

# Morbidity and Mortality



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WEEKLY REPORT

Week Ending September 28, 1968

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HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

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EPIDEMIOLOGIC NOTES AND REPORTS  
INFLUENZA - United States

Between August 27 and September 12, 1968, at least 31 members of a 240-man squadron at Wheeler Air Force Base, Hawaii, were affected with an influenza-like illness. Twenty-three squadron members took a week-long trip to the Philippines, Taiwan, and Japan; the first seven illnesses began while the men were away or just after the trip. Most of the 31 men who were ill were confined to quarters for 2 or 3 days, but none were hospitalized. A2 influenza viruses similar to the Hong Kong strains were isolated from six specimens taken during this outbreak.

Physicians at Hickam AFB Dispensary, near Honolulu, also report having seen an unusually large number of

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influenza-like illnesses in personnel returning from the Far East. There has been no evidence of illness in the civilian personnel on the base or in the nearby community. (Continued on page 358)

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

DISEASE	39th WEEK ENDED		MEDIAN 1963 - 1967	CUMULATIVE, FIRST 39 WEEKS		
	September 28, 1968	September 30, 1967		1968	1967	MEDIAN 1963 - 1967
Aseptic meningitis . . . . .	237	94	94	3,108	2,128	1,513
Brucellosis . . . . .	11	3	3	169	191	196
Diphtheria . . . . .	7	7	2	147	97	144
Encephalitis, primary:						
Arthropod-borne & unspecified . . . . .	51	40	---	980	1,218	---
Encephalitis, post-infectious . . . . .	5	10	---	386	661	---
Hepatitis, serum . . . . .	124	47	736	3,278	1,624	29,026
Hepatitis, infectious . . . . .	1,005	960		33,319	28,704	
Malaria . . . . .	34	56	4	1,685	1,490	76
Measles (rubeola) . . . . .	126	172	628	19,928	58,221	241,475
Meningococcal infections, total . . . . .	24	26	31	2,084	1,729	2,112
Civilian . . . . .	23	25	---	1,903	1,614	---
Military . . . . .	1	1	---	181	115	---
Mumps . . . . .	744	---	---	126,405	---	---
Poliomyelitis, total . . . . .	5	1	1	47	27	72
Paralytic . . . . .	5	1	1	47	23	67
Rubella (German measles) . . . . .	229	195	---	44,354	40,217	---
Streptococcal sore throat & scarlet fever. . . . .	6,112	6,060	5,082	317,086	340,232	304,546
Tetanus . . . . .	8	6	6	125	169	198
Tularemia . . . . .	5	4	4	149	138	192
Typhoid fever . . . . .	11	9	9	287	316	316
Typhus, tick-borne (Rky. Mt. spotted fever) . . . . .	9	3	6	256	279	215
Rabies in animals . . . . .	61	57	57	2,659	3,359	3,359

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax: . . . . .	3	Rabies in man: . . . . .	5
Botulism: . . . . .	4	Rubella, Congenital Syndrome: . . . . .	50
Leptospirosis: Okla.-1 . . . . .	31	Trichinosis: * Iowa.-1, Mich.-1 . . . . .	23
Plague: . . . . .	2	Typhus, murine: . . . . .	23
Psittacosis: . . . . .	35		

\*Delayed reports: Trichinosis: Mich.-1

## INFLUENZA - (Continued from front page)

In the first week of September 1968, an outbreak involved 22 of 49 students at the Marine Corps Drill Instructors School in San Diego, California. The typical syndrome consisted of dry cough, temperature of 98.6°-100°F. (only two or three persons had temperature higher than 100°F.), myalgia, and headache. Several persons complained of photophobia. Individual illnesses lasted approximately 36 hours, and the entire outbreak occurred over a 4-day period. Nine contacts in four families also had upper respiratory infections.

The outbreak was investigated by Preventive Medicine Unit Number 5 (PMU-5), and Naval Medical Research Unit Number 4 (NAMRU-4) has isolated viruses similar to the Hong Kong strains from 9 of 21 throat gargle specimens. The results of paired sera are pending. No contact between the ill individuals and persons recently in Southeast Asia has been established.

In addition to the two reported cases in Atlanta (MMWR, Vol. 17, No. 36), laboratory confirmed cases have been reported in Cleveland, Ohio, and Princeton, New Jersey. Several cases have occurred in State Department employees returning to Washington, D.C., from the Far East. Investigation of possible secondary spread is underway. A2 viruses have been isolated in New Jersey and the District of Columbia.

Several Americans who attended the recent 8th International Congresses of Tropical Medicine and Malaria in Teheran have reported the occurrence of influenza-like illness during these meetings; influenza may have been brought by persons attending from Far East areas. Paired acute and convalescent serum specimens from one individual show a four-fold rise when tested against the A2/Hong Kong/68 antigen by hemagglutination-inhibition. Four A2 isolates have been obtained, of which two have already been shown to be similar to the Hong Kong strains.

(Reported by Robert Penington, Jr., M.D., Chief, Epidemiology Branch, Communicable Disease Division, Hawaii Department of Health; Capt. Eugene Stess, MC USN, Capt. Thomas M. Floyd, MSC USN, Lt. Comdr. Richard Nail, MC USN, PMU-5, San Diego, California; Capt. Robert P. Peckinpugh, MC USN; Max Rosenbaum, Ph.D., Lt. Comdr. Patricia DeBerry, MSC USN, and Miss Elizabeth Sullivan, NAMRU-4, Great Lakes, Illinois; Ronald Altman, M.D., Acting Director, Division of Preventable Diseases, New Jersey State Department of Health; John R. Pate, M.D., Chief of Communicable Disease Control, District of Columbia Department of Public Health; Robert M. Chanock, M.D., NIAID, Carleton D. Gajdusek, M.D., NINDB, and J. Anthony Morris, Ph.D., DBS, National Institutes of Health, Bethesda, Maryland; and EIS Officers.)

## DIPHTHERIA - Madison County, Florida, and Brooks and Thomas Counties, Georgia

On August 26, 1968, a 7-year-old girl, a resident of Cherry Lake, Madison County, Florida, developed a sore throat and was treated symptomatically after routine throat culture reports were negative. She worsened clinically, was hospitalized in nearby Quitman, Brooks County, Georgia, on September 1, and died on September 2 with presumptive diphtheria. Within 3 days, three younger brothers 2-, 4-, and 5-years-old were hospitalized with clinical illness; two had throat cultures positive for *Corynebacterium diphtheriae*. The 5-year-old died on September 10. Each received more than 100,000 units of diphtheria antitoxin in addition to antibiotic therapy. Throat swabs were taken on four of the remaining five family members. One, from an 11-year-old boy, was positive for *C. diphtheriae*. Isolates obtained by the Georgia Department of Public Health Laboratories were "mitis-like" toxigenic *C. diphtheriae*.

The family lives in rural Madison County and their activities are limited to the farm, school, and country store. They use commercial pasteurized milk. The children in the family had not been immunized against diphtheria.

Because the immunization status of the populace was unknown, a mass immunization program was undertaken by the county and state health departments September 8-14; clinics were held at strategic locations within the county. Jet injectors were used to administer 0.5 ml doses of tetanus and diphtheria toxoids, adult type, to 55.7 percent of the total county population (Table 1). This included 73 percent of the estimated county population under 14 years of

Table 1  
Number of People Given Initial Dose of Tetanus and Diphtheria Vaccine in Public Health Clinics  
Madison County, Florida, September 8-14, 1968

Age (Years)	Population Estimate	Number Vaccinated	Vaccinated Percent
Less than 1	238	123	51.7
1-4	994	691	69.5
5-14	3,206	2,422	75.5
15 and over	10,562	5,125	48.5
Total	15,000	8,361	55.7

\* Figures derived by Florida State Board of Health, Division of Public Health Statistics, employing 1967 population estimates, annual birth rates, and school enrollment figures.

age. The number vaccinated by private physicians is unknown. The second 0.5 ml dose of vaccine will be given early in October.

