



Morbidity and Mortality

For
Week Ending
August 10, 1974

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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE
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EPIDEMIOLOGIC NOTES AND REPORTS
FOLLOW-UP ON CHOLERA - Guam

Last week, 2 confirmed and 5 suspect cases of cholera were reported from Guam (MMWR, Vol. 23, No. 31). Since then, investigators have determined on the basis of further clinical data that one of the suspect cases was not cholera and have indirectly confirmed the diagnosis of cholera in 1 of the 4 culture-negative symptomatic men by isolating *Vibrio cholerae* from the septic tank at the man's home.

The 6 cases were identified in members of a 13-man construction team who worked in Harmon, Guam, during July. Cultures from all family contacts of these 13 men were negative. Epidemiologic investigation suggests that this was a common-source outbreak involving only this group of workers. Six of the 9 men who ate a small salt-water fish at the construction site on July 18 became ill (67%) compared with

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0 of 4 who did not eat it (Fisher's exact test, $p = .049$). The fish had been caught in Agana Bay in June, was salted and bottled in the home of one of the affected construction workers, and was subsequently refrigerated. Cultures of Agana Bay water near where the suspect fish was caught have yielded *V. cholerae*, biotype El Tor, serotype Inaba.

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

DISEASE	32nd WEEK ENDING		MEDIAN 1969-1973	CUMULATIVE, FIRST 32 WEEKS		
	August 10, 1974	August 11, 1973		1974	1973	MEDIAN 1969-1973
Aseptic meningitis	119	193	193	1,504	2,042	1,930
Brucellosis	3	10	3	100	120	120
Chickenpox	378	372	---	98,264	143,948	---
Diphtheria	1	2	2	160	114	98
Encephalitis:						
Primary: Arthropod-borne and unspecified	27	47	33	530	774	762
Post-Infectious	7	8	8	172	193	213
Hepatitis, Viral:						
Type B	196	138	158	5,815	4,861	4,861
Type A	692	968	1,018	26,135	31,089	33,971
Type unspecified	165	---	---	5,138	---	---
Malaria	10	7	46	118	147	1,684
Measles (rubeola)	150	124	213	19,405	23,698	26,349
Meningococcal infections, total	21	16	21	911	986	1,653
Civilian	19	16	20	886	962	1,465
Military	2	---	2	25	24	177
Mumps	307	466	583	43,233	53,917	65,895
Pertussis	60	---	---	915	---	---
Rubella (German measles)	119	98	251	9,312	25,569	37,557
Tetanus	3	1	2	49	49	71
Tuberculosis, new active	630	677	---	18,913	19,531	---
Tularemia	2	4	4	89	98	88
Typhoid fever	7	13	9	228	436	187
Typhus, tick-borne (Rky. Mt. spotted fever)	41	27	27	544	439	309
Venereal Diseases:						
Gonorrhea	17,544	16,714	---	534,082	491,229	---
Syphilis, primary and secondary	572	482	---	14,927	15,042	---
Rabies in animals	48	75	64	1,802	2,303	2,303

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax	2	Poliomyelitis, total: *	3
Botulism	9	Paralytic: *	3
Congenital rubella syndrome: Colo. 1	36	Psittacosis: *	76
Leprosy	65	Rabies in man:	---
Leptospirosis	25	Trichinosis: Conn. 1, Pa. 1, Wash. 1	64
Plague	1	Typhus, murine: Tex. 1	14

*Delayed Reports:

- Poliomyelitis, total: Md. 1 (1973)
- Paralytic: Md. 1 (1973)
- Psittacosis: Neb. delete 1

CHOLERA - Continued

Review of the chart of the patient who died revealed that he had hemoconcentration, severe electrolyte abnormalities with hypokalemia, and elevated blood urea nitrogen and creatinine levels, the consequence of losses that occurred during his acute illness; he terminally developed bronchopneumonia.

Stool specimens obtained during the current investigation from approximately 30 individuals from different parts of the island who had acute enteric illnesses were negative for *V. cholerae*. Further cultures of sewage and fish caught in the bay are pending.

