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For Week Ending June 29, 1974

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

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INTERNATIONAL NOTES

FOLLOW-UP ON CHOLERA – Portugal

On July 1, 1974, the Portuguese government reported 272 confirmed cases of cholera with 7 deaths in Portugal since the disease was first detected in southern Portugal on April 24, 1974 (MMWR, Vol. 23, Nos. 19 and 21). Cases have been reported from throughout the country but have been most frequent in the population centers of Lisbon, Porto, and Faro. Portuguese health authorities have informed the Portuguese public about proper health and sanitation measures to prevent illness.

(Reported by the Portuguese newspaper, Diario de Noticias, *through the American Embassy, Lisbon, and the Office of International Health, United States Public Health Service; and the World Health Organization, Geneva, Switzerland.)*

CONTENTS

Editorial Note

Cholera vaccination is not required for entry into the United States or other countries complying with recently modified International Health Regulations (MMWR, Vol. 23, No. 2). However, travelers to Portugal or other cholera-infected areas are advised to have a validated International

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

DISEASE	26th WEEK ENDING June 29, 1974	26th WEEK ENDING June 30, 1973	MEDIAN 1969-1973	CUMULATIVE, FIRST 26 WEEKS 1974	CUMULATIVE, FIRST 26 WEEKS 1973	CUMULATIVE, FIRST 26 WEEKS MEDIAN 1969-1973
Aseptic meningitis	72	73	82	1,010	1,025	1,004
Brucellosis	2	9	6	75	89	89
Chickenpox	2,149	2,675	– – –	93,492	139,214	– – –
Diphtheria	2	2	2	145	100	84
Encephalitis:						
Primary: Arthropod-borne and unspecified	18	40	27	428	553	539
Post-Infectious	1	7	7	129	154	163
Hepatitis, Viral:						
Type B	217	135	161	4,649	3,739	3,939
Type A	849	918	926	21,666	25,613	27,850
Type unspecified	153			4,287		
Malaria	3	6	51	75	118	1,315
Measles (rubeola)	559	495	663	18,088	22,432	24,835
Meningococcal infections, total	26	42	31	771	865	1,501
Civilian	26	40	28	749	844	1,322
Military	–	2	2	22	21	154
Mumps	1,026	1,245	1,245	40,549	50,090	61,066
Pertussis	55	– – –	– – –	656	– – –	– – –
Rubella (German measles)	291	359	469	8,549	24,741	35,066
Tetanus	1	2	2	28	39	52
Tuberculosis, new active	677	647	– – –	15,444	15,978	– – –
Tularemia	9	11	8	66	75	60
Typhoid fever	13	15	9	171	379	141
Typhus, tick-borne (Rky. Mt. spotted fever)	41	34	23	304	253	161
Venereal Diseases:						
Gonorrhea	18,403	16,845	– – –	426,130	390,026	– – –
Syphilis, primary and secondary	460	466	– – –	11,955	12,339	– – –
Rabies in animals	52	63	72	1,404	1,912	1,912

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:	2	Poliomyelitis, total:	2
Botulism: Idaho 1	6	Paralytic:	2
Congenital rubella syndrome: Minn. 1	34	Psittacosis: Pa. 1	13
Leprosy: Texas 1	61	Rabies in man:	–
Leptospirosis: Pa. 1	22	Trichinosis: N.J. 1, Pa. 1	55
Plague:	–	Typhus, murine:	10

CHOLERA – Continued

Certificate of Cholera Vaccination because other countries may still have entry requirements for cholera vaccination.

Travelers to Portugal and to other cholera-infected areas should avoid eating uncooked vegetables, unpeeled fruits, and raw seafood since these foods are considered to be potential vehicles in the spread of cholera. Similarly, travelers should consume only bottled drinking water and other bottled beverages and should not swim at beaches in water contaminated with human sewage.

CURRENT TRENDS
IUD SAFETY: REPORT OF A NATIONWIDE PHYSICIAN SURVEY

In an attempt to determine the morbidity and mortality associated with IUD use nationwide, the Family Planning Evaluation Division, CDC, in conjunction with the Committee on Maternal and Child Care of the American Medical Association (AMA) and the American Osteopathic Association (AOA), began a physician survey in June 1973.

From their master files, AMA and AOA provided the names of 34,544 physicians in the United States and Puerto Rico – virtually all physicians who had a primary, secondary, or tertiary interest in obstetrics or gynecology, or a primary interest in family practice, public health, or general preventive medicine. In the last week of June 1973, CDC sent a questionnaire to all physicians on the list inquiring about women who had been hospitalized or had died with possible complications related to the use of an IUD in the preceding 6 months. Physicians were asked to check 1 or more of 8 diagnostic categories for their patients such as complicated pregnancy, uterine perforation, and hemorrhage. After a second mailing of the same questionnaire to physicians who had not responded by August 1, a total of 16,994 responses (49.2%) were received by January 2, 1974. Subsequently, a 1% probability sample was drawn from the 17,550 non-respondents; field officers were successful in obtaining information about IUD complications from 173 of 176 practices by telephone and personal interviews.

Physicians responding by mail provided 3,502 net, unduplicated case reports of women hospitalized in the first 6 months of 1973. After correction for the non-respondent physicians, approximately 7,900 IUD-associated hospitalizations were estimated to have occurred in this period. Using an estimate by the Family Planning Evaluation Division of approximately 3.2 million IUD wearers in early 1973, the calculated rate of IUD-related hospitalizations was 5 per 1,000 woman-years of IUD use.

