on patients without pre-existing cardiac disease.

Epidemiologic analysis excluded a water-borne mode of spread and strongly implicated the air conditioning system as the source or means of spread of the responsible agent. It has been established that defects in the air conditioning system permitted cross connections to exist between bacteriologically contaminated exhaust ducts and the cool air distribution system in the building. (Continued on page 320)

Morbidity and Mortality Weekly Report

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

AUGUST 24, 1968 AND AUGUST 26, 1967 (34th WEEK)

						ENCEPHALI	115		HEPATITIS		4
AREA		PTIC NGITIS	BRUCELLOSIS	DIPHTHERIA	incl	mary uding cases	Post- Infectious	Serum	Infec	tious	MALARIA
	1968	1967	1968	1968	1968	1967	1968	1968	1968	1967	1968
UNITED STATES	156	122	9	3	45	48	9	94	856	731	33
NEW ENGLAND	1	1	-		_	1		4	60	19	1
Maine.*	-	-	-		_	-		4			1
New Hampshire	_	_		1 1	-			-	100	1	2
Vermont.	-	_								÷.	
Massachusetts	-	1			_	_	-	-	3	-	÷.
Rhode Island					-			2	33	8	1
Connecticut	1				-	1	-	-	8	-	3
	1				-	1		2	16	10	-
MIDDLE ATLANTIC	32	18			9	_	2	27	146	133	7
New York City		1			<u> </u>	-		18	55	51	3
New York, Up-State.	3	5		- 1	-	-		3	31	37	2
New Jersey	28	11		1 - 1	5	-	l <u>-</u> 1	3	23	20	2
Pennsylvania	1	1	-		4	-	2	3	37	25	-
						1.1			J	2,7	
EAST NORTH CENTRAL	26	16			13	28	- I	9	121	87	1
Ohio	18	2	- 1	l - 1	12	27	- 1	1	42	17	-
Indiana	Allowed March	1 m m m	-		-	-	_	-	42	11	
Illinois	1	13	-	- 1	-			-	35	25	
Michigan.	7	1	- 1		1	_		8	32	30	1
Wisconsin	_	_	-	- 1	-	1	i i i	-	6	4	-
					-	1		-		4	1 -
WEST NORTH CENTRAL	16	2	-		4	4	2	-	47	32	1
Minnesota	4	2	1		-	1	1	100	19	11	
Iowa		-			2	-		-			
Missouri	9	_			-	_			2	1	-
North Dakota	3	_			1	-		0.571	14	12	-
South Dakota					-			-	(B)	<u>.</u>	-
Nebraska						1	-	-	1		-
	_		in the second second			-		-	5	4	1
Kansas	-	-	-	- 1	1	2	1	-	6	4	-
SOUTH ATLANTIC	18	25	6			,		-			_
Delaware	10	-	0		4	4	1	5	74	87	7
Maryland	7	22	14			-		-	3	4	1 -
Dist. of Columbia						-	1	2	15	20	1
	6		6			-		1		2	- 1
	-		0	-	3	-	-	1	14	19	-
West Virginia		1		-	-	3		-	7	3	
North Carolina	2	1	-				-		7	3	4
South Carolina	1		-	-	1	-	-	-	2		2
Georgia			-	-	-			-	1	15	-
Florida	1	1		-	-	1	-	1	26	21	- 1
EAST SOUTH CENTRAL	20										
A PROPERTY AND A PROPERTY	20	8	2	-	2	2	-	3	45	44	4
Kentucky	1	2	-	-	-	2	-	-	24	10	-
Tennessee	17	3	2	-	1	-	-	3	13	21	-
Alabama	2	2	-	- 1		-	1		1	5	4
Mississippi	-	1	1 -		1			- e -	7	8	-
UEST COUTH CINTERAL	,	, -			~		N 1	~		l	
WEST SOUTH CENTRAL	1	17	1 -	3	2	3	- 1	2	22	75	-
Arkansas	-	10	1 -	-	-	2	-	-	4	3	· ·
Louisiana	1	2	-	3	1			2	11	15	-
Oklahoma	- 9	1		-	1	1	0.015.05	100	7	6	
Texas		4								51	
MOUNTA TH					_						
MOUNTAIN	5	4			3	1		-	66	33	3
Montana	I	_	-	-	-	-	-	-	5	-	-
Idaho	-	-		-	1	-		-	1		-
Wyoming		-		- 1	-				2	2	-
Colorado	5				2		-	-	38	14	3
New Mexico		2	1 -	-	-	1		-	-	8	-
Arizona		2			-	-			13	8	-
Utah	and a state of the		-		-	-		-	6	1	-
Nevada		-	-	- 1	-	-		-	1	-	I.
		1.1									
PACIFIC	37	31	1	- 1	8	5	4	44	275	221	9
Washington	2	2		-	-	-		-	22	26	2
Oregon	2	1			-		1	-	7	14	-
California	32	26	1	-	8	4	4	44	245	178	7
Alaska	-		-		_				1	2	
Hawaii	1	2		- 1		1		-	-	ĩ	
-	_									-	
Puerto Rico	-	-	-		-			-	22	33	-