(Reported by Abdiel M. Angeles, M.D., Chief, Communicable Disease Control, Eduardo del Rosario, M.D., Officer in Charge, Foreign Quarantine, Emelita Santos, Laboratory Technolo-

gist, John Rosario, R.S., M.P.H., Chief of Consumer Protection, Richard A. Mackie, M.S., Chief, Environmental Health Section, Robert L. Haddock, D.V.M., M.P.H., Territorial Epidemiologist, and a Public Health Advisor, Department of Public Health and Social Services, Guam; Gunther F. Craun, M.S., Water Supply Research Laboratory, National Environmental Research Center, Environmental Protection Agency, Cincinnati; the Epidemiologic Services Laboratory Branch, and the Enteric Diseases Branch, Bacterial Diseases Division, Bureau of Epidemiology, CDC.)

Editorial Note

The finding of an Inaba serotype in Agana Bay suggests either that this serotype and the Ogawa serotype that caused the outbreak may have been simultaneously present in the community or that a seroconversion occurred.

MALARIA - New York

Two cases of malaria reported from New York are summarized below.

Case 1

On June 17, 1974, a 5-month-old girl was admitted to a hospital in New York City for evaluation of a fever of unknown origin of approximately 4 months' duration. She weighed 6 lb 13 oz, had a full-term uncomplicated gestation, and was delivered by Caesarean section, necessitated because of an abruptio placenta. The infant was well until 2 months of age when she began to have intermittent temperatures ranging from 101° to 103°F daily, usually occurring between 2 pm and 6 pm. She had been seen by several physicians and treated with various antibiotics, but fever continued.

On physical examination she was noted to be active, alert, and growing normally. However, hepatosplenomegaly was consistently present. Admission laboratory studies included the following: bilirubin 0.5 mg%, SGOT 34 mU/ml, SGPT 21 units, hemoglobin 10.8 gm%, hematocrit 31.5%, platelets 111,000/mm³, white blood cell count 8,500/mm³. The diagnosis of malaria was made from the admission blood smear when the technician noted intraerythrocytic parasites identified as *Plasmodium malariae* by the hospital's Parasitology Laboratory. The patient was treated with a 3-day course of chloroquine phosphate, and 4 days after the onset of therapy, thick and thin blood smears revealed no evidence of parasitemia. Since treatment, the patient has remained afebrile. Malaria indirect immunofluorescence tests performed at CDC showed a titer of 1:1024 with *P. malariae* antigen and were negative with *Plasmodium vivax* and *Plasmodium falciparum* antigens.

The patient's mother was born in Taisun, China, an area previously endemic for malaria; however, the mother claimed that she never had an illness compatible with clinical malaria. She migrated to Hong Kong in 1949 and is reported to have had a flu-like illness for 2 days while there. In 1962 the family moved to New York City where they have remained except for 1 trip to Ohio. The mother received a blood transfusion 45 minutes after the infant's birth but had no prior history of blood transfusion or parenteral drug use. The mother was found to have a malaria indirect fluorescence test titer of 1:4096 with *P. malariae* antigen.

Additional family studies have thus far revealed no evidence of parasites on thick and thin smears submitted by the patient's parents and 2 older siblings. Malaria indirect immunofluorescence tests have been negative in all family members except the mother.

(Reported by Mary Tsai, M.D., Private Physician, New York City; Virginia C. Canale, M.D., Associate Professor of Pediatrics, Director of Transfusion Clinic, David Zigelman, M.D., Pediatric Resident, Donald Hoskins, M.D., Clinical Associate Professor, and Thomas Jones, M.D., Assistant Professor of Medicine, New York Hospital, Cornell Medical Center; John S. Marr, M.D., New York City Principal Epidemiologist; and Alan R. Hinman, M.D., Assistant Commissioner for Epidemiology and Preventive Health Services, New York State Department of Health.)

Case 2

On March 28, 1974, a 22-year-old man was admitted to a hospital in Patchogue, New York, with a history of intermittent, spiking fevers and chills over the 9 days prior to admission. On admission he was weak and pale and looked chronically ill. Pertinent physical findings included a palpable spleen and mild icterus. On the evening of admission, he had a severe, shaking chill followed within the next few hours by apathy and unresponsiveness. He required cardiopulmonary resuscitation and controlled ventilation via tracheostomy. A peripheral blood smear revealed a 33% parasitemia with *Plasmodium falciparum*, and the diagnosis of cerebral malaria was made. Urinalysis revealed mild glycosuria but was otherwise normal, as was the cerebrospinal fluid. Hemoglobin was 11 gm% initially, declining subsequently to the point where transfusions were required. He was mildly azotemic with a BUN of 50 mg%. An initial electroencephalogram revealed cerebral irritation. Despite maintenance with fluids, pressors, parenteral chloroquine, and subsequently quinine, the patient responded poorly, becoming totally unresponsive without spontaneous respiration; a subsequent electroencephalogram revealed no cerebral activity. The patient died on April 10, 1974.