While the small number of IUD-related deaths is insufficient to demonstrate an increased mortality rate associated with any specific type of device, the overall rate of IUD-related mortality appears to be low compared with the mortality rates associated with pregnancy and other forms of contraception *(1)*. Five fatalities were reported in the 6-month study period by the 16,994 physicians who responded by mail and the documenting details of each of these cases supported the suggestion than an IUD had contributed to the death. Four of the 5 terminal illnesses involved severe infection; 2 of these 4 infections involved a pregnancy. The devices used by these women were 2 Lippes Loops*, 2 Saf-T-Coils*, and 1 Dalkon Shield*. These 5 reports imply a minimum IUD-related mortality rate of approximately 3 per million woman-years of use.

Of the 3,473 reports which included diagnoses, 2,932 also specified the type of IUD involved. A relative excess of Dalkon Shield IUDs was observed among case reports carrying the diagnosis of "complicated pregnancy" (Table 1). The crude odds ratio** for all the cases in Table 1 is 2.1 ($p < .001$). Separate stratifications by the patient's age, race, and geographic region show a comparable elevation of the same odds ratio for each group. When the case reports were stratified by the size of IUD, the odds ratio for the 180 women with nulliparous-sized IUDs was not significantly different from 1.0, but was 2.0 and 2.2 for the parous (standard) and unknown sizes, respectively, both statistically significant.

Table 1
Association Between the Dalkon Shield and Complicated Pregnancies Among Women Hospitalized for IUD-Related Complications*

Diagnosis of Complication	Type of IUD: Dalkon Shield	Type of IUD: All Other IUDs (Incl. Unknown)	Total
Pregnancy Related	538 (53.9%)	461 (46.1%)	999 (100.0%)
Not Pregnancy Related	887 (35.9%)	1,587 (64.1%)	2,474 (100.0%)
Total	1,425 (41.0%)	2,048 (59.0%)	3,473 (100.0%)

* Table excludes 29 case reports with unknown diagnosis.

The 1% sample of non-respondent physicians who were interviewed in person or by phone furnished 60 unduplicated case reports. The crude odds ratio for these reports was 8.3 ($p = .0049$), establishing that a statistical association between the Dalkon Shield and complicated pregnancies also existed in the experience of these physicians.

Since the use prevalence of the various IUD types in early 1973 is unknown, it is impossible to draw any firm conclusion about the morbidity rates associated with each device. The magnitude of the odds ratio is influenced not only by the relatively large number of Dalkon Shields involved in complicated pregnancies (numerator of the odds ratio) but also by the relatively small number of Dalkon Shields involved in complications in non-pregnant women (denominator of the odds ratio). If the Dalkon Shield accounted for more than 41% (Table 1) of the IUDs in use early in 1973, then the observed elevation in the odds ratio might be better explained by a relatively low rate of hospitalizations for non-pregnant complications associated with this type of IUD. Such a high use prevalence of the Dalkon Shield is very unlikely based on CDC's review of sales data furnished by the major IUD

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*Inclusion of trade names does not imply endorsement by the Public Health Service or the U.S. Department of Health, Education, and Welfare.

$$\text{**Odds Ratio} = \frac{\left(\frac{\text{Dalkon Shield}}{\text{All Other IUDs}}\right)_{\text{pregnancy related}}}{\left(\frac{\text{Dalkon Shield}}{\text{All Other IUDs}}\right)_{\text{not pregnancy related}}}$$

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDING JUNE 29, 1974 AND JUNE 30, 1973 (26th WEEK)