* Delayed reports: Hepatitis, infectious: Me. 1

Morbidity and Mortality Weekly Report

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

AUGUST 24, 1968 AND AUGUST 26, 1967 (34th WEEK) - CONTINUED

	MEASLES (Rubeola) Cumulative			MENINGO	COCCAL INF TOTAL	ECTIONS,	MUMPS	P	RUBELLA		
AREA					Cumulative			Total Paralytic			
	1968	1968	1967	1968	1968	1967	1968	1968	1968	Cum. 1968	1968
UNITED STATES	91	19,336	57,254	47	1,943	1,616	502	-		35	214
NEW ENGLAND	4	1,145	836	15	116	67	65	1	_	ļ ,	20
Maine. *	4	37	238		6	67 3	65 6			1	20 2
New Hampshire		141	74		7	2	-			1 1	2
Vermont		2	34		í	1	1	-		_	ĩ
Massachusetts.*	1	357	339	15	63	32	38	- 1		1	8
Rhode Island	_	5	62	- 1	8	4	8	i		-	-
Connecticut	3 ु	603	89	-	31	25	12		- 1		7
MIDDLE ATLANTIC	44	3,992	2,236	8	349	266	60		722		37
New York City	33	2,027	447	1	70	48	56	_		_	20
New York, Up-State.	5	1,215	574	4	63	66	NN			-	15
New Jersey*	6	621	484	-	122	92	4	11X -		1 -	1
Pennsylvania.*		129	731	3	94	60	NN		- 1	-	1
EAST NORTH CENTRAL	16	2 7 2 2	E 310		220	210	101	1		,	17
Ohio	15 2	3,722	5,318 1,137	1	228 63	218 75	121 17			1	47
Indiana.	4	657	592	-	28	22	9			-	7
Illinois		1,356	938		51	53	6	-		1	3
Michigan	4	265	917	i	66	52	24	-	-	-	10
Wisconsin	5	1,153	1,734	-	20	16	65	-	-	-	17
WEST NORTH CENTRAL	1	380	2,839	2	103	70	14			1	10
Minnesota	-	16	131	2	26	17	14			-	
Iowa	1	98	746	-	6	14	9				3
Missouri	-	81	332		32	14	1	1	- 1	1	3
North Dakota	-	131	859		3	1	3	-	h - 1		1
South Dakota	-	4	52		5	6	NN			-	
Nebraska	-	40	626		6	12	-		-		3
Kansas	-	10	93	-	25	6	-	-			-
SOUTH ATLANTIC	5	1,485	6,836	7	392	309	41	-		1	36
Delaware		15	45		8	6	1	-	-	-	1
Maryland	1	95	152	2	30	38	9	-		-	6
Dist. of Columbia	-	6	22		14	10	3	-	-	-	1
Virginia	3	300	2,179	2	33	38	8		- 1	-	3
West Virginia	1	281	1,377	-	10	21	15	-			19
North Carolina		281	847		76	66 29	NN -		-	1	1
South Carolina Georgia	-	12	510 34	3	56 76	47					1
Florida		491	1,670	-	89	54	5	-	_		6
			-,								
EAST SOUTH CENTRAL		487	5,149	7	169	127	47			2	18
Kentucky	-	99	1,321	7	72	35	2		: 1	1	4
Tennessee Alabama		61 93	1,844 1,322		52 24	53 26	43 2			1	
Mississippi	-	234	662		21	13	-	-	- 1	-	
				0.0							
WEST SOUTH CENTRAL	1	4,680	17,214	1	302	215	1			19	1
Arkansas	-	3	1,404 152	- 1	20 87	28 85					
Oklahoma	1	112	3,349	1	49	16	1	-	-	2	1
Texas		4,563	12,309		146	86				17	
1											
MOUNTAIN	3	987	4,602	-	29	27	53				27
Montana	-	67	282		3	-	3				6
Idaho Wyoming	-	20 51	377 180		-	1	1				
Colorado	2	505	1,544		10	12	17	-	- 1	-	6
New Mexico	1	97	578	-	-	3	5	-		-	6
Arizona	-	221	1,011	-	1	4	23			-	8
Utah	-	21	361	- 1	1	4	4			-	1
Nevada	-	5	269	-	3	2	-	-	- 1		
PACIFIC	18	2,458	12,224	6	255	317	100		_	10	18
Washington	-	515	5,418	-	37	28	-	1 -	-	1	-
Oregon	9	505	1,572	1	20	25	2	-	-	-	2
California	9	1,401	4,939	5	185	251	94	-		9	15
Alaska		2	133	-	2	9	3	-	-	-	1
Hawaii	-	35	162	-	11	4	1	-	-	-	-
Puerto Rico	9	397	2,101		19	12	10	-	_		