At autopsy, there was extensive bilateral organizing bronchopneumonia, purulent bronchitis and tracheitis, severe autolysis of the brain (felt to be secondary to prolonged respiration therapy), extensive hypophyseal infarction, splenomegaly (380 gm), and diffuse membranous glomerulitis. Imprint smears from brain and spleen showed abundant granular pigment of presumed malarial origin.

Between November 1973 and early March 1974, the patient had traveled extensively throughout East, Central, and West Africa. It is not clear whether he took malaria chemoprophylaxis.

(Continued on page 283)

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TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDING AUGUST 10, 1974 AND AUGUST 11, 1973 (32nd WEEK)

AREA	ASEPTIC MENIN- GITIS	BRUCEL- LOSIS	CHICKEN- POX	DIPHTHERIA		ENCEPHALITIS			HEPATITIS, VIRAL			MALARIA	
						Primary: Arthropod- borne and Unspecified		Post In- fectious	Type B	Type A	Type Unspecified		
						1974	1973	1974	1974	1974	1974		
UNITED STATES	119	3	378	1	160	27	47	7	196	692	165	10	118
NEW ENGLAND	2	-	43	-	-	-	1	-	5	34	11	-	6
Maine *	-	-	1	-	-	-	-	-	-	5	1	-	-
New Hampshire *	-	-	1	-	-	-	-	-	-	4	-	-	-
Vermont	-	-	4	-	-	-	-	-	-	5	-	-	-
Massachusetts *	1	-	-	-	-	-	1	-	3	7	10	-	2
Rhode Island	1	-	16	-	-	-	-	-	2	8	-	-	3
Connecticut	-	-	21	-	-	-	-	-	-	5	-	-	1
MIDDLE ATLANTIC	38	-	71	-	1	10	3	-	31	90	41	-	16
Upstate New York	22	-	22	-	-	8	-	-	8	28	7	-	4
New York City	2	-	46	-	-	-	-	-	4	26	-	-	6
New Jersey	14	-	-	-	-	1	-	-	15	18	29	-	3
Pennsylvania	-	-	3	-	1	1	3	-	4	18	5	-	3
EAST NORTH CENTRAL	6	-	121	-	2	6	9	2	17	151	10	1	11
Ohio *	-	-	10	-	1	3	6	-	-	39	-	-	4
Indiana	1	-	4	-	-	-	1	-	1	10	-	-	-
Illinois	2	-	-	-	1	3	1	-	9	40	8	-	2
Michigan	3	-	26	-	-	-	1	2	5	52	2	1	4
Wisconsin	-	-	81	-	-	-	-	-	2	10	-	-	1