AREA	ASEPTIC MENINGITIS	BRUCELLOSIS	CHICKENPOX	DIPHTHERIA		ENCEPHALITIS			HEPATITIS, VIRAL			MALARIA	
						Primary: Arthropod-borne and Unspecified		Post Infectious	Type B	Type A	Type Unspecified		
	1974	1974	1974	1974	Cum. 1974	1974	1973	1974	1974	1974	1974	1974	Cum. 1974
UNITED STATES	72	2	2,149	2	145	18	40	1	217	849	153	3	75
NEW ENGLAND	4	–	390	–	–	1	1	–	7	28	10	–	5
Maine *	–	–	7	–	–	–	–	–	–	1	–	–	–
New Hampshire*	–	–	26	–	–	–	–	–	–	2	–	–	–
Vermont	–	–	7	–	–	–	–	–	–	–	1	–	–
Massachusetts	2	–	–	–	–	1	–	–	6	6	9	–	1
Rhode Island	2	–	79	–	–	–	–	–	–	7	–	–	3
Connecticut	–	–	271	–	–	–	1	–	1	12	–	–	1
MIDDLE ATLANTIC	4	–	347	–	1	2	1	–	35	93	31	–	10
Upstate New York	4	–	162	–	–	1	1	–	7	35	6	–	3
New York City	–	–	180	–	–	–	–	–	7	15	–	–	4
New Jersey	–	–	–	–	–	–	–	–	12	19	23	–	1
Pennsylvania	–	–	5	–	1	1	–	–	9	24	2	–	2
EAST NORTH CENTRAL	6	–	1,032	–	2	3	9	–	43	139	11	–	9
Ohio	–	–	98	–	1	–	2	–	9	23	–	–	4
Indiana	5	–	54	–	–	–	–	–	1	18	–	–	–
Illinois	–	–	–	–	1	2	–	–	13	20	7	–	2
Michigan	1	–	658	–	–	1	6	–	14	70	4	–	2
Wisconsin	–	–	222	–	–	–	1	–	6	8	–	–	1
WEST NORTH CENTRAL	1	1	49	–	–	–	–	–	10	34	6	–	2
Minnesota	–	–	3	–	–	–	–	–	5	5	2	–	–
Iowa *	–	1	14	–	–	–	–	–	2	12	–	–	–
Missouri	–	–	–	–	–	–	–	–	1	4	1	–	1
North Dakota	–	–	6	–	–	–	–	–	–	–	–	–	–
South Dakota	–	–	–	–	–	–	–	–	–	–	–	–	1
Nebraska	1	–	2	–	–	–	–	–	–	3	–	–	–
Kansas	–	–	24	–	–	–	–	–	2	10	3	–	–
SOUTH ATLANTIC	9	–	123	–	1	4	6	1	27	177	26	1	13
Delaware	–	–	2	–	–	–	–	–	–	–	–	–	–
Maryland	–	–	1	–	–	–	–	–	1	18	2	–	2
District of Columbia	–	–	11	–	–	–	–	–	8	1	1	–	2
Virginia	–	–	7	–	–	2	1	–	1	9	–	–	3
West Virginia *	–	–	93	–	–	–	–	–	–	5	–	–	–
North Carolina	1	–	–	–	1	1	3	–	3	23	5	–	2
South Carolina	–	–	9	–	–	–	–	–	–	3	–	–	–
Georgia	–	–	–	–	–	–	–	–	–	14	–	–	–
Florida	8	–	–	–	–	1	2	1	14	104	18	1	4
EAST SOUTH CENTRAL	6	1	38	–	–	–	3	–	7	43	1	–	3
Kentucky	1	–	38	–	–	–	3	–	3	15	–	–	2
Tennessee	4	1	–	–	–	–	–	–	2	22	–	–	1
Alabama	1	–	–	–	–	–	–	–	1	4	1	–	–
Mississippi	–	–	–	–	–	–	–	–	1	2	–	–	–
WEST SOUTH CENTRAL	19	–	50	1	9	4	15	–	19	101	13	–	3
Arkansas	–	–	3	–	–	1	–	–	–	5	3	–	–
Louisiana	11	–	–	–	–	1	–	–	6	11	5	–	1
Oklahoma	1	–	9	–	–	2	15	–	4	4	5	–	1
Texas	7	–	38	1	9	–	–	–	9	81	–	–	1
MOUNTAIN	–	–	72	–	27	–	–	–	8	67	24	–	3
Montana	–	–	18	–	–	–	–	–	–	4	–	–	–
Idaho	–	–	–	–	–	–	–	–	–	4	–	–	–
Wyoming	–	–	–	–	–	–	–	–	–	–	–	–	–
Colorado	–	–	42	–	–	–	–	–	7	3	16	–	2
New Mexico	–	–	11	–	10	–	–	–	–	37	–	–	1
Arizona	–	–	–	–	17	–	–	–	–	8	6	–	–
Utah	–	–	1	–	–	–	–	–	–	7	2	–	–
Nevada	–	–	–	–	–	–	–	–	1	4	–	–	–
PACIFIC	23	–	48	1	105	4	5	–	61	167	31	2	27
Washington	–	–	35	1	96	–	–	–	1	14	12	–	–
Oregon	2	–	2	–	–	–	–	–	6	30	1	–	–
California *	21	–	–	–	5	4	5	–	53	123	17	2	27
Alaska	–	–	9	–	4	–	–	–	–	–	–	–	–
Hawaii	–	–	2	–	–	–	–	–	1	–	1	–	–
Guam	–	–	–	–	–	–	–	–	–	–	–	–	2
Puerto Rico	–	–	11	–	–	–	–	–	–	17	–	–	–
Virgin Islands	–	–	–	–	–	–	–	–	–	–	–	–	–

*Delayed reports: Aseptic meningitis: N.H. 1, W. Va. 3
Chickenpox: Me. 8, N.H. 20, Calif. 6
Hepatitis B: Iowa 1
Hepatitis A: Me. 2
Hepatitis unspecified: N.H. 1, Iowa delete 3
Malaria: Calif. 1

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDING JUNE 29, 1974 AND JUNE 30, 1973 (26th WEEK) – Continued