Subsequent to the outbreak of diphtheria in Madison County, Florida, two cases occurred in the week of September 23 in Thomas County, Georgia, which is adjacent to Brooks County and to Florida. The first patient, an 8-year-old girl who had been immunized in infancy, had a throat culture positive for toxigenic "mitis-like" *C. diphtheriae*. She recovered with antibiotic therapy. The second patient, an unimmunized 3-year-old boy, died despite massive doses of antitoxin.

The Brooks County Health Department has given 2,000 doses of tetanus and diphtheria toxoid and has made the vaccine available to all residents of the county. Thomas County officials have given 3,400 doses of the vaccine and plan to give several thousand more in the first week of October.

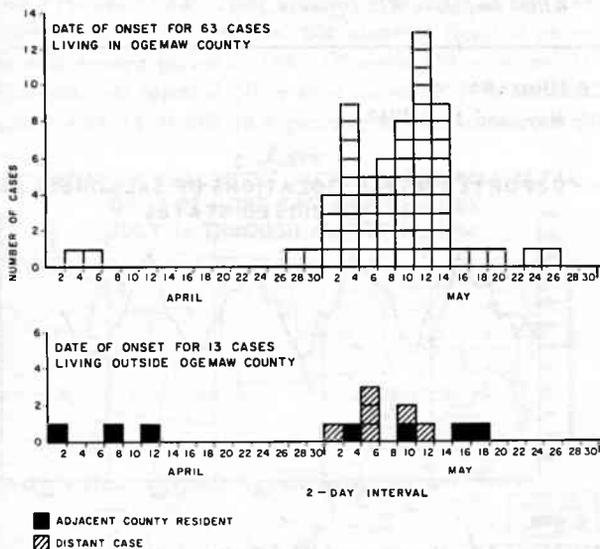
(Reported by L. Brendle, M.D., County Health Officer, Madison County, Florida; C. L. Mayfield, M.D., M.P.H.,

Director, Bureau of Preventable Diseases, Florida State Board of Health; E. C. Prather, M.D., M.P.H., Associate Director, Bureau of Preventable Diseases, Florida State Board of Health; J. E. McCroan, Ph.D., State Epidemiologist, Georgia Department of Public Health; Tuberculosis and Parasitology Laboratory, Georgia Department of Public Health; and an EIS Officer).

HEPATITIS OUTBREAK - West Branch, Ogemaw County, Michigan

Between April 1 and May 26, 1968, an outbreak of infectious hepatitis due to contaminated bakery goods occurred in Michigan (Figure 1). Of 63 cases reported in Ogemaw County, 61 had onset of illness between April 28 and May 26. None of the 61 patients under 5 years old (Table 2); 6.6 percent were 5-9 years old; 67.2 percent were 10-19 years old; and 26.2 percent were 20 years or older. The attack rate for males, 8.1 cases per 1,000 population, was nearly twice that for females, 4.5 cases per 1,000 population.

Figure 1  
INFECTIOUS HEPATITIS - OGEMAW COUNTY, MICHIGAN  
APRIL-MAY 1968



The clustering of cases in a short time period and in a single age group suggested a common source of exposure. Water and milk did not appear to be responsible; however, a series of associations implicated baked goods from a bakery in West Branch. Although most of the patients in Ogemaw County gave a history of having eaten food from this bakery, it was impossible on the basis of these interviews alone to know whether the bakery was the source of the epidemic or simply a popular place. However, interviews with ill persons from adjacent counties and distant areas revealed that although they had infrequent contact with most establishments in Ogemaw County, they consistently had had some contact with the bakery. The probable time of exposure could be narrowed to within the first two weeks of April.

Table 2  
Infectious Hepatitis - Ogemaw County  
April 28-May 26

Age Group	Number of Cases			Attack Rate per 1,000 Population*		
	Male	Female	Total	Male	Female	Total
0-4	0	0	0	0.0	0.0	0.0
5-9	2	2	4	3.7	4.5	4.0
10-14	12	6	18	22.2	13.4	18.2
15-19	16	7	23	35.9	16.6	26.5
20-24	1	3	4	4.2	11.8	8.1
25-29	0	1	1	0.0	4.6	2.2
30-34	3	0	3	14.1	0.0	6.9
35-39	1	2	3	4.0	6.7	5.5
40-44	2	0	2	7.4	0.0	3.7
45-49	1	0	1	3.4	0.0	1.7
50-54	2	0	2	7.6	0.0	3.8
55+	0	0	0	0.0	0.0	0.0
Total	40	21	61	8.1	4.5	6.3

\*Based on 1960 Census

Further evidence supporting baked goods as the vehicle was that one of the two Ogemaw County cases was in a baker's assistant at the bakery. The man saw a physician on April 6 but worked until April 11, when the diagnosis of infectious hepatitis was made. He did not return to work until April 23, 1968.

At the bakery it was observed that icing was spread on pastry by hand, and glazed items were dipped in the glaze by hand. In contrast, even though dough is shaped by hand into bread and rolls, these are then baked in a 350°-400°F. oven for 15-45 minutes. Since pastry is not cooked further after hand glazing or icing, these processes are likely points of contamination. Both glaze and icing may be kept for several days and old batches used to start new ones. Bakery products not sold on one day may be sold on the next business day as day-old pastry or frozen for sale in the next 1-2 weeks. Therefore contaminated goods could have been available for consumption over a period of several days or weeks.

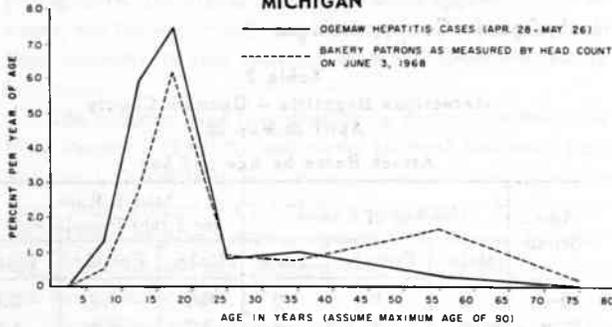
Two surveys were conducted during the investigation. In the first, an investigator estimated the age of each bakery patron, hour of sale, kind of products purchased, and amount purchased. The age distribution of the bakery

(Continued on page 360)

HEPATITIS - (Continued from page 359)

patrons for the day of observation closely resembled the age distribution of reported cases (Figure 2).

**Figure 2**  
**FREQUENCY POLYGON SHOWING PERCENT DISTRIBUTION BY AGE OF PATRONS OF WEST BRANCH BAKERY vs. PERCENT DISTRIBUTION BY AGE OF CASES OF INFECTIOUS HEPATITIS IN OGEMAW COUNTY, MICHIGAN**



In the second survey, questionnaires were used to obtain comparable histories of exposure to possible common vehicles. Interviews were completed for all 61 Ogemaw County patients with onset of illness between April 28

and May 25. In addition, all persons 10-19 years old in the household of each patient were interviewed. Ninety-two percent of the 41 patients 10-19 years old ate something from the bakery between April 1 and April 14, 1968; only 47 percent of the 56 household members had eaten bakery goods. Contact with municipal water was high among patients (88 percent) but was slightly higher among household members (92 percent).

The high attack rate in high school students appeared to be due to the fact that many pupils at the public high school go regularly to the bakery and buy pastry for lunch. The sex distribution of the cases of hepatitis in Ogemaw County remains unexplained.