WEST NORTH CENTRAL	21	-	4	-	-	-	4	-	14	27	2	-	3
Minnesota	-	-	-	-	-	-	-	-	13	9	-	-	1
Iowa *	4	-	1	-	-	-	2	-	-	4	-	-	-
Missouri *	17	-	-	-	-	-	2	-	-	5	-	-	1
North Dakota *	-	-	2	-	-	-	-	-	-	-	-	-	-
South Dakota	-	-	-	-	-	-	-	-	-	2	-	-	1
Nebraska	-	-	1	-	-	-	-	-	1	3	-	-	-
Kansas	-	-	-	-	-	-	-	-	-	4	2	-	-
SOUTH ATLANTIC	16	1	42	-	1	2	4	3	32	100	31	3	21
Delaware	1	-	2	-	-	-	-	1	-	1	-	-	-
Maryland	-	-	1	-	-	-	2	-	4	8	3	1	3
District of Columbia	-	-	-	-	-	-	-	-	2	-	-	-	2
Virginia *	-	-	3	-	-	-	-	-	5	6	3	2	6
West Virginia	3	-	35	-	-	-	-	-	-	3	1	-	-
North Carolina	-	-	NN	-	1	-	1	-	2	15	1	-	4
South Carolina	4	-	1	-	-	-	-	-	1	2	-	-	-
Georgia	-	1	-	-	-	-	-	-	-	8	-	-	1
Florida	8	-	-	-	-	2	1	2	18	57	23	-	5
EAST SOUTH CENTRAL	5	-	15	-	-	2	2	-	12	39	3	-	4
Kentucky	1	-	15	-	-	-	-	-	5	10	3	-	3
Tennessee	4	-	NN	-	-	1	-	-	6	25	-	-	1
Alabama	-	-	-	-	-	-	1	-	1	1	-	-	-
Mississippi	-	-	-	-	-	1	1	-	-	3	-	-	-
WEST SOUTH CENTRAL	11	1	44	-	9	1	15	2	9	117	6	1	10
Arkansas	-	1	8	-	-	-	-	-	3	14	1	-	1
Louisiana	7	-	NN	-	-	1	1	2	2	4	2	-	1
Oklahoma	-	-	2	-	-	-	14	-	3	7	3	-	3
Texas	4	-	34	-	9	-	-	-	1	92	-	1	5
MOUNTAIN	-	1	9	-	28	-	-	-	3	19	19	2	6
Montana	-	-	1	-	-	-	-	-	-	1	-	-	-
Idaho	-	-	-	-	-	-	-	-	-	4	-	-	-
Wyoming	-	-	-	-	-	-	-	-	-	-	-	-	-
Colorado *	-	-	6	-	-	-	-	-	2	-	10	2	4
New Mexico	-	-	-	-	10	-	-	-	-	-	-	-	1
Arizona	-	-	-	-	18	-	-	-	1	2	9	-	-
Utah	-	1	1	-	-	-	-	-	-	2	-	-	-
Nevada	-	-	1	-	-	-	-	-	-	10	-	-	1
PACIFIC	20	-	29	1	119	6	9	-	73	115	42	3	41
Washington	10	-	3	1	110	1	1	-	4	11	14	-	-
Oregon	-	-	1	-	-	-	-	-	3	8	-	-	1
California *	10	-	-	-	5	5	7	-	65	95	16	2	39
Alaska	-	-	13	-	4	-	-	-	-	-	11	-	-
Hawaii	-	-	12	-	-	-	1	-	1	1	1	1	1
Guam *	-	-	-	-	-	-	-	-	-	-	-	-	2
Puerto Rico *	-	-	26	-	-	-	-	-	-	-	12	-	1
Virgin Islands	-	-	1	-	-	-	-	-	-	-	-	-	-