* Delayed reports: Measles: Me. 2, Mass. delete 1, N.J. delete 5, Pa. delete 7 Meningococcal infections: Ind. delete 1

Mumps: Me. 1 Rubella: Me. 2 317

Morbidity and Mortality Weekly Report

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

AUGUST 24, 1968 AND AUGUST 26, 1967 (34th WEEK) - CONTINUED

Inter states 1968 1108 1008	AREA	STREPTOCOCCAL SORE THROAT & SCARLET FEVER	TET	ANUS	TUL	REMIA	TYF	HOID	TICK	S FEVER -BORNE . Spotted)		IES IN IMALS
UNITED STATES. 3,976 5 98 4 130 6 211 13 208 6.1 2 BRE REGLAM			1968		1968		1968			Cum.	1968	Cum. 1968
FW ENCLAND. 423 - 2 - 466 - 7 1 1 1 Naise	UNITED STATES			98		130		· · · · ·	1			2,375
Naine 4 - 1 1 - - - - 1 1 - - - - 1 1 - - 1 1 1 - - 1 1 1 1 - - 1 <th1< th=""> 1 1 1</th1<>		(
New Mapphife 21 - <	the call the				1							70
Vermant	a set of the set of th							1				53
Name of Learning 99 - 1 - - - 3 1 1 - Connecticut 271 - 1 - - - 3 - 1 1 - - - - - -			-	1						1 1		2
Bode Island			-									11
Consetteut				,					1	1		3
DDLE ATLANTIC					1							-
New York City	Connecticut	271	-	1	-	-		3	-	-	-	1
New York City	TDDLE ATLANTIC	124		12	_	7		19		14	2	34
New York, Up-State. 116 - 4 - 7 - 3 - 2 2 Pennsylvania 3 - 2 - - - 3 - 6 - AST WORTN CENTALL. 248 - 9 - 8 - 27 1 7 12 2 5 - 3 - - 1 - 1 7 12 1 7 12 1 7 12 1 1 10 - 7 18 1 6 2 11 1 10 - 7 18 1 4 - - - 1 1 4 4 - 7 1 3 - 1 2 - 7 - 3 - 1 4 4 - 1 4 - 1 1 1 1 1 1 1 1 1			1 A A A		_							
New Jersey					_	7						27
Pennsylvania												
AST NORTH CENTRAL 248 - 9 - - 1 - 1 - 1 - 1 0 1 - 1 <th1< th=""></th1<>												7
Ohio 9 - - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 1 - 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 1 - 1 1 - 1 1 1 0 - 7 1 1 1 0 - 7 1 3 1 <th1< th=""> 1 1 1</th1<>										Ű		l '
Indiana			-	9	-	8		27	1	7	12	228
Indiana	Ohio	9	-	_	-	1	- I	12				86
111 incis			-	1	-	1		3				75
Michigan	Illinois	71	-	5	-	5			- 1	2		28
Misconsin 36 - - - - - 1 - - 7 EST NORTH CENTRAL 158 1 6 2 11 1 10 - 7 18 Minnesota 38 - 2 - - - 1 4 Missouri 38 - 2 - 7 3 1 1 4 North Dakota 14 - - - 1 - 4 - Noth Dakota 6 - 1 2 1 2 - 1 - - 1 - - 1 - - 1 - - 1 - - 1 - - 1 - 1 - 1 - 1 - 1 - - - 1 - 1 - 1 - - - 1 1 - - 1 1 - - - 1 - - -	Michigan	61	-	3	-	1	- 1		-		1	11
Minesota 28 - 1 - - - - - - - - - - - - - - 1 4 Missouri. 9 - 2 - 7 - 3 - 1 4 Morth Dakota 14 - - - 3 - 1 4 South Dakota 6 - - 1 2 - - 1 - 4 South Dakota 66 - - 1 2 1 2 - - 1 - - - 1 - - - 1 - - - 1 - - - - 1 -	Wisconsin	36	-	-	-	-		1	- 1	-		28
Minesota 28 - 1 - - - - - - - - - - - - 1 4 Missouri. 9 - 2 - 7 - 3 - 1 4 Morth Dakota 14 - - 1 2 - 1 - 4 - - 2 - - 1 4 - - - 3 - 1 4 - - - 2 - - 1 1 - - - 1 1 - - - 1 - - - 1 - - - - - 1 - - - - - - - - - 1 - - - 1 - - - - - - - - -								1				
Jowa Jage - 2 - - - 1 - 1 4 Missouri 14 - - - - - - - - - 1 4 North Dakota 14 - - - - - - - - 2 - 1 4 - - - 2 - 1 1 - 1 - - - - - - - 1 1 - 1 - 1 - 1 - 1 - 1 - - - 1<						11	1	10	-	7	18	590
Missouri			-		-	-	-	- 1			7	176
Borth Dakota	Iowa		-	2	-	-	- 1	1		1	4	98
South Dakota	Missouri			2		7		3		1	4	86
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Maryland							1	45	7	117	8	260
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* Delayed reports: Tetanus: Iowa 1

Week No. 34

TABLE IV. DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED AUGUST 24, 1968