AREA	MEASLES (Rubeola)			MENINGOCOCCAL INFECTIONS, TOTAL			MUMPS		PERTUSSIS	RUBELLA		TETANUS
	1974	Cumulative		1974	Cumulative		1974	Cum. 1974	1974	1974	Cum. 1974	Cum. 1974
		1974	1973		1974	1973						
UNITED STATES	559	18,088	22,432	26	771	865	1,026	40,549	55	291	8,549	28
NEW ENGLAND	15	826	7,177	–	40	36	125	5,460	–	26	873	–
Maine *	–	34	63	–	2	–	3	763	–	2	238	–
New Hampshire *	–	196	842	–	7	6	1	264	–	–	15	–
Vermont	–	57	114	–	1	2	–	15	–	1	15	–
Massachusetts	14	345	3,807	–	11	11	28	872	–	8	306	–
Rhode Island	–	57	594	–	7	1	57	2,170	–	–	18	–
Connecticut	1	137	1,757	–	12	16	36	1,376	–	15	281	–
MIDDLE ATLANTIC	269	7,352	2,103	4	102	119	93	3,173	3	16	958	2
Upstate New York	113	700	691	2	45	42	34	735	1	8	214	1
New York City	34	471	815	–	14	22	31	496	2	3	107	–
New Jersey	103	5,372	326	2	31	28	23	623	–	4	423	1
Pennsylvania	19	809	271	–	12	27	5	1,319	–	1	214	–
EAST NORTH CENTRAL	234	7,060	7,840	3	91	110	476	11,740	28	180	2,851	5
Ohio	6	2,976	264	1	31	46	180	2,907	21	–	454	2
Indiana	1	199	554	–	8	4	29	894	–	31	461	–
Illinois	117	1,676	1,835	–	10	23	20	1,003	5	74	446	2
Michigan	96	1,820	4,132	–	28	32	205	5,134	2	68	1,091	1
Wisconsin *	14	389	1,055	2	14	5	42	1,802	–	7	399	–
WEST NORTH CENTRAL	–	621	419	1	58	68	5	2,538	2	–	204	6
Minnesota	–	77	18	1	19	4	3	35	–	–	10	–
Iowa *	–	98	272	–	10	15	1	1,606	–	–	14	–
Missouri	–	242	47	–	16	30	–	332	2	–	32	2
North Dakota	–	25	52	–	2	3	1	17	–	–	11	1
South Dakota	–	27	–	–	3	4	–	2	–	–	25	–
Nebraska	–	2	3	–	1	5	–	69	–	–	6	–
Kansas	–	150	27	–	7	7	–	477	–	–	106	3
SOUTH ATLANTIC	7	414	1,106	9	151	145	63	4,840	3	15	882	7
Delaware	–	6	8	–	3	1	5	78	–	1	22	–
Maryland	–	21	2	1	17	20	1	87	–	–	1	–
District of Columbia	–	3	3	–	–	4	2	43	–	–	3	–
Virginia*	–	21	396	–	27	27	2	452	1	3	35	2
West Virginia	4	111	178	–	6	4	35	2,798	–	2	140	–
North Carolina	–	4	4	6	36	30	NN	NN	2	2	53	–
South Carolina	1	39	52	1	13	10	1	105	–	4	488	1
Georgia	–	4	145	–	6	17	–	–	–	–	2	–
Florida	2	205	318	1	43	32	17	1,277	–	3	138	4
EAST SOUTH CENTRAL	8	169	579	2	87	83	129	5,054	–	7	438	2
Kentucky	6	110	360	–	36	31	37	2,076	–	1	160	–
Tennessee	–	33	162	1	38	32	83	2,169	–	5	209	1
Alabama	1	13	4	–	9	14	3	445	–	1	54	–
Mississippi	1	13	53	1	4	6	6	364	–	–	15	1
WEST SOUTH CENTRAL	–	160	613	4	134	129	45	2,764	5	2	282	2
Arkansas	–	6	68	–	9	13	3	119	–	–	8	–
Louisiana	–	13	84	3	27	26	4	176	–	–	62	1
Oklahoma	–	23	49	1	13	15	10	347	–	1	33	–
Texas	–	118	412	–	85	75	28	2,122	5	1	179	1
MOUNTAIN	11	715	529	2	24	26	18	942	–	6	333	–
Montana	9	369	13	–	1	5	–	146	–	–	62	–
Idaho	–	50	232	–	2	4	–	154	–	–	12	–
Wyoming	–	1	67	–	3	–	–	9	–	–	–	–
Colorado	–	29	95	2	4	6	16	459	–	–	115	–
New Mexico	2	52	107	–	2	3	2	153	–	4	97	–
Arizona	–	12	14	–	5	4	–	–	–	–	–	–
Utah	–	3	1	–	4	2	–	17	–	2	14	–
Nevada	–	199	–	–	3	2	–	4	–	–	33	–
PACIFIC	15	771	2,066	1	84	149	72	4,038	14	39	1,728	4
Washington	–	55	967	–	8	16	8	1,492	–	–	323	–
Oregon	–	–	432	–	9	12	9	698	–	1	180	1
California	14	658	586	1	62	117	52	1,710	14	38	1,211	3
Alaska	1	1	65	–	2	4	2	95	–	–	–	–
Hawaii	–	57	16	–	3	–	1	43	–	–	14	–
Guam	–	7	9	–	1	–	–	315	–	–	4	–
Puerto Rico	16	508	1,630	1	4	4	48	749	3	1	17	3
Virgin Islands	–	22	–	–	–	–	–	30	–	–	–	1

*Delayed reports: Measles: Iowa 50
Mumps: Me. 13, N.H. 48
Pertussis: Va. delete 1
Rubella: Me. 4, Wisc. delete 1

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDING JUNE 29, 1974 AND JUNE 30, 1973 (26th WEEK) – Continued