*Delayed reports: Aseptic Meningitis: Me. 1, Ohio delete 1, M.O. delete 1
Va. delete 1
Chickenpox: N.H. 5, Col. 3, Calif. 10, Guam 1
Hepatitis B: N.H. 1

Hepatitis A: Iowa 3, N.D. 2, Col. 1, Guam 5
Hepatitis unsp.: Me. 1, Mo. delete 1, Va. delete 3,
Col. 14, Guam 10, P.R. 8
Malaria: Mass. 1

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TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDING AUGUST 10, 1974 AND AUGUST 11, 1973 (32nd 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	150	19,405	23,698	21	911	986	307	43,233	60	119	9,312	49
NEW ENGLAND	1	901	7,328	1	50	46	29	5,792	3	6	931	1
Maine *	-	41	64	-	2	1	-	783	-	2	265	-
New Hampshire *	-	197	857	1	12	6	-	276	-	-	16	1
Vermont	-	57	118	-	2	3	-	28	-	-	18	-
Massachusetts	1	375	3,890	-	14	12	3	943	-	2	325	-
Rhode Island	-	59	603	-	7	3	25	2,354	-	-	18	-
Connecticut	-	172	1,796	-	13	21	1	1,408	3	2	289	-
MIDDLE ATLANTIC	55	7,890	2,391	10	129	132	31	3,467	6	8	1,016	4
Upstate New York	12	902	787	1	51	46	9	843	-	1	228	2
New York City	12	561	870	6	21	27	12	588	3	5	134	1
New Jersey *	9	5,500	389	3	42	31	2	649	3	1	433	1
Pennsylvania	22	927	345	-	15	28	8	1,387	-	1	221	-
EAST NORTH CENTRAL	57	7,500	8,355	-	105	124	62	12,419	21	32	3,081	7
Ohio	27	3,019	278	-	36	54	6	3,071	-	2	486	2
Indiana	1	215	618	-	9	4	11	964	-	8	507	-
Illinois	22	1,937	2,012	-	10	24	7	1,075	13	3	494	3
Michigan	5	1,891	4,330	-	34	37	7	5,315	1	6	1,153	1
Wisconsin	2	438	1,117	-	16	5	31	1,994	7	13	441	1
WEST NORTH CENTRAL	-	685	436	-	71	77	5	2,640	2	1	207	9
Minnesota	-	83	19	-	22	7	-	36	-	-	11	1
Iowa	-	134	277	-	13	18	1	1,614	2	-	15	-
Missouri	-	261	49	-	18	31	4	371	-	1	33	2
North Dakota	-	28	58	-	3	3	-	28	-	-	11	3
South Dakota	-	27	-	-	3	4	-	2	-	-	25	-
Nebraska	-	2	6	-	3	7	-	77	-	-	6	-
Kansas	-	150	27	-	9	7	-	512	-	-	106	3
SOUTH ATLANTIC	15	476	1,180	3	183	165	53	5,136	3	47	1,037	12
Delaware	1	7	8	-	1	2	89	-	3	27	-	-
Maryland	-	22	12	-	18	22	3	97	-	-	2	-
District of Columbia	-	3	5	-	1	4	1	49	-	-	4	-
Virginia	-	21	411	-	29	29	7	529	1	1	39	3
West Virginia	6	154	193	-	7	4	8	2,878	-	8	182	-
North Carolina	1	5	4	1	40	36	NN	NN	2	-	53	3
South Carolina	4	48	57	-	16	10	3	109	-	32	578	1
Georgia	-	4	148	-	8	20	-	1	-	-	2	-
Florida	3	212	342	2	61	39	29	1,384	-	3	150	5
EAST SOUTH CENTRAL	7	202	592	1	96	91	41	5,429	5	8	495	2
Kentucky	7	138	364	1	38	32	24	2,191	-	2	173	-
Tennessee	-	34	165	-	43	37	8	2,379	2	5	250	1
Alabama	-	17	9	-	9	15	9	489	3	1	57	-
Mississippi	-	13	54	-	6	7	-	370	-	-	15	1
WEST SOUTH CENTRAL	5	176	640	3	153	153	40	3,023	6	7	306	4
Arkansas	-	6	69	-	11	13	-	125	3	-	8	-
Louisiana	-	13	84	2	32	31	-	199	-	-	59	2
Oklahoma	-	24	52	-	16	27	1	356	2	1	38	-
Texas	5	133	435	1	94	82	39	2,343	1	6	201	2
MOUNTAIN	2	724	580	1	28	32	5	1,017	3	1	392	-
Montana	-	372	16	-	1	6	1	171	-	-	65	-
Idaho	-	50	248	-	2	4	-	156	3	1	13	-
Wyoming	-	1	80	-	3	-	-	9	-	-	-	-
Colorado *	1	30	102	-	7	11	3	490	-	-	158	-
New Mexico	-	54	112	-	2	3	-	168	-	-	109	-
Arizona *	1	15	19	-	4	4	-	-	-	-	-	-
Utah	-	3	2	1	6	2	1	19	-	-	14	-
Nevada	-	199	1	-	3	2	-	4	-	-	33	-
PACIFIC	8	851	2,196	2	96	166	41	4,310	11	9	1,847	10
Washington	2	62	1,002	1	10	17	3	1,522	-	2	331	1
Oregon	-	-	453	-	11	12	3	745	-	1	201	1
California	6	729	657	1	69	131	33	1,892	11	6	1,300	8
Alaska	-	-	65	-	3	6	-	96	-	-	-	-
Hawaii	-	60	19	-	3	-	2	55	-	-	15	15
Guam *	-	13	41	-	1	-	-	349	-	-	5	-
Puerto Rico *	13	561	1,751	-	5	7	28	862	-	6	28	3
Virgin Islands	-	24	-	-	-	-	-	30	-	-	-	1

*Delayed reports: Measles: N.J. delete 2, P.R. 3
Meningococcal infection: Ariz. delete 1, P.R. 1
Mumps: Me. 3, N.H. 3, Col. 3, Guam 4, P.R. 15
Pertussis: P.R. 1
Rubella: Me. 1, N.J. 2, P.R. 1

Week No.
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TABLE IV. DEATHS IN 121 UNITED STATES CITIES FOR WEEK ENDING AUGUST 10, 1974