During the epidemic, gamma globulin was offered to all residents of the city and the immediately surrounding area and to all school and household contacts. No cases of hepatitis with date of onset after May 26, 1968, have been reported in Ogemaw County.

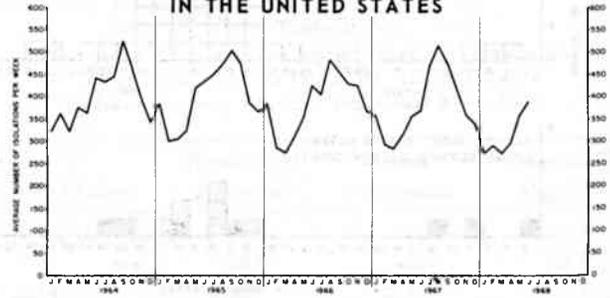
(Reported by Ophelia Baker, M.D., Health Officer, Michigan District Number 2 Health Department; George Agate, M.D., State Epidemiologist, Michigan State Department of Health; Zdenek Jezek, M.D., Senior Medical Officer, WHO; and three EIS Officers.)

**SURVEILLANCE SUMMARY**  
**SALMONELLOSIS - April, May, and June 1968**

In April, May, and June 1968, the total numbers of salmonella isolations from humans were 1,194, 1,794, and 1,556, respectively, and the weekly averages for the 3 months were 298, 359, and 389, respectively (Figure 3). Table 3 lists the 10 most frequently reported serotypes from human sources and nonhuman sources. For the same 3 months, 884, 853, and 777 nonhuman isolations were reported.

During the month of June, there was a marked increase in the number of isolations and in the number of states reporting *Salmonella javiana*. From January to May, the average number of isolations of *S. Javiana* was fewer than 4 per week; the number of states reporting isolations, fewer

**Figure 3**  
**REPORTED HUMAN ISOLATIONS OF SALMONELLAE IN THE UNITED STATES**



**Table 3**  
**Summary of 10 Most Frequently Reported Serotypes from Humans and Nonhumans April, May, and June 1968**

Serotype	Human		Nonhuman		
	Number	Percent	Serotype	Number	Percent
<i>typhi-murium*</i>	1,364	30.0	<i>typhi-murium*</i>	385	15.3
<i>enteritidis</i>	385	8.5	<i>heidelberg</i>	162	6.4
<i>heidelberg</i>	310	6.8	<i>infantis</i>	149	5.9
<i>newport</i>	249	5.5	<i>anatum</i>	146	5.8
<i>saint-paul</i>	235	5.2	<i>montevideo</i>	137	5.4
<i>infantis</i>	182	4.0	<i>saint-paul</i>	122	4.9
<i>blockley</i>	137	3.0	<i>cubana</i>	104	4.1
<i>typhi</i>	127	2.8	<i>derby</i>	91	3.6
<i>thompson</i>	117	2.6	<i>thompson</i>	87	3.5
<i>derby</i>	90	2.0	<i>eimsbuettel</i>	82	3.3
Subtotal	3,196	70.3	Subtotal	1,465	58.3
Total all serotypes	4,544		Total all serotypes	2,514	

\*Includes var. *copenhagen*

77 1.7

68 2.7

than 6 per month. In June, the average number of isolations increased to 15.8 per week (see Table 4), and the number of states reporting isolations jumped to 19. No similar increase occurred during the comparable period in

1967. Although a large part of the increased number of isolations can be accounted for by the outbreak of 26 cases in California in June (see Salmonella Surveillance Report No. 74), the wider distribution remains unexplained.

(Reported by Salmonellosis Unit, Bacterial Diseases Section, Epidemiology Program, NCDC.)

**Table 4**  
Isolations of *Salmonella javiana*, 1968

Month	Total Isolations	Average No./Week
January	21	4.2
February	14	3.5
March	3	0.8
April	4	1.0
May	22	4.4
June	63	15.8

A copy of the original reports from which these data were derived is available on request from:  
National Communicable Disease Center  
Atlanta, Georgia 30333  
Attn: Chief, Salmonellosis Unit  
Bacterial Diseases Section  
Epidemiology Program

**CURRENT TRENDS**  
**MEASLES - United States**

From July 14 through August 10 (weeks 29-32), 1968, measles was reported from 208 counties or health districts, whereas 291 counties or health districts reported measles during the comparable 4-week period in 1967. Of these 208 areas, 17 (8.2 percent) reported a total of 10 or more cases (Figure 4); last year in the same period 28 of 291 (9.6 percent) reported 10 or more cases (Figure 5).

During the 4-week period, August 11 through September 7 (weeks 33-36), 1968, measles was reported from 159 counties or health districts; 209 counties reported cases in that 4-week period in 1967. Of these 159 counties, 11 (6.9 percent) reported 10 or more cases (Figure 6), compared with 14 of 209 (6.7 percent) in the corresponding

4-week period in 1967 (Figure 7). In addition, the percentage of counties or health districts reporting only one case of measles for weeks 33-36 of 1968 increased to 53 percent from the 41 percent for those weeks in 1967.

It is noteworthy that of the 11 counties reporting a total of 10 or more cases in weeks 33-36 in 1968, 82 percent were major metropolitan areas with more than 100,000 population. In 1967, 57 percent of the counties reporting a similar number of cases for the corresponding 4-week period were major metropolitan areas.

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

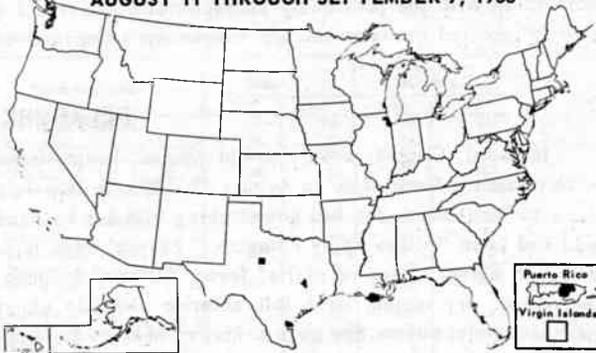
**Figure 4**  
**COUNTIES OR HEALTH DISTRICTS REPORTING A TOTAL OF 10 OR MORE CASES OF MEASLES JULY 14 THROUGH AUGUST 10, 1968**



**Figure 5**  
**COUNTIES OR HEALTH DISTRICTS REPORTING A TOTAL OF 10 OR MORE CASES OF MEASLES JULY 16 THROUGH AUGUST 12, 1967**



**Figure 6**  
**COUNTIES OR HEALTH DISTRICTS REPORTING A TOTAL OF 10 OR MORE CASES OF MEASLES AUGUST 11 THROUGH SEPTEMBER 7, 1968**



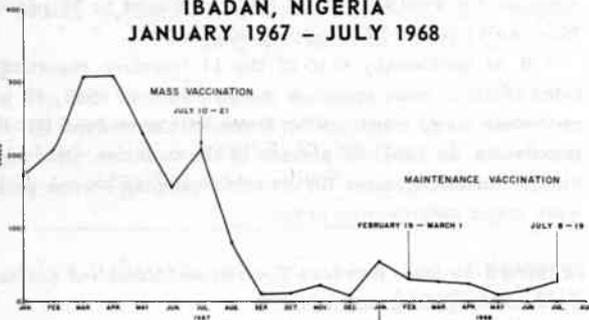
**Figure 7**  
**COUNTIES OR HEALTH DISTRICTS REPORTING A TOTAL OF 10 OR MORE CASES OF MEASLES AUGUST 13 THROUGH SEPTEMBER 9, 1967**



EPIDEMIOLOGIC NOTES AND REPORTS  
MEASLES CONTROL – Ibadan, Western Nigeria

Since September 1967, the monthly measles incidence in Ibadan, Western Nigeria, (population 843,000) has remained at levels approximately one-tenth as high as previously reported. As shown in Figure 8, 1,597 cases of measles were reported for January-June 1967. As is characteristic in urban Africa, most of the cases were in children under 3 years old. During a 10-day period in July 1967, a mass smallpox and measles immunization campaign was conducted in Ibadan in which 72,359 measles immunizations were given. A survey showed that 92.2 percent of the children 0-4 years old were vaccinated. Measles incidence abruptly declined in August, and only 131 cases reported during the period August-December 1967.