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

	A11 C	auses	Pneumonia	Under		_ A11 C	auses	Pneumonia	Under
Area	All Ages	65 years and over	and Influenza All Ages	1 year All Causes	Area	All Ages	65 years and over	and Influenza All Ages	l year All Cause:
NEW ENGLAND:	693	416	38	39	SOUTH ATLANTIC:	1,109	594	42	49
Boston, Mass	220	118	12	19	Atlanta, Ga	141	76	2	4
Bridgeport, Conn	36	20	2	3	Baltimore, Md	241	124	7	13
Cambridge, Mass	30	21		1	Charlotte, N. C	51	24	2	4
Fall River, Mass	20	13	1	1	Jacksonville, Fla	86	43	2	5
Hartford, Conn	70	41	1	2	Miami, Fla	91	53	-	1
Lowell, Mass	28	20		2	Norfolk, Va	48	24	3	2
Lynn, Mass	18	14	-	1	Richmond, Va	54	26	2	1
New Bedford, Mass	25	19	2	1	Savannah, Ga	29	15	3	2
New Haven, Conn	53	34	3	3	St. Petersburg, Fla	70	56	8	1
Providence, R. I	54	33	5	1	Tampa, Fla	53	32	5	5
Somerville, Mass	12	9	3		Washington, D. C	194	91	6	9
Springfield, Mass	44	25	6	1	Wilmington, Del	51	30	2	2
Waterbury, Conn	35	19		3					100
Worcester, Mass	48	30	3	1	EAST SOUTH CENTRAL:	625	317	33	30
IDDIE ANIANTIC.	2 075	1 747	126	163	Birmingham, Ala	101 45	58	1	4
IDDLE ATLANTIC:	3,075	1,747	126		Chattanooga, Tenn				4
Albany, N. Y	44	23	-	2	Knoxville, Tenn	37	18	1	
Allentown, Pa	35	22	3		Louisville, Ky	113	68	17	3
Buffalo, N. Y	143	90	7	4	Memphis, Tenn	141	72	6	9
Camden, N. J	36	23	2		Mobile, Ala	42	18	1	6
Elizabeth, N. J	33	18	-	1	Montgomery, Ala	50	23	4	
Erie, Pa	43	27	3	-	Nashville, Tenn	96	44	3	3
Jersey City, N. J	71	27	6	5	UDOM COUNTY COMPANY				
Newark, N. J	91	31	5	25	WEST SOUTH CENTRAL:	1,115	562	36	75
New York City, N. Y		924	53	79	Austin, Tex	46	24	2	2
Paterson, N. J	38	23	2		Baton Rouge, La	39	20	1	-
Philadelphia, Pa	409	229	13	21	Corpus Christi, Tex	26	11	-	3
Pittsburgh, Pa	172	79	13	9	Dallas, Tex	153	70	3	9
Reading, Pa	46	29	2	3	El Paso, Tex	30	16	2	1
Rochester, N. Y	105	61	4	3	Fort Worth, Tex	73	39	1	5
Schenectady, N. Y	18	14	-	1	Houston, Tex	218	101		20
Scranton, Pa	29	18	2	-	Little Rock, Ark	56	31	4	5
Syracuse, N. Y	62	42	3	3	New Orleans, La	186	90	7	17