AREA	TUBERCULOSIS (New Active)		TULAREMIA	TYPHOID FEVER		TYPHUS-FEVER TICK-BORNE (Rky. Mt. spotted fever)		VENEREAL DISEASES						RABIES IN ANIMALS
								GONORRHEA			SYPHILIS (Pri. & Sec.)			
	1974	Cum. 1974	Cum. 1974	1974	Cum. 1974	1974	Cum. 1974	1974	Cumulative 1974	Cumulative 1973	1974	Cumulative 1974	Cumulative 1973	Cum. 1974
UNITED STATES	677	15,444	66	13	171	41	304	18,403	426,130	390,026	460	11,955	12,339	1,404
NEW ENGLAND	32	632	–	1	6	–	–	518	9,985	10,710	14	242	360	10
Maine	1	48	–	–	–	–	–	23	834	559	1	16	12	1
New Hampshire	1	16	–	–	1	–	–	12	346	361	1	8	4	2
Vermont	1	10	–	–	–	–	–	11	311	161	–	1	13	1
Massachusetts	16	358	–	–	2	–	–	204	4,178	5,207	6	96	180	3
Rhode Island	2	59	–	–	2	–	–	56	994	1,117	1	10	9	3
Connecticut	11	141	–	1	1	–	–	212	3,322	3,305	5	111	142	–
MIDDLE ATLANTIC	127	2,702	1	2	29	11	26	1,936	51,341	54,281	115	2,665	2,801	16
Upstate New York	20	368	1	–	6	8	12	327	9,782	10,223	23	272	176	9
New York City	43	1,031	–	1	19	–	–	873	22,373	25,009	55	1,521	1,749	–
New Jersey	20	515	–	1	4	–	–	198	6,949	7,708	17	432	502	–
Pennsylvania	44	788	–	–	–	3	14	538	12,237	11,341	20	440	374	7
EAST NORTH CENTRAL	95	2,049	5	2	15	–	3	2,950	60,974	45,481	42	837	697	97
Ohio *	25	578	–	–	5	–	3	451	18,614	14,480	2	139	140	–
Indiana	21	324	–	–	1	–	–	341	6,367	5,590	4	93	168	10
Illinois	25	575	3	1	5	–	–	1,293	14,003	6,800	22	353	98	22
Michigan	22	532	–	1	3	–	–	615	15,460	13,812	13	202	250	1
Wisconsin	2	40	2	–	1	–	–	250	6,530	4,799	1	50	41	64
WEST NORTH CENTRAL	26	552	11	1	6	–	4	921	22,309	21,504	19	296	158	334
Minnesota	–	90	–	–	3	–	–	209	5,062	4,286	1	43	56	137
Iowa	1	56	–	–	–	–	1	155	2,987	2,932	2	17	21	72
Missouri	16	278	9	–	1	–	3	145	7,100	7,348	14	200	60	21
North Dakota	1	13	–	–	–	–	–	30	347	310	–	3	1	68
South Dakota	2	32	2	–	–	–	–	35	1,031	1,088	–	2	2	–
Nebraska	1	28	–	–	–	–	–	139	1,884	2,276	2	5	2	3
Kansas	5	55	–	1	2	–	–	208	3,898	3,264	–	26	16	33
SOUTH ATLANTIC	120	3,221	8	2	27	21	180	4,623	108,529	97,870	154	3,833	3,578	166
Delaware	–	45	–	–	–	–	3	91	1,486	1,321	2	44	53	1
Maryland	18	431	–	–	2	2	29	511	10,716	8,276	7	394	368	1
District of Columbia *	7	210	–	1	1	–	–	417	8,019	7,919	11	320	423	–
Virginia	7	389	3	1	1	7	58	688	9,554	9,643	13	423	363	56
West Virginia	9	159	–	–	6	–	2	33	1,255	1,503	–	9	11	20
North Carolina	23	510	3	–	3	11	49	565	14,248	14,470	12	475	312	11
South Carolina	10	319	–	–	2	–	27	189	11,161	10,330	15	441	532	3
Georgia	18	421	2	–	2	1	11	872	22,641	18,705	4	415	604	47
Florida	28	737	–	–	10	–	1	1,257	29,449	25,703	90	1,312	912	27
EAST SOUTH CENTRAL	66	1,421	7	3	19	4	44	1,808	36,963	33,180	18	622	835	146
Kentucky *	36	342	1	2	9	–	4	172	4,553	4,043	3	143	312	91
Tennessee	15	468	4	1	8	4	28	563	14,404	12,234	10	245	224	35
Alabama	12	408	2	–	2	–	6	604	10,166	9,706	–	121	95	19
Mississippi	3	203	–	–	–	–	6	469	7,840	7,197	5	113	204	1
WEST SOUTH CENTRAL	95	2,024	29	1	12	5	41	2,495	59,446	53,379	28	1,157	1,397	362
Arkansas	12	259	19	–	1	1	6	482	5,933	6,786	2	63	78	42
Louisiana	24	238	2	–	2	–	–	611	12,334	11,186	5	331	422	18
Oklahoma	10	157	6	–	–	3	29	206	5,217	5,423	2	74	96	86
Texas	49	1,370	2	1	9	1	6	1,196	35,962	29,984	19	689	801	216
MOUNTAIN	23	503	4	–	12	–	5	555	16,115	14,404	8	294	411	82
Montana	4	39	–	–	–	–	1	28	915	818	–	3	3	–
Idaho	–	21	–	–	–	–	1	30	937	858	–	6	6	–
Wyoming	–	11	1	–	3	–	1	12	331	246	–	5	19	5
Colorado	8	100	–	–	–	–	1	191	4,476	3,789	1	68	118	27
New Mexico	6	106	2	–	2	–	1	95	2,336	2,495	2	41	44	24
Arizona	4	176	1	–	6	–	–	65	4,923	4,173	2	113	86	25
Utah	–	18	–	–	–	–	–	71	851	746	2	9	8	1
Nevada	1	32	–	–	1	–	–	63	1,346	1,279	1	49	127	–
PACIFIC	93	2,340	1	1	45	–	1	2,597	60,468	59,217	62	2,009	2,102	191
Washington	3	146	–	–	9	–	–	218	5,641	5,357	–	43	78	–
Oregon	2	95	–	–	–	–	1	230	5,204	5,196	4	42	37	8
California	72	1,870	1	1	36	–	–	1,987	46,970	46,089	58	1,900	1,894	176
Alaska	8	49	–	–	–	–	–	82	1,314	1,470	–	2	44	7
Hawaii	8	180	–	–	–	–	–	80	1,339	1,105	–	22	49	–
Guam	–	21	–	–	–	–	–	–	135	157	–	2	1	–
Puerto Rico	13	277	–	–	2	–	–	87	1,505	2,197	18	437	410	29
Virgin Islands	–	3	–	–	–	–	–	4	157	125	2	18	13	–