Figure 8  
REPORTED MEASLES CASES  
IBADAN, NIGERIA  
JANUARY 1967 – JULY 1968



However, approximately 6 months after the campaign, an increase in measles cases was noted. This increase, coinciding with the previously characteristic pattern of a rise in reported cases in the dry season, resulted from an

accumulation of susceptible children entering the population after the mass campaign. Health authorities conducted a second mass measles and smallpox immunization campaign in February 1968. This time, the target group was children 6 months to one year of age, i.e., the susceptibles born since the previous campaign. The increase in incidence was abruptly terminated, and the number of reported cases declined again to low levels.

In July 1968, measles incidence again began to climb, so a second measles control "maintenance" immunization campaign was carried out. Again the measles incidence declined.

(Reported by the Smallpox Eradication Program, NCDC.)  
Editorial Note:

These observations support the concept that mass measles immunizations can dramatically reduce the incidence of measles cases in Africa, and that measles control can be maintained. However, a mass campaign alone does not assure effective disease control for more than a very brief period, as measles-susceptible children are constantly entering the population. To maintain measles control in urban areas in Africa, mass vaccination programs are necessary at intervals of not more than 6 months. In Ibadan 20,000 to 25,000 babies, all susceptible to measles, are born every six months; this population is more than enough to support a major measles epidemic. That the expected dry-season rise in 1968 was halted by maintenance immunizations in February 1968, further affirms the efficacy of periodic mass measles immunization, used either as a "maintenance" or a "firefighting" technique, in sustaining effective control of the disease.

RELAPSING FEVER – Bend, Oregon

In Bend, Oregon, a 68-year-old woman, hospitalized with relapsing fever, died on August 29, 1968. In late July prior to her illness, she had gone fishing with her husband and had been "bitten up by chiggers." Several days later she had abrupt onset of chills, fever, fatigue, dyspnea, orthopnea, dry cough, mild left anterior pleuritic chest pain, and pedal edema. She gave no history of heart disease.

When she was admitted to the hospital on August 19, the initial diagnostic impression was of congestive heart failure, secondary to viral or bacterial myocarditis. Physical findings were temperature 102°F., blood pressure 94/50, and pulse rate 108. Cardiac examination was normal; moist rales were heard over the lower posterior one-third of both lung fields; the liver was tender below the right costal margin; and there were no petechiae. Trace pedal edema and marked plamar erythema were present, and the proximal digit of the right index finger was tender and red. On August 20 she received both penicillin and kanamycin I.M., and 18 hours later she was afebrile. She gradually lost consciousness, however, and had frequent cardiac arrhythmias, including a rapid tachycardia with a rate of 400, which was terminated by intravenous lidocain. On August 23 she de-

veloped sudden onset of an arrhythmia and could not be resuscitated with closed cardiac massage.

Early in her illness a spirochetal organism was found on a blood smear, suggesting leptospirosis or relapsing fever in the differential diagnosis. Six blood cultures obtained on August 19 and 20 grew *Borrelia recurrentis*. The Oregon Public Health Laboratory confirmed the organisms as *B. recurrentis* on the basis of size and staining properties with aniline dye. The agglutination test was negative for leptospire.

Investigators found no logs, wood piles, or evidence of rodents at the woman's home. No ticks were found on the family dog that had accompanied the couple on the fishing trip or on the river bank where they had fished.

(Reported by Raymond Graap, M.D., Bend, Oregon; A.B. Kind, M.D., Health Officer, Deschutes County Health Department; Robert A. Gresbrink, M.P.H., Program Supervisor, Vector Control Program, M.A. Holmes, D.V.M., M.P.H., Public Health Veterinarian, and Gallin R. Brandon, M.P.H., Director, Section of Public Health Laboratory, Oregon State Board of Health; and an EIS Officer.)

SUMMARY OF REPORTED CASES OF INFECTIOUS SYPHILIS

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

Reporting Area	July		Cumulative Jan - July		Reporting Area	July		Cumulative Jan - July	
	1968	1967	1968	1967		1968	1967	1968	1967
NEW ENGLAND.....	23	22	189	203	EAST SOUTH CENTRAL.....	124	132	865	1,049
Maine.....	2	2	4	2	Kentucky.....	6	13	64	88
New Hampshire.....	-	-	1	5	Tennessee.....	27	36	211	166
Vermont.....	-	-	-	2	Alabama.....	72	50	382	561
Massachusetts.....	16	8	115	120	Mississippi.....	19	33	208	234
Rhode Island.....	2	5	23	22	WEST SOUTH CENTRAL.....	344	289	2,049	1,845
Connecticut.....	3	7	46	52	Arkansas.....	13	9	80	76
MIDDLE ATLANTIC.....	278	256	1,840	2,013	Louisiana.....	100	48	519	357
Upstate New York.....	32	24	134	163	Oklahoma.....	7	9	50	75
New York City.....	175	142	1,176	1,177	Texas.....	224	223	1,400	1,337
Pa. (Excl. Phila.).....	18	13	126	136	MOUNTAIN.....	33	52	297	358
Philadelphia.....	21	32	142	182	Montana.....	2	-	6	4
New Jersey.....	32	45	262	355	Idaho.....	-	3	3	17
EAST NORTH CENTRAL.....	216	240	1,672	1,817	Wyoming.....	-	2	1	13
Ohio.....	42	57	275	371	Colorado.....	-	5	9	43
Indiana.....	20	13	196	75	New Mexico.....	13	14	88	96
Downstate Illinois.....	18	8	103	96	Arizona.....	11	27	153	171
Chicago.....	86	56	599	529	Utah.....	1	-	8	5
Michigan.....	50	106	487	730	Nevada.....	6	1	29	9
Wisconsin.....	-	-	12	16	PACIFIC.....	156	138	1,000	1,073
WEST NORTH CENTRAL.....	41	29	223	172	Washington.....	7	6	32	35
Minnesota.....	9	6	27	26	Oregon.....	4	5	23	31
Iowa.....	2	6	21	20	California.....	143	126	940	1,000
Missouri.....	25	8	112	56	Alaska.....	1	1	1	2
North Dakota.....	-	-	6	2	Hawaii.....	1	-	4	5
South Dakota.....	2	2	25	20	U. S. TOTAL.....	1,598	1,732	11,149	12,191
Nebraska.....	2	2	19	18	TERRITORIES.....	81	55	664	436
Kansas.....	1	5	13	30	Puerto Rico.....	81	51	633	411
SOUTH ATLANTIC.....	383	574	3,014	3,661	Virgin Islands.....	-	4	31	25
Delaware.....	3	1	21	30					
Maryland.....	59	53	281	368					
District of Columbia.....	39	87	363	441					
Virginia.....	25	29	168	173					
West Virginia.....	3	1	22	11					
North Carolina.....	34	80	377	437					
South Carolina.....	41	70	304	501					
Georgia.....	74	90	474	553					
Florida.....	105	163	1,004	1,147					