Trenton, N. J	42	20	5	5	Oklahoma City, Okla	93	57	-	5
Utica, N. Y	32	28	-	-	San Antonio, Tex	114	57	6	4
Yonkers, N. Y	27	19	3	1	Shreveport, La Tulsa, Okla	45 36	24	4	3
AST NORTH CENTRAL:	2,626	1,490	75	151	Iursa, okra.		22		-
Akron, Ohio	79	52	-	3	MOUNTAIN:	432	257	17	20
Canton, Ohio	44	31	3	-	Albuquerque, N. Mex	40	19	4	3
Chicago, Ill	724	386	26	42	Colorado Springs, Colo.	37	23	4	-
Cincinnati, Ohio	197	117	4	4	Denver, Colo	111	63	2	3
Cleveland, Ohio	173	100	1	17	Ogden, Utah	20	18	2	1
Columbus, Ohio	123	59	1	10	Phoenix, Ariz	88	51	2	5
Dayten, Ohio	103	67	3	3	Pueblo, Colo	22	11	2	2
Detroit, Mich	350	198	8	14	Salt Lake City, Utah	53	33	-	4
Evansville, Ind	40	34	3	14	Tucson, Ariz,	61	39	1	2
Flint, Mich	70	36	3	3	rucson, milli	01	55	- 1	1 -
		20	1	5	PACIFIC:	1,451	829	22	77
Fort Wayne, Ind Gary, Ind		20	1	3	Berkeley, Calif	13	8		-
		38	1	3	Fresno, Calif	45	32	1.1.1	2
Grand Rapids, Mich			1	11	Glendale, Calif	28	20		2
Indianapolis, Ind	154	72	4		Honolulu, Hawaii	55	20		4
Madison, Wis	31	16	3	4	Long Beach, Calif	89	56		2
Milwaukee, Wis	107	66	2	6	Los Angeles, Calif		251	7	26
Peoria, Ill.	38	23	-	5			60		1
Rockford, Ill	28	18	2	4	Oakland, Calif Pasadena, Calif	95 29	22	-	1
South Bend, Ind	. 46	25	5	4				5	
Toledo, Ohio		74	4	7	Portland, Oreg	97	56		5
Youngstown, Ohio	60	37	-	2	Sacramento, Calif	57	31	1 2	2
FOT NODTH OTHER AT	771	450	14	21	San Diego, Calif	89	43		11
EST NORTH CENTRAL:	771	459	14	31	San Francisco, Calif		74	3	5
Des Moines, Iowa		38	2	7	San Jose, Calif	36	22	2	3
Duluth, Minn		7	2	-	Seattle, Wash	124	62	3	10
Kansas City, Kans		25			Spokane, Wash	60	47	-	3
Kansas City, Mo		74	1	4	Tacoma, Wash	38	24	1	1
Lincoln, Nebr	30	22	2	-	Tabal	11 007	1 1	100	1
Minneapolis, Minn		61	1	3	Total	11,897	6,671	403	635
Omaha, Nebr		43	-	8			Tatal	11 TANE 1	
St. Louis, Mo		118	1	3		mulative			51.51
St. Paul, Minn		44	1 1	-	including report	ed correc	tions for	previous w	eeks
Wichita, Kans	42	27	4	5	All Causes, All Ages All Causes, Age 65 and				