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

Area	All Causes					Pneumonia and Influenza All Ages	Area	All Causes					Pneumonia and Influenza All Ages
	All Ages	65 years and over	45-64 years	25-44 years	Under 1 year			All Ages	65 years and over	45-64 years	25-44 years	Under 1 year	
NEW ENGLAND	627	383	157	40	25	27	SOUTH ATLANTIC	1,142	623	331	94	39	43
Boston, Mass.	196	111	51	17	8	7	Atlanta, Ga.	150	73	42	20	6	4
Bridgeport, Conn.	23	12	5	3	2	2	Baltimore, Md.	226	113	71	19	8	7
Cambridge, Mass.	24	18	4	1	1	2	Charlotte, N. C.	60	27	23	4	1	-
Fall River, Mass.	31	17	11	-	1	-	Jacksonville, Fla.	67	34	22	2	3	-
Hartford, Conn.	56	31	15	6	2	1	Miami, Fla.	114	63	30	9	7	3
Lowell, Mass.	27	14	9	3	-	3	Norfolk, Va.	61	29	21	6	4	5
Lynn, Mass.	24	20	4	-	-	-	Richmond, Va.	72	37	20	7	4	3
New Bedford, Mass.	22	13	5	1	2	-	Savannah, Ga.	37	25	11	1	-	2
New Haven, Conn.	48	30	10	3	2	1	St. Petersburg, Fla.	107	94	11	2	-	5
Providence, R. I.	56	31	15	4	4	7	Tampa, Fla.	72	45	21	2	1	9
Somerville, Mass.	6	5	1	-	-	-	Washington, D. C.	135	59	47	20	2	4
Springfield, Mass.	45	33	12	-	-	1	Wilmington, Del.	41	24	12	2	3	1
Waterbury, Conn.	23	19	4	-	-	-	EAST SOUTH CENTRAL	653	356	185	43	36	24
Worcester, Mass.	46	29	11	2	3	3	Birmingham, Ala.	108	57	27	5	9	1
MIDDLE ATLANTIC	2,476	1,507	645	150	75	92	Chatanooga, Tenn.	42	16	20	3	1	3
Albany, N. Y.	58	36	17	4	-	1	Knoxville, Tenn.	29	20	7	2	-	-
Allentown, Pa.	28	24	3	1	-	-	Louisville, Ky.	122	73	33	5	8	8
Buffalo, N. Y.	136	77	41	5	5	7	Memphis, Tenn.	176	93	48	11	14	3
Camden, N. J.	35	17	15	1	2	-	Mobile, Ala.	35	19	13	-	-	1
Elizabeth, N. J.	25	17	6	1	-	1	Montgomery, Ala.	31	18	6	3	2	5
Erie, Pa.	26	19	5	2	-	1	Nashville, Tenn.	110	60	31	14	2	3
Jersey City, N. J.	36	23	12	-	1	2	WEST SOUTH CENTRAL	1,136	574	330	117	47	35
Newark, N. J.	62	26	16	10	6	6	Austin, Tex.	66	32	18	9	3	4
New York City, N. Y. †	1,350	846	337	86	30	44	Baton Rouge, La.	51	27	12	7	2	4
Paterson, N. J.	28	13	7	1	-	2	Corpus Christi, Tex.	27	14	5	4	-	-
Philadelphia, Pa.	205	109	60	18	9	7	Dallas, Tex.	136	66	41	16	8	-
Pittsburgh, Pa.	146	80	43	9	9	7	El Paso, Tex.	42	19	13	1	6	2
Reading, Pa.	32	20	8	2	1	1	Fort Worth, Tex.	82	45	21	10	4	4
Rochester, N. Y.	96	55	28	4	4	7	Houston, Tex.	246	111	72	30	9	6
Schenectady, N. Y.	19	13	6	-	-	-	Little Rock, Ark.	64	37	13	6	3	3