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

CASES OF PRIMARY AND SECONDARY SYPHILIS: By Reporting Areas August 1968 and August 1967 - Provisional data

Reporting Area	August		Cumulative Jan-Aug		Reporting Area	August		Cumulative Jan-Aug	
	1968	1967	1968	1967		1968	1967	1968	1967
NEW ENGLAND.....	35	36	222	239	EAST SOUTH CENTRAL.....	102	158	970	1,207
Maine.....	1	-	5	2	Kentucky.....	14	23	79	111
New Hampshire.....	-	2	-	7	Tennessee.....	13	19	224	185
Vermont.....	-	-	-	2	Alabama.....	38	81	420	642
Massachusetts.....	21	21	136	141	Mississippi.....	37	35	247	269
Rhode Island.....	-	1	23	23	WEST SOUTH CENTRAL.....	287	238	2,334	2,083
Connecticut.....	13	12	58	64	Arkansas.....	7	8	87	84
MIDDLE ATLANTIC.....	327	399	2,136	2,412	Louisiana.....	67	48	585	405
Upstate New York.....	42	33	175	196	Oklahoma.....	6	7	55	82
New York City.....	197	259	1,323	1,436	Texas.....	207	175	1,607	1,512
Pa. (Excl. Phila.).....	13	16	161	152	MOUNTAIN.....	37	51	335	409
Philadelphia.....	27	33	169	215	Montana.....	1	-	5	4
New Jersey.....	48	58	308	413	Idaho.....	-	-	2	17
EAST NORTH CENTRAL.....	217	272	1,892	2,089	Wyoming.....	-	-	1	13
Ohio.....	24	42	399	413	Colorado.....	3	6	12	49
Indiana.....	35	8	231	83	New Mexico.....	15	29	103	125
Downstate Illinois.....	19	10	122	106	Arizona.....	15	12	172	183
Chicago.....	75	105	677	634	Utah.....	-	1	8	6
Michigan.....	59	105	546	835	Nevada.....	3	3	32	12
Wisconsin.....	5	2	17	18	PACIFIC.....	176	147	1,165	1,220
WEST NORTH CENTRAL.....	38	43	255	215	Washington.....	3	3	35	38
Minnesota.....	7	9	34	35	Oregon.....	1	2	24	33
Iowa.....	5	7	26	27	California.....	171	139	1,100	1,139
Missouri.....	22	7	134	63	Alaska.....	-	-	1	2
North Dakota.....	-	2	4	4	Hawaii.....	1	3	5	8
South Dakota.....	1	4	26	24	U. S. TOTAL.....	1,715	1,950	12,815	14,141
Nebraska.....	1	11	16	29	TERRITORIES.....	117	86	778	522
Kansas.....	2	3	15	33	Puerto Rico.....	106	86	739	497
SOUTH ATLANTIC.....	496	606	3,506	4,267	Virgin Islands.....	11	-	39	25
Delaware.....	2	15	23	45					
Maryland.....	41	64	321	432					
District of Columbia.....	55	82	418	523					
Virginia.....	43	45	211	218					
West Virginia.....	6	3	28	14					
North Carolina.....	57	82	433	519					
South Carolina.....	45	65	349	566					
Georgia.....	111	114	584	667					
Florida.....	136	136	1,139	1,283					

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

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED  
SEPTEMBER 28, 1968 AND SEPTEMBER 30, 1967 (39th WEEK)

AREA	ASEPTIC MENINGITIS		BRUCELLOSIS	DIPHTHERIA	ENCEPHALITIS			HEPATITIS			MALARIA	
	1968	1967			1968	1968	1967	1968	Serum	Infectious		
										1968		1968
UNITED STATES...	237	94	11	7	51	40	5	124	1,005	960	34	
NEW ENGLAND.....	4	1	-	-	2	3	-	5	53	33	-	
Maine*.....	-	-	-	-	-	-	-	-	1	2	-	
New Hampshire.....	-	-	-	-	-	-	-	-	2	2	-	
Vermont.....	-	-	-	-	-	-	-	1	2	1	-	
Massachusetts.....	1	-	-	-	1	2	-	1	23	12	-	
Rhode Island.....	1	1	-	-	-	1	-	1	17	-	-	
Connecticut.....	2	-	-	-	1	-	-	2	8	16	-	
MIDDLE ATLANTIC.....	99	13	-	-	4	2	-	36	174	149	8	
New York City.....	28	7	-	-	-	1	-	27	63	58	-	
New York, Up-State..	8	-	-	-	1	-	-	-	27	29	-	
New Jersey.....	41	5	-	-	3	-	-	5	23	23	7	
Pennsylvania.....	22	1	-	-	-	1	-	4	61	39	1	
EAST NORTH CENTRAL...	47	12	-	-	25	18	1	5	133	137	2	
Ohio.....	13	3	-	-	22	15	1	1	41	35	-	
Indiana.....	-	2	-	-	-	2	-	-	15	8	1	
Illinois.....	4	5	-	-	2	1	-	1	35	44	-	
Michigan.....	29	2	-	-	1	-	-	3	38	45	1	
Wisconsin.....	1	-	-	-	-	-	-	-	4	5	-	
WEST NORTH CENTRAL...	10	3	2	-	5	1	1	-	50	47	2	
Minnesota.....	9	2	-	-	1	-	-	-	13	18	-	
Iowa.....	-	-	2	-	2	1	1	-	10	5	-	
Missouri.....	-	-	-	-	1	-	-	-	9	15	2	
North Dakota.....	1	-	-	-	1	-	-	-	1	2	-	
South Dakota.....	-	-	-	-	-	-	-	-	-	-	-	
Nebraska.....	-	-	-	-	-	-	-	-	3	1	-	
Kansas.....	-	1	-	-	-	-	-	-	14	6	-	
SOUTH ATLANTIC.....	18	36	8	-	3	4	-	10	128	101	-	
Delaware.....	-	-	-	-	-	-	-	-	1	5	-	
Maryland.....	4	32	-	-	1	1	-	3	14	21	-	
Dist. of Columbia..	-	-	-	-	-	-	-	-	3	1	-	
Virginia.....	6	-	8	-	1	1	-	-	20	11	-	
West Virginia.....	6	2	-	-	-	-	-	-	10	15	-	
North Carolina.....	1	-	-	-	-	-	-	-	3	6	-	
South Carolina.....	-	-	-	-	1	-	-	-	7	-	-	
Georgia.....	-	-	-	-	-	-	-	-	21	30	-	
Florida.....	1	2	-	-	-	2	-	7	49	12	-	
EAST SOUTH CENTRAL...	2	7	1	3	1	3	-	2	80	100	4	
Kentucky.....	-	1	-	-	-	-	-	-	36	71	3	
Tennessee.....	1	6	1	-	1	1	-	2	24	9	-	
Alabama*.....	1	-	-	3	-	-	-	-	12	5	-	
Mississippi.....	-	-	-	-	-	2	-	-	8	15	1	
WEST SOUTH CENTRAL...	6	1	-	4	2	4	-	3	61	127	1	
Arkansas.....	-	-	-	-	-	-	-	-	-	30	-	
Louisiana.....	3	-	-	-	2	2	-	2	18	19	1	
Oklahoma.....	1	-	-	-	-	1	-	-	8	14	-	
Texas.....	2	1	-	4	-	1	-	1	35	64	-	
MOUNTAIN.....	1	-	-	-	2	-	1	1	42	35	1	
Montana.....	1	-	-	-	2	-	-	-	12	6	-	
Idaho.....	-	-	-	-	-	-	-	-	-	1	-	
Wyoming.....	-	-	-	-	-	-	-	-	-	-	-	
Colorado.....	-	-	-	-	-	-	-	-	12	-	-	
New Mexico.....	-	-	-	-	-	-	1	-	7	27	1	
Arizona.....	-	-	-	-	-	-	-	-	8	1	-	
Utah.....	-	-	-	-	-	-	-	1	3	-	-	
Nevada.....	-	-	-	-	-	-	-	-	-	-	-	
PACIFIC.....	50	21	-	-	7	5	2	62	284	231	16	
Washington.....	1	-	-	-	-	-	-	-	25	25	1	
Oregon.....	2	-	-	-	-	1	-	4	14	20	-	
California.....	46	17	-	-	7	4	2	58	241	181	9	
Alaska.....	-	-	-	-	-	-	-	-	1	-	-	
Hawaii.....	1	4	-	-	-	-	-	-	3	5	6	
Puerto Rico.....	-	-	-	-	-	-	-	-	21	30	1	