*Delayed reports: Tuberculosis: Ohio delete 6, Ky. delete 1
RMSF: D.C. delete 1
Syphilis: Ky. delete 1

Week No. 26

TABLE IV. DEATHS IN 121 UNITED STATES CITIES FOR WEEK ENDING JUNE 29, 1974

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

Area	All Causes					Pneumonia and Influenza All Ages
	All Ages	65 years and over	45-64 years	25-44 years	Under 1 year	
NEW ENGLAND	666	397	178	33	31	32
Boston, Mass.	221	114	60	16	16	14
Bridgeport, Conn.	42	30	8	–	2	3
Cambridge, Mass.	12	7	2	1	1	–
Fall River, Mass.	35	22	11	–	–	–
Hartford, Conn.	59	29	18	6	4	–
Lowell, Mass.	20	13	5	2	–	1
Lynn, Mass.	18	10	8	–	–	–
New Bedford, Mass.	36	33	3	–	–	2
New Haven, Conn.	44	27	13	1	2	–
Providence, R. I.	48	31	12	2	2	6
Somerville, Mass.	16	11	5	–	–	–
Springfield, Mass.	39	26	6	1	3	2
Waterbury, Conn.	27	16	10	1	–	1
Worcester, Mass.	49	28	17	3	1	3
MIDDLE ATLANTIC	2,940	1,745	801	184	107	120
Albany, N. Y.	53	27	18	3	2	–
Allentown, Pa.	39	23	13	1	–	2
Buffalo, N. Y.	136	75	41	10	4	16
Camden, N. J.	26	12	10	3	1	1
Elizabeth, N. J.	25	13	9	2	1	–
Erie, Pa.	36	29	7	–	–	1
Jersey City, N. J.	45	25	13	1	5	–
Newark, N. J.	68	30	23	9	5	4
New York City, N. Y.†	1,441	876	358	103	46	58
Paterson, N. J.	36	20	7	4	1	–
Philadelphia, Pa.	493	292	140	31	16	4
Pittsburgh, Pa.	183	87	73	4	11	12
Reading, Pa.	31	23	7	1	–	1
Rochester, N. Y.	118	72	32	6	4	10
Schenectady, N. Y.	22	16	3	–	1	–
Scranton, Pa.	29	23	6	–	–	1
Syracuse, N. Y.	58	33	18	2	5	1
Trenton, N. J.	42	29	8	1	4	6
Utica, N. Y.	23	17	5	1	–	1
Yonkers, N. Y.	36	23	10	2	1	2
EAST NORTH CENTRAL	2,446	1,392	682	157	97	54
Akron, Ohio	65	36	18	2	4	–
Canton, Ohio	19	13	–	3	–	1
Chicago, Ill.	647	375	170	55	21	18
Cincinnati, Ohio	187	119	49	10	4	4
Cleveland, Ohio	174	82	55	14	13	–
Columbus, Ohio	135	76	49	5	2	2
Dayton, Ohio	115	65	34	7	6	3
Detroit, Mich.	333	162	101	26	16	6
Evansville, Ind.	44	31	9	3	1	2
Fort Wayne, Ind.	50	31	13	1	3	1
Gary, Ind.	18	10	5	–	–	1
Grand Rapids, Mich.	46	30	13	2	1	6
Indianapolis, Ind.	140	74	44	8	10	–
Madison, Wis.	39	15	10	4	4	4
Milwaukee, Wis.	129	84	33	5	3	1
Peoria, Ill.	39	24	10	1	3	–
Rockford, Ill.	48	32	10	–	1	4
South Bend, Ind.	45	30	10	1	1	–
Toledo, Ohio	119	71	33	7	3	1
Youngstown, Ohio	54	32	16	3	1	–
WEST NORTH CENTRAL	778	479	189	45	36	27
Des Moines, Iowa	74	48	20	3	2	2
Duluth, Minn.	14	9	3	–	1	3
Kansas City, Kans.	34	19	9	4	1	3
Kansas City, Mo.	125	75	35	6	5	–
Lincoln, Nebr.	37	25	9	1	2	4
Minneapolis, Minn.	90	59	22	3	2	1
Omaha, Nebr.	93	56	23	4	6	1
St. Louis, Mo.	196	112	48	14	13	9
St. Paul, Minn.	59	46	7	1	2	2
Wichita, Kans.	56	30	13	9	2	2
SOUTH ATLANTIC	1,157	623	351	100	40	36
Atlanta, Ga.	150	64	48	25	6	7
Baltimore, Md.	220	115	69	15	7	2
Charlotte, N. C.	62	36	16	5	3	–
Jacksonville, Fla.	101	51	33	8	6	1
Miami, Fla.	126	73	40	12	–	1
Norfolk, Va.	56	29	20	1	3	5
Richmond, Va.	95	54	19	10	6	4
Savannah, Ga.	27	14	7	2	4	–
St. Petersburg, Fla.	66	56	8	1	–	5
Tampa, Fla.	76	44	22	5	4	7
Washington, D. C.	138	67	52	14	1	4
Wilmington, Del.	40	20	17	2	–	–
EAST SOUTH CENTRAL	668	393	181	50	21	36
Birmingham, Ala.	100	50	34	8	3	2
Chattanooga, Tenn.	47	36	8	2	1	6
Knoxville, Tenn.	45	32	10	–	3	–
Louisville, Ky.	110	69	32	3	4	8
Memphis, Tenn.	150	85	43	11	5	4
Mobile, Ala.	60	36	14	7	2	1
Montgomery, Ala.	39	19	14	4	1	3
Nashville, Tenn.	117	66	26	15	2	12
WEST SOUTH CENTRAL	1,235	662	343	97	70	31
Austin, Tex.	47	28	15	2	1	3
Baton Rouge, La.	49	19	16	5	6	3
Corpus Christi, Tex.	49	28	8	6	3	–
Dallas, Tex.	193	107	54	17	6	3
El Paso, Tex.	40	22	10	2	4	3
Fort Worth, Tex.	79	43	24	6	5	1
Houston, Tex.	265	128	91	21	9	6
Little Rock, Ark.	62	35	15	6	2	–
New Orleans, La.	156	77	45	11	15	2
San Antonio, Tex.	129	71	26	10	12	–
Shreveport, La.	71	45	18	2	4	2
Tulsa, Okla.	95	59	21	9	3	8
MOUNTAIN	513	282	123	36	36	15
Albuquerque, N. Mex.	40	20	12	2	3	4
Colorado Springs, Colo.	31	21	3	3	3	2
Denver, Colo.	121	72	27	7	8	2
Las Vegas, Nev.	40	11	15	7	–	–
Ogden, Utah	16	11	4	–	–	1
Phoenix, Ariz.	103	55	25	8	11	–
Pueblo, Colo.	22	15	4	2	–	6
Salt Lake City, Utah	64	36	12	3	4	–
Tucson, Ariz.	76	41	21	4	7	–
PACIFIC	1,590	948	431	103	46	38
Berkeley, Calif.	21	11	9	1	–	–
Fresno, Calif.	46	27	13	2	2	1
Glendale, Calif.	35	28	7	–	–	1
Honolulu, Hawaii	56	22	25	5	2	3
Long Beach, Calif.	86	56	25	4	1	1
Los Angeles, Calif.	485	293	142	26	8	12
Oakland, Calif.	91	58	19	8	5	1
Pasadena, Calif.	35	24	7	1	2	1
Portland, Oreg.	130	79	32	12	2	3
Sacramento, Calif.	66	37	16	4	7	2
San Diego, Calif.	126	72	32	7	8	–
San Francisco, Calif.	147	81	39	13	3	6
San Jose, Calif.	48	27	14	3	2	–
Seattle, Wash.	141	84	32	11	3	2
Spokane, Wash.	44	29	11	2	1	3
Tacoma, Wash.	33	20	8	4	–	2
Total	11,993	6,921	3,279	805	484	389
Expected Number	11,758	6,808	3,194	801	426	322