Scranton, Pa.	40	24	13	2	1	1	New Orleans, La.	155	75	51	16	6	3
Syracuse, N. Y.	63	42	9	3	6	1	San Antonio, Tex.	140	71	48	12	2	2
Trenton, N. J.	32	23	6	1	-	2	Shreveport, La.	53	36	16	1	-	1
Utica, N. Y.	25	16	8	-	-	1	Tulsa, Okla.	74	41	20	5	4	6
Yonkers, N. Y.	34	27	5	-	1	1	MOUNTAIN	484	282	116	41	19	14
EAST NORTH CENTRAL	2,225	1,240	625	159	98	66	Albuquerque, N. Mex.	45	28	11	3	2	4
Akron, Ohio	47	27	13	1	4	2	Colorado Springs, Colo.	27	16	5	1	3	1
Canton, Ohio	34	20	9	4	1	4	Denver, Colo.	112	65	31	11	-	1
Chicago, Ill.	562	300	158	47	39	13	Las Vegas, Nev.	29	17	8	1	-	1
Cincinnati, Ohio	148	90	39	12	4	2	Ogden, Utah	17	11	4	1	1	1
Cleveland, Ohio	146	67	49	12	3	4	Phoenix, Ariz.	107	62	26	8	7	-
Columbus, Ohio	127	77	29	7	3	1	Pueblo, Colo.	28	15	5	6	1	4
Dayton, Ohio	86	48	25	7	4	3	Salt Lake City, Utah	51	27	13	6	3	1
Detroit, Mich.	274	139	87	24	8	3	Tucson, Ariz.	68	41	13	4	2	1
Evansville, Ind.	40	26	11	2	-	4	PACIFIC	1,666	1,024	419	121	49	23
Fort Wayne, Ind.	50	34	12	1	1	5	Berkeley, Calif.	19	17	1	1	-	-
Gary, Ind.	33	11	12	4	-	2	Fresno, Calif.	60	32	16	4	5	-
Grand Rapids, Mich.	60	34	18	3	3	4	Glendale, Calif.	30	20	9	1	-	1
Indianapolis, Ind.	132	73	38	7	8	4	Honolulu, Hawaii	52	26	15	5	5	-
Madison, Wis.	37	20	8	4	1	5	Long Beach, Calif.	94	62	28	-	4	-
Milwaukee, Wis.	142	84	41	4	5	2	Los Angeles, Calif.	533	318	136	49	15	9
Peoria, Ill.	55	35	15	2	1	2	Oakland, Calif.	81	49	20	7	3	2
Rockford, Ill.	49	30	10	4	4	1	Pasadena, Calif.	38	33	3	1	-	-
South Bend, Ind.	33	23	8	1	1	2	Portland, Ore.	142	89	36	5	4	2
Toledo, Ohio	106	66	24	6	6	3	Sacramento, Calif.	70	47	17	4	2	2
Youngstown, Ohio	64	36	19	7	2	-	San Diego, Calif.	142	81	36	14	2	1
WEST NORTH CENTRAL	760	459	211	38	21	22	San Francisco, Calif.	162	95	48	10	3	4
Des Moines, Iowa	57	35	13	5	1	2	San Jose, Calif. *	53	33	13	4	1	1
Duluth, Minn.	25	13	11	1	-	2	Seattle, Wash.	122	82	21	11	4	1
Kansas City, Kans.	40	16	13	2	3	1	Spokane, Wash.	35	19	11	2	1	-
Kansas City, Mo.	135	92	32	3	2	2	Tacoma, Wash.	33	21	9	3	-	2
Lincoln, Nebr.	19	12	5	1	-	1	Total	11,169	6,448	3,019	803	409	346
Minneapolis, Minn.	90	55	25	7	2	1	Expected Number	11,637	6,704	3,165	807	431	331
Omaha, Nebr. *	76	44	24	2	4	2							
St. Louis, Mo.	201	115	61	12	5	6							
St. Paul, Minn.	83	58	17	1	4	3							
Wichita, Kans.	34	19	10	4	-	3							