\*Delayed Reports: Diphtheria: Ala. 3  
Hepatitis, infectious: Me. 2  
Malaria: Me. 1

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED  
SEPTEMBER 28, 1968 AND SEPTEMBER 30, 1967 (39th WEEK) - CONTINUED

AREA	MEASLES (Rubeola)			MENINGOCOCCAL INFECTIONS, TOTAL			MUMPS	POLIOMYELITIS			RUBELLA	
	1968	Cumulative		1968	Cumulative			1968	Total	Paralytic		
		1968	1967		1968	1967				1968		Cum. 1968
UNITED STATES...	120	19,928	58,221	24	2,084	1,729	744	5	5	47	229	
NEW ENGLAND.....	4	1,164	850	-	121	70	67	-	-	1	30	
Main*.....	-	37	239	-	6	3	2	-	-	-	1	
New Hampshire.....	-	141	74	-	7	2	8	-	-	-	-	
Vermont.....	-	2	34	-	1	1	3	-	-	-	-	
Massachusetts*.....	1	365	351	-	63	33	41	-	-	1	8	
Rhode Island.....	1	6	62	-	9	4	3	-	-	-	2	
Connecticut.....	2	613	90	-	35	27	10	-	-	-	19	
MIDDLE ATLANTIC.....	27	4,129	2,289	5	376	285	39	-	-	-	10	
New York City.....	19	2,149	468	-	75	51	33	-	-	-	6	
New York, Up-State.....	5	1,223	590	-	67	69	NN	-	-	-	4	
New Jersey.....	1	640	490	3	131	94	6	-	-	-	-	
Pennsylvania*.....	2	117	741	2	103	71	NN	-	-	-	-	
EAST NORTH CENTRAL...	25	3,836	5,541	5	256	234	173	1	1	3	60	
Ohio.....	-	296	1,150	3	70	80	10	1	1	1	8	
Indiana*.....	2	678	597	1	36	25	12	-	-	1	6	
Illinois.....	5	1,374	997	-	56	55	11	-	-	1	4	
Michigan.....	3	275	940	1	74	57	55	-	-	-	22	
Wisconsin.....	15	1,213	1,857	-	20	17	85	-	-	-	20	
WEST NORTH CENTRAL...	-	385	2,876	2	113	75	60	2	2	4	10	
Minnesota.....	-	16	134	1	27	19	-	-	-	-	-	
Iowa.....	-	99	749	-	7	15	52	2	2	2	6	
Missouri.....	-	81	333	-	37	15	2	-	-	2	1	
North Dakota.....	-	134	870	-	3	1	5	-	-	-	1	
South Dakota.....	-	4	55	-	5	6	NN	-	-	-	-	
Nebraska.....	-	41	641	1	7	13	1	-	-	-	-	
Kansas.....	-	10	94	-	27	6	-	-	-	-	2	
SOUTH ATLANTIC.....	10	1,525	6,915	4	416	333	70	-	-	3	20	
Delaware.....	-	16	48	-	8	6	1	-	-	-	1	
Maryland.....	2	102	162	-	34	43	6	-	-	-	2	
Dist. of Columbia..	-	6	23	-	14	10	1	-	-	1	-	
Virginia.....	3	305	2,192	2	38	40	7	-	-	-	3	
West Virginia.....	1	290	1,392	1	12	27	33	-	-	1	11	
North Carolina.....	-	282	856	1	78	71	NN	-	-	1	-	
South Carolina.....	-	12	511	-	56	29	-	-	-	-	1	
Georgia.....	-	4	36	-	85	50	-	-	-	-	-	
Florida.....	4	508	1,695	-	91	57	22	-	-	-	2	
EAST SOUTH CENTRAL...	-	496	5,221	1	188	134	19	-	-	2	12	
Kentucky.....	-	100	1,337	1	86	37	5	-	-	1	1	
Tennessee.....	-	62	1,887	-	54	57	12	-	-	-	11	
Alabama.....	-	94	1,329	-	26	26	2	-	-	1	-	
Mississippi.....	-	240	668	-	22	14	-	-	-	-	-	
WEST SOUTH CENTRAL...	19	4,846	17,469	2	310	223	60	2	2	23	18	
Arkansas.....	-	2	1,404	-	20	31	-	-	-	-	-	
Louisiana*.....	-	23	155	-	89	88	-	-	-	-	1	
Oklahoma.....	-	123	3,351	-	50	17	1	-	-	2	-	
Texas.....	19	4,698	12,559	2	151	87	59	2	2	21	17	
MOUNTAIN.....	9	1,006	4,686	2	34	33	66	-	-	-	23	
Montana.....	-	59	289	1	6	2	7	-	-	-	2	
Idaho.....	-	21	386	-	11	3	2	-	-	-	3	
Wyoming.....	1	52	181	1	1	1	-	-	-	-	-	
Colorado*.....	4	508	1,574	-	10	13	17	-	-	-	10	
New Mexico.....	-	112	591	-	-	3	7	-	-	-	-	
Arizona.....	4	228	1,020	-	2	4	25	-	-	-	7	
Utah.....	-	21	376	-	1	4	8	-	-	-	1	
Nevada.....	-	5	269	-	3	3	-	-	-	-	-	
PACIFIC.....	26	2,541	12,374	3	270	342	190	-	-	11	46	
Washington.....	2	535	5,456	-	39	31	45	-	-	1	5	
Oregon.....	4	529	1,618	-	21	27	13	-	-	-	13	
California.....	20	1,440	4,988	3	196	270	118	-	-	10	25	
Alaska.....	-	2	140	-	2	10	9	-	-	-	2	
Hawaii.....	-	35	172	-	12	4	5	-	-	-	1	
Puerto Rico.....	6	418	2,129	-	20	13	14	-	-	-	2	

\*Delayed Reports: Measles: Mass. delete 2, Pa. delete 12, La. 21, Colo. 3  
Poliomyelitis, paralytic: Ind. 1  
Rubella: Me. 9

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES  
FOR WEEKS ENDED  
SEPTEMBER 28, 1968 AND SEPTEMBER 30, 1967 (39th WEEK) - CONTINUED