†Delayed report for week ending June 22, 1974

IUD SAFETY – Continued

manufacturers. The relative excess of women hospitalized with complicated pregnancies associated with the standard-sized Dalkon Shield could possibly be explained by an elevated rate of pregnancy with this device, by an increased rate of complications once a pregnancy is established, or by a combination of these postulated factors.

(Reported by the Committee on Maternal and Child Care of the American Medical Association; the American Osteopathic Association; and the Family Planning Evaluation Division, Bureau of Epidemiology, CDC.)

Reference

1. Tietze C: Mortality with contraception and induced abortion. Studies in Family Planning No. 45:6-8, Sept 1969

RESULTS OF SCREENING FOR GONORRHEA
United States, July 1973-March 1974

In the 9-month period ending March 31, 1974, gonorrhea screening programs cultured specimens from 5,734,289 females; 253,473 (4.4%) were positive. Table 2 reflects the results of such screening by type of health care facility securing the specimen. Although the positivity rates were highest (19.2%) in venereal disease clinics, only 10% of all tests were performed at such clinics. Of the 90% of tests performed in other settings, positivity rates ranged from 1.4% among female dependents examined at military installations to 6.1% among enrollees in manpower training programs. Some 1,631,882 females were tested by private physicians, and 32,384 (2.0%) were positive.

Provisional data indicate that an additional 1,455,581 females were tested by all types of facilities in April and May 1974 or about 725,000 per month. The overall positivity rate for all sources for this period was 4.4%.

(Reported by the Venereal Disease Control Division, Bureau of State Services, CDC.)

Table 2
Results of Gonorrhea Culture Tests on Females
United States* – July 1973-March 1974**

Source of Test	Number Tested	Number Positive	Percent Positive
Health Care Providers (Excluding VD Clinics)	5,166,273	144,525	2.8
Health Dept. Non-VD Clinic	1,039,072	34,974	3.4
Family Planning	712,708	23,416	3.3
Prenatal, Ob-Gyn	117,687	4,087	3.5
Cancer Detection	21,880	294	1.3
Combinations or Other	186,797	7,177	3.8
Public/Private Hospital –Outpatient	979,785	38,978	4.0
Family Planning	137,205	4,484	3.3
Prenatal, Ob-Gyn	260,437	9,312	3.6
Cancer Detection	10,388	179	1.7
Combinations or Other	571,755	25,003	4.4
Public/Private Hospital –Inpatient	44,520	1,321	3.0
Obstetric	8,365	241	2.9
Gynecologic	1,484	48	3.2
Combinations or Other	34,671	1,032	3.0
Community Health Centers	414,387	12,723	3.1
Family Planning	184,472	3,542	1.9
Prenatal, Ob-Gyn	35,396	762	2.2
Cancer Detection	1,238	16	1.3
Combinations or Other	193,281	8,403	4.3
Health Care Providers (Cont'd)			
Private Physicians	1,631,882	32,384	2.0
Private Family Planning Groups	568,308	11,857	2.1
Group Health Clinics	76,988	2,273	3.0
Student Health Centers	162,360	2,563	1.6
Manpower Training Agencies	7,811	476	6.1
Industrial Screening	9,408	191	2.0
Military/Dependents	109,707	1,572	1.4
Correction or Detention Centers	34,566	1,821	5.3
Not Specified	87,479	2,892	3.3
Venereal Disease Clinics	568,016	108,948	19.2
Gonorrhea Contacts	69,082	25,585	37.0
Syphilis: Contact/Cluster/ Reactor	10,147	1,117	11.0
Other	488,787	82,246	16.8
Total (All Clinics)	5,734,289	253,473	4.4