EPIDEMIC OF OBSCURE ILLNESS

(Continued from page 315)

Extensive serial environmental sampling of air, water, sewage, and numerous environmental surfaces for microbiological and toxicologic agents was performed. Throat swabs, stools, acute and convalescent sera, and, in some cases, urine were collected on patients and their family contacts. In addition, a variety of experimental animals were exposed in the building with a febrile response occurring in successive test groups of guinea pigs. Nevertheless, to date, no definitive etiologic agent has been identified from the guinea pigs or from human or environmental samples.

(Reported by Bernard Berman, M.D., Director, Oakland County Health Department; George Agate, M.D., M.S.P.H., Chief, Division of Epidemiology, Michigan Department of Public Health; a team from the Michigan Department of Public Health; and a team from NCDC.)

CADMIUM FOOD POISONING - Minnesota

On June 12, 1968, in St. Louis County, Minnesota, four persons experienced nausea, upper abdominal distress, and vomiting within 15-60 minutes after eating an evening meal at a local drive-in restaurant. All recovered within several hours after receiving medical treatment for their symptoms.

Epidemiologic investigation incriminated cole slaw as the likely vehicle of infection because it was the only food eaten by all four persons. Inspection of the restaurant facilities disclosed a corroded metal shelf in the refrigerator which had recently been plated with cadmium. Cole slaw was stored uncovered beneath this shelf and received drippings of foods stored above (pickles, celery seed dressing, tartar sauce, and probably catsup). It is postulated that some acid foods reacted with the cadmium plating, forming cadmium salts which dripped onto the cole slaw, and that the cadmium salts did not contaminate the entire jar, but remained concentrated on the surface layer; consequently, only four cases of food poisoning occurred. Laboratory examination of the cole slaw revealed the presence of cadmium in a concentration of 6.8 parts per million.

(Reported by A. J. Houglum, M.D., M.P.H., Executive Officer, St. Louis County Health Department; and D. S. Fleming, M.D., M.P.H., Director, Division of Disease Prevention and Control, Minnesota Department of Health.) **Editorial Note:**

In previous reports of cadmium food poisoning, as little as 10 mg of cadmium has been reported to cause the symptom complex of headache, nausea, salivation, vomiting, diarrhea, and stomach and muscular pains 1/2 to 2 hours after ingestion.¹

Reference:

Baker, Timothy D., and Hafner, William C.: Cadmium poisoning from a refrigerator shelf used as an improvised barbecue grill. PUBLIC HEALTH REP. 76:543-544, 1961.

The morbidity and mortality weekly report, with a circulation of 17,000, is published at the national communicable disease center, atlanta, georgia,

DIRECTOR, NATIONAL COMMUNICABLE DISEASE CENTER DAVID J. SENCER. M.D. CHIEF, EPIDEMIOLOGY PROGRAM ACTING CHIEF, STATISTICS SECTION IDA L. SHERMAN, M.S. EDITOR MICHAEL B. GREGG, M.D.

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 ATLANTA, CORGIA 30333 ATTN: THE EDITOR MORBIDITY AND MORTALITY WEEKLY REPORT

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