AREA	STREPTOCOCCAL SORE THROAT & SCARLET FEVER	TETANUS		TULAREMIA		TYPHOID		TYPHUS FEVER TICK-BORNE (Rky. Mt. Spotted)		RABIES IN ANIMALS	
		1968	1968	Cum. 1968	1968	Cum. 1968	1968	Cum. 1968	1968	Cum. 1968	1968
UNITED STATES...	6,112	8	125	5	149	11	287	9	256	61	2,659
NEW ENGLAND.....	530	1	3	-	46	-	8	-	1	-	70
Maine*.....	6	-	-	-	-	-	-	-	-	-	53
New Hampshire.....	24	-	-	-	-	-	1	-	-	-	2
Vermont.....	13	-	-	-	46	-	-	-	-	-	11
Massachusetts.....	95	-	1	-	-	-	4	-	1	-	3
Rhode Island.....	27	-	-	-	-	-	-	-	-	-	-
Connecticut.....	365	1	2	-	-	-	3	-	-	-	1
MIDDLE ATLANTIC.....	99	-	15	-	7	2	23	1	19	2	42
New York City.....	6	-	8	-	-	1	11	-	-	-	-
New York, Up-State.	71	-	4	-	7	1	5	-	4	2	35
New Jersey.....	NN	-	-	-	-	-	4	-	6	-	-
Pennsylvania.....	22	-	3	-	-	-	3	1	9	-	7
EAST NORTH CENTRAL...	375	1	11	2	10	1	37	-	8	1	250
Ohio.....	42	1	1	-	1	-	14	-	6	-	86
Indiana.....	92	-	2	-	1	-	3	-	-	-	80
Illinois.....	67	-	5	2	7	1	19	-	2	-	35
Michigan.....	105	-	2	-	1	-	-	-	-	-	13
Wisconsin.....	69	-	1	-	-	-	1	-	-	1	36
WEST NORTH CENTRAL...	211	1	11	-	13	1	32	-	9	14	647
Minnesota.....	9	-	2	-	-	-	-	-	-	7	202
Iowa*.....	84	-	4	-	-	1	2	-	1	3	108
Missouri.....	11	1	3	-	7	-	24	-	3	1	93
North Dakota.....	68	-	-	-	-	-	-	-	-	3	105
South Dakota.....	12	-	-	-	3	-	1	-	4	-	79
Nebraska.....	2	-	2	-	-	-	3	-	1	-	25
Kansas.....	25	-	-	-	3	-	2	-	-	-	35
SOUTH ATLANTIC.....	699	2	27	1	11	1	55	2	137	14	310
Delaware.....	5	-	-	-	-	-	-	-	-	1	1
Maryland*.....	47	-	3	-	-	-	9	2	18	-	5
Dist. of Columbia..	2	-	2	-	-	-	1	-	-	-	1
Virginia.....	248	-	4	1	3	-	9	-	42	3	111
West Virginia.....	203	-	2	-	-	-	-	-	2	4	38
North Carolina.....	4	-	2	-	2	-	2	-	37	1	12
South Carolina.....	45	-	3	-	-	1	4	-	9	-	-
Georgia.....	3	-	-	-	4	-	14	-	26	3	56
Florida.....	142	2	11	-	2	-	16	-	3	2	86
EAST SOUTH CENTRAL...	1,174	-	15	-	8	-	31	2	48	12	572
Kentucky*.....	185	-	1	-	1	-	6	-	10	4	288
Tennessee.....	744	-	6	-	5	-	16	2	33	3	256
Alabama.....	106	-	5	-	-	-	2	-	3	-	22
Mississippi.....	139	-	3	-	2	-	7	-	2	5	6
WEST SOUTH CENTRAL...	641	3	25	1	44	4	40	4	28	4	428
Arkansas.....	3	-	4	1	15	4	11	1	6	-	54
Louisiana.....	16	-	9	-	6	-	6	1	1	-	40
Oklahoma.....	20	-	-	-	8	-	12	1	13	-	117
Texas.....	602	3	12	-	15	-	11	1	8	4	217
MOUNTAIN.....	1,108	-	-	1	8	-	15	-	5	4	78
Montana.....	30	-	-	-	-	-	-	-	-	-	-
Idaho.....	100	-	-	-	-	-	-	-	1	-	-
Wyoming.....	61	-	-	-	1	-	1	-	-	-	3
Colorado.....	542	-	-	-	3	-	2	-	4	1	4
New Mexico.....	193	-	-	-	-	-	8	-	-	2	33
Arizona.....	89	-	-	-	-	-	3	-	-	-	36
Utah.....	93	-	-	1	4	-	-	-	-	-	-
Nevada.....	-	-	-	-	-	-	1	-	-	1	2
PACIFIC.....	1,275	-	18	-	2	2	46	-	1	10	262
Washington.....	500	-	1	-	-	-	2	-	-	-	2
Oregon.....	59	-	1	-	1	-	5	-	-	-	6
California.....	467	-	16	-	1	2	39	-	1	10	254
Alaska.....	87	-	-	-	-	-	-	-	-	-	-
Hawaii.....	162	-	-	-	-	-	-	-	-	-	-
Puerto Rico.....	6	1	9	-	-	-	3	-	-	-	17

\*Delayed Reports: SST: Me. 3

Tetanus: Iowa 1

Typhus fever, tick-borne: Md. 1

Rabies in animals: Ky. delete 1

Week No.  
39

TABLE IV. DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED SEPTEMBER 28, 1968