*Includes reports from Puerto Rico

**Excludes report from California (except Los Angeles and San Francisco) for January-March 1974
Also excludes reports from Guam and Trust Territories (July 1973-March 1974)

Source: HSM 9.124, CDC, VD, Atlanta, Georgia

EPIDEMIOLOGIC NOTES AND REPORTS
HUMAN BUBONIC PLAGUE – New Mexico

On Wednesday evening, June 26, 1974, a 12-year-old Navajo girl from Mentmore, New Mexico, had the onset of headache, vomiting, and general malaise. On Thursday morning, June 27, she was seen in a pediatric clinic and found to have a temperature of 104.2° F and mild exudative tonsilitis. No lymphadenopathy was noted, her neck was supple, and her chest was clear on physical examination and by X-ray. A throat culture was taken, and she was given 900,000 units of long-acting benzathine penicillin intramuscularly.

Her fever and general malaise continued that night, and on Friday morning, June 28, she was admitted to a hospital in Gallup, New Mexico. On admission she complained of ab-

PLAGUE – Continued

dominal pain, fever, and headache. Physical examination revealed a lethargic and dehydrated child with a temperature of 102° F. There were insect bites and excorations on both lower legs, but no other localizing signs. Two and one-half hours later (before the result of admission laboratory studies were available) the patient developed clinical signs of hypotension and complained of dyspnea. A chest X-ray was consistent with interstitial pulmonary edema. The patient then had a respiratory arrest, could not be resuscitated, and died. Subsequent examination of the peripheral blood smear demonstrated large numbers of gram-negative rods, bipolar when stained by the Wayson method. Fluorescent antibody stain of blood and cerebrospinal fluid were positive for *Yersinia pestis.* The phage reaction for plague and biochemical tests on the blood isolate were consistent with *Y. pestis.* All of the hospital house staff who participated in the resuscitation effort were placed on chemoprophylaxis of 1 gm of tetracycline per day.

Autopsy revealed generalized petechiae and several large, matted hemorrhagic lymph nodes in the left femoral region. The mesenteric nodes were also enlarged. There was evidence of toxic myocarditis and hemorrhagic pericardial effusion. The lungs were edematous, but frozen sections of all 5 lobes failed to demonstrate any evidence of pneumonitis.

Epidemiologic investigation revealed that in the 2 weeks prior to her illness the patient had spent several nights at a sheep camp 1 mile from her home. However, it could not be determined whether the insect bites had occurred at home or at the sheep camp. There were domestic dogs at both sites, but none were found to have fleas. Recently deserted pack rat nests were discovered near the sheep camp, suggesting a plague epizootic in that species. A prairie dog colony was also found near the camp. Plague surveillance in 1973 had demonstrated plague-infected prairie dogs in an area 10 miles to the north, and in the spring of 1974, dogs with positive serologic tests for plague were found in the vicinity of Mentmore. Additional animal and flea studies are now being conducted in the Gallup-Mentmore area.

Thirty-six persons living in households immediately adjacent to the case are being observed closely for clinical signs of plague. Other local residents have been notified about the presence of plague in the area and cautioned against contact with rodents and rabbits.

(Reported by Victor Zalma, M.D., Director, Stephen Haynes, M.P.H., Epidemiologist, Loris Hughes, Ph.D., Scientific Laboratory Section, and James Weston, M.D., Medical Examiner, New Mexico State Health Agency; Neal Weber, Program Manager, Rodent Control Section, New Mexico Environmental Improvement Agency; Bernice Laughlin, Charlotte Lambert, William Weis, Margaret O'Neil, M.D., and Bruce Tempest, M.D., Indian Health Service, Gallup, New Mexico; the Plague Branch, Vectorborne Diseases Division, Bureau of Laboratories, CDC; and 2 EIS Officers.)

Editorial Note

This is the first reported case of plague in the United States in 1974, and the first death due to plague since 1970 (MMWR, Vol. 19, No. 48). That year, 1 death occurred in Oregon out of a total of 13 cases reported in the United States (9 of those cases occurred in New Mexico) (Supplement to the MMWR, Vol. 19, No. 53). Since 1970 there have been only 6 reported cases of plague nationwide.

Increased rodent populations, the principal reservoirs of *Y. pestis,* have been noted in Arizona, New Mexico, Colorado, Utah, and portions of California. Carnivores with high serologic titers to *Y. pestis* have also been noted throughout Oregon, and in parts of Montana, by CDC. The increased animal density and serologic or bacteriologic evidence of plague activity in animals should alert the medical community in these areas to potential cases of plague.

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The data in this report are provisional, based on weekly telegraphs to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the succeeding Friday.

In addition to the established procedures for reporting morbidity and mortality, the editor welcomes accounts of interesting outbreaks or case investigations of current interest to health officials.

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