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

Area	All Causes		Pneumonia and Influenza All Ages	Under 1 year All Causes	Area	All Causes		Pneumonia and Influenza All Ages	Under 1 year All Causes
	All Ages	65 years and over				All Ages	65 years and over		
<b>NEW ENGLAND:</b>	693	410	43	27	<b>SOUTH ATLANTIC:</b>	1,122	548	35	72
Boston, Mass.-----	209	108	19	8	Atlanta, Ga.-----	135	55	3	14
Bridgeport, Conn.-----	45	22	5	1	Baltimore, Md.-----	242	113	4	22
Cambridge, Mass.-----	35	25	-	1	Charlotte, N. C.-----	39	15	1	2
Fall River, Mass.-----	20	13	-	-	Jacksonville, Fla.-----	73	34	2	4
Hartford, Conn.-----	51	30	2	2	Miami, Fla.-----	88	47	-	4
Lowell, Mass.-----	34	21	-	3	Norfolk, Va.-----	51	22	4	4
Lynn, Mass.-----	24	19	1	2	Richmond, Va.-----	99	46	3	11
New Bedford, Mass.-----	30	17	-	1	Savannah, Ga.-----	32	20	2	-
New Haven, Conn.-----	40	25	2	3	St. Petersburg, Fla.-----	72	57	4	3
Providence, R. I.-----	55	30	1	4	Tampa, Fla.-----	68	37	3	4
Somerville, Mass.-----	12	7	-	-	Washington, D. C.-----	175	81	7	4
Springfield, Mass.-----	44	28	5	1	Wilmington, Del.-----	48	21	2	-
Waterbury, Conn.-----	37	25	-	-					
Worcester, Mass.-----	57	40	8	1	<b>EAST SOUTH CENTRAL:</b>	628	325	33	41
<b>MIDDLE ATLANTIC:</b>	3,153	1,812	110	153	Birmingham, Ala.-----	79	40	-	5
Albany, N. Y.-----	56	30	-	4	Chattanooga, Tenn.-----	57	22	4	5
Allentown, Pa.-----	43	25	-	2	Knoxville, Tenn.-----	34	22	3	5
Buffalo, N. Y.-----	137	75	4	6	Louisville, Ky.-----	147	74	15	15
Camden, N. J.-----	41	24	1	2	Memphis, Tenn.-----	126	65	3	6
Elizabeth, N. J.-----	37	16	-	2	Mobile, Ala.-----	46	21	1	1
Erie, Pa.-----	37	26	2	3	Montgomery, Ala.-----	38	16	2	1
Jersey City, N. J.-----	67	40	2	6	Nashville, Tenn.-----	101	65	5	3
Newark, N. J.-----	65	27	2	1					
New York City, N. Y.-----	1,583	913	56	72	<b>WEST SOUTH CENTRAL:</b>	1,077	549	39	68
Paterson, N. J.-----	37	25	1	1	Austin, Tex.-----	51	31	7	1
Philadelphia, Pa.-----	446	263	7	25	Baton Rouge, La.-----	62	26	-	6
Pittsburgh, Pa.-----	168	88	8	9	Corpus Christi, Tex.-----	32	13	2	3
Reading, Pa.-----	66	38	-	4	Dallas, Tex.-----	153	70	3	15
Rochester, N. Y.-----	115	68	8	7	El Paso, Tex.-----	43	19	3	6
Schenectady, N. Y.-----	33	21	5	-	Fort Worth, Tex.-----	86	48	-	1
Scranton, Pa.-----	42	24	3	-	Houston, Tex.-----	160	73	1	5
Syracuse, N. Y.-----	63	39	1	4	Little Rock, Ark.-----	52	33	3	5
Trenton, N. J.-----	53	29	5	2	New Orleans, La.-----	163	78	5	10
Utica, N. Y.-----	33	24	2	1	Oklahoma City, Okla.-----	67	39	2	4
Yonkers, N. Y.-----	31	17	3	2	San Antonio, Tex.-----	94	52	2	7
					Shreveport, La.-----	48	25	5	4
					Tulsa, Okla.-----	66	42	6	1
<b>EAST NORTH CENTRAL:</b>	2,544	1,403	85	138					
Akron, Ohio-----	65	32	-	2	<b>MOUNTAIN:</b>	447	244	15	31
Canton, Ohio-----	33	18	2	3	Albuquerque, N. Mex.-----	42	24	4	1
Chicago, Ill.-----	728	383	32	48	Colorado Springs, Colo.-----	32	21	2	3
Cincinnati, Ohio-----	146	90	2	2	Denver, Colo.-----	138	69	3	14
Cleveland, Ohio-----	227	120	3	11	Ogden, Utah-----	15	10	1	-
Columbus, Ohio-----	132	71	3	11	Phoenix, Ariz.-----	102	55	-	6
Dayton, Ohio-----	92	57	2	4	Pueblo, Colo.-----	17	12	3	-
Detroit, Mich.-----	326	191	4	18	Salt Lake City, Utah-----	55	27	-	3
Evansville, Ind.-----	36	19	5	1	Tucson, Ariz.-----	46	26	2	4
Flint, Mich.-----	57	26	3	6					
Fort Wayne, Ind.-----	38	17	2	4	<b>PACIFIC:</b>	1,571	896	26	80
Gary, Ind.-----	26	13	2	2	Berkeley, Calif.-----	28	20	1	1
Grand Rapids, Mich.-----	49	25	7	1	Fresno, Calif.-----	43	23	1	4
Indianapolis, Ind.-----	149	89	4	5	Glendale, Calif.-----	27	13	1	-
Madison, Wis.-----	33	12	4	2	Honolulu, Hawaii-----	47	23	2	3
Milwaukee, Wis.-----	136	81	-	3	Long Beach, Calif.-----	85	51	3	5
Peoria, Ill.-----	33	20	-	4	Los Angeles, Calif.-----	467	269	8	26
Rockford, Ill.-----	34	21	5	4	Oakland, Calif.-----	116	66	1	6
South Bend, Ind.-----	46	21	4	5	Pasadena, Calif.-----	36	23	1	-
Toledo, Ohio-----	98	58	1	1	Portland, Ore.-----	126	87	-	3
Youngstown, Ohio-----	60	39	-	1	Sacramento, Calif.-----	52	27	-	4
					San Diego, Calif.-----	97	54	1	10
<b>WEST NORTH CENTRAL:</b>	808	484	28	39	San Francisco, Calif.-----	179	80	4	3
Des Moines, Iowa-----	56	31	3	4	San Jose, Calif.-----	46	29	1	2
Duluth, Minn.-----	24	17	2	1	Seattle, Wash.-----	137	76	1	11
Kansas City, Kans.-----	38	21	-	1	Spokane, Wash.-----	48	32	1	-
Kansas City, Mo.-----	138	91	2	3	Tacoma, Wash.-----	37	23	-	2
Lincoln, Nebr.-----	16	13	2	-					
Minneapolis, Minn.-----	90	56	1	5	<b>Total</b>	<b>12,043</b>	<b>6,671</b>	<b>414</b>	<b>649</b>
Omaha, Nebr.-----	69	43	3	2	Cumulative Totals including reported corrections for previous weeks				
St. Louis, Mo.-----	238	136	6	12	All Causes, All Ages -----				496,876
St. Paul, Minn.-----	69	38	-	6	All Causes, Age 65 and over-----				286,186
Wichita, Kans.-----	70	38	9	5	Pneumonia and Influenza, All Ages-----				20,048
					All Causes, Under 1 Year of Age-----				23,525

## RECOMMENDATION OF THE PUBLIC HEALTH SERVICE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES

*The Public Health Service Advisory Committee on Immunization Practices completed the following supplementary recommendation on influenza control in the civilian population.*

### A2 INFLUENZA VIRUS VACCINE, MONOVALENT, 1968-69

The Public Health Service Advisory Committee on Immunization Practices recently recommended that adults and children with chronic debilitating diseases and all those in older age groups be vaccinated with the new monovalent vaccine, A2/Aichi/2/68 (Hong Kong Variant) when it becomes available (MMWR, Vol. 17, No. 35, Week Ending August 31, 1968). It is to contain 400 Chick Cell Agglutinating (CCA) units per dose.

Although effectiveness of the new vaccine can be substantiated with certainty only by field use, a single dose can be expected to afford significant protection, judging from experience with comparably potent monovalent influenza vaccines. If field tests indicate that a booster dose is necessary, further recommendation will be made.

Immunization should begin as soon as practicable after the vaccine becomes available. It is important that the vaccine be administered before influenza occurs in the immediate geographic area because there is at least a 2-week interval between vaccination and maximal antibody response.

#### Vaccine Dose (Influenza Virus Vaccine, Monovalent)\*

All injections should be given subcutaneously (the intradermal route is not recommended for primary immunization).

**Adults and Children Over 10 Years Old:** 1.0 ml.

**Children 6 to 10 Years Old:** 0.5 ml.\*\*

**Children 3 Months to 6 Years Old:** 0.1-0.2 ml. on two occasions 1 to 2 weeks apart.\*\*

#### Contraindication

Since the vaccine viruses are propagated in eggs, the vaccine should not be administered to anyone who is hypersensitive to eggs.

### INFLUENZA CHEMOPROPHYLAXIS - 1968-69

During the past few years, amantadine hydrochloride, a virus chemoprophylactic, has been available. The drug is reported to prevent or modify illness caused by some strains of type A2 influenza virus if taken before exposure. Preliminary laboratory tests by the manufacturer suggest that the drug is active against the Hong Kong Variant of A2 influenza virus in eggs and might be applicable to prevention of human disease.

In weighing the possible usefulness of amantadine hydrochloride for influenza control in 1968-69, several problems must be recognized: There has been no satisfactory study of the drug's effectiveness in the general population under conditions of natural exposure. Furthermore, in order to be protective, the drug must be administered before exposure which, in practice, necessitates giving it regularly during the entire period of possible influenza infection. Finally, the drug's acknowledged side effects are most common in older persons for whom protection is especially important.

In view of these limitations, therefore, amantadine hydrochloride is not presently recommended as a public health measure for community control of influenza nor as a substitute for influenza vaccine immunoprophylaxis.

\*The dose volumes indicated are based on vaccine containing 400 CCA units per 1.0 ml. Equivalent dose volume of highly purified monovalent vaccine may differ but is indicated by manufacturer.

\*\*Since febrile reactions in this age group are common following influenza vaccination, an antipyretic may be indicated.

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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:

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MORBIDITY AND MORTALITY WEEKLY REPORT

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

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