†Delayed report for week ending Aug. 3, 1974

*Estimate based on average percent of divisional total

MALARIA – Continued

(Reported by Jack R. Muth, Attending Physician, Family Practice Service, and Robert Chernack, M.D., Physician, Patchogue, New York; James S. Mogidson, M.D., Director of Laboratories, Brookhaven Memorial Hospital; Max B. Backer, M.D., Suffolk County Health Department; and Alan R. Hinman, M.D., Assistant Commissioner for Epidemiology and Preventive Health Services, New York State Department of Health.)

Editorial Note

Case 1 is the first case of congenital malaria reported to CDC in 1974. In 1973, 1 case of congenital malaria was reported in the United States. Clinical symptoms of congenital

malaria do not usually appear until an infant is 1 to 2 months old when the level of passively transferred maternal antibodies has decreased. The possibility of congenital malaria should be considered in all infants born to mothers with a previous history of malaria or a history of having traveled to a malarious area.

Case 2 represents the second case of fatal *P. falciparum* malaria reported to CDC in 1974. All persons traveling to malarious areas should take chloroquine phosphate 500 mg (300 mg base) once a week beginning 1 week before entering the malarious area and continuing until 6 weeks after departure. Physicians treating patients who have recently returned from the tropics should consider malaria in the diagnosis of any patient with unexplained fever or diarrhea.

**CURRENT TRENDS
PRIMARY AND SECONDARY SYPHILIS –
United States, June 1974 (Provisional Data)**

In June 1974, reported cases of primary and secondary syphilis decreased 0.9% from the number reported in June 1973 (provisional data). During the first 6 months of calendar year 1974, cases decreased by 1.2% over the number reported during the same time period in the previous year. In fiscal year 1974 (July 1973-June 1974), cases decreased by

1.2% over cases reported in FY 1973. This is the first yearly decline reported since 1969 and is attributed to federal, state, and local control efforts which were intensified in 1972.

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

SUMMARY OF REPORTED CASES OF INFECTIOUS SYPHILIS

CASES OF PRIMARY AND SECONDARY SYPHILIS: By Reporting Areas June 1974 and June 1973 – Provisional Data

Reporting Area	June		Calendar Year Cumulative		Reporting Area	June		Calendar Year Cumulative	
	1974	1973	1974	1973		1974	1973	1974	1973
Connecticut	21	25	91	141	Arkansas	4	14	62	77
Maine	1	1	13	12	Louisiana	48	62	330	415
Massachusetts	54	55	323	388	New Mexico	6	8	41	39
New Hampshire	2	0	5	5	Oklahoma	5	11	68	96
Rhode Island	2	2	8	10	Texas	92	86	649	750
Vermont	0	2	1	12	DHEW REGION VI TOTAL	155	181	1,150	1,377
DHEW REGION I TOTAL	80	85	441	568	Iowa	5	9	19	22
New Jersey	76	88	452	511	Kansas	3	0	29	14
New York (Excluding NYC)	43	43	272	199	Missouri	45	11	205	56
New York City	251	261	1,565	1,750	Nebraska	2	0	5	2
DHEW REGION II TOTAL	370	392	2,289	2,460	DHEW REGION VII TOTAL	55	20	258	94
Delaware	4	10	41	53	Colorado	16	10	68	114
District of Columbia	54	66	318	391	Montana	2	1	2	1
Maryland (Excluding Baltimore)	20	17	125	128	North Dakota	2	0	4	1
Baltimore	40	65	251	297	South Dakota	0	1	2	2
Pennsylvania (Excluding Philadelphia)	13	20	100	127	Utah	0	0	6	8
Philadelphia	57	44	339	233	Wyoming	0	0	2	2
Virginia	68	55	405	375	DHEW REGION VIII TOTAL	20	12	84	128
West Virginia	0	0	9	8	Arizona	26	17	121	90
DHEW REGION III TOTAL	256	277	1,588	1,612	California (Excluding LA and SF)	115	96	573	604
Alabama	18	33	120	95	Los Angeles*	136	156	915	950
Florida	229	191	1,313	912	San Francisco*	77	42	387	258
Georgia (Excluding Atlanta)	61	75	371	391	Hawaii	4	2	20	32
Atlanta*	40	46	217	282	Nevada	2	5	33	37
Kentucky	20	19	141	196	DHEW REGION IX TOTAL	360	318	2,049	1,971
Mississippi	19	29	115	204	Alaska	1	2	1	8
North Carolina	72	63	466	323	Idaho	1	0	6	6
South Carolina	34	47	344	322	Oregon	7	5	44	24
Tennessee	47	51	242	222	Washington	10	12	61	78
DHEW REGION IV TOTAL	540	554	3,329	2,947	DHEW REGION X TOTAL	19	19	112	116
Illinois (Excluding Chicago)	13	17	128	96	UNITED STATES TOTAL	2,032	2,050	12,354	12,503
Chicago*	74	72	396	476	Puerto Rico	60	34	443	386
Indiana (Excluding Indianapolis)	6	22	64	121	Virgin Islands	2	3	19	18
Indianapolis*	3	6	30	42	U.S. Including Territories	2094	2087	12,816	12,907
Michigan	44	41	207	257					
Minnesota	9	4	42	54					
Ohio	25	28	140	143					
Wisconsin	3	2	47	41					
DHEW REGION V TOTAL	177	192	1,054	1,230					

Note: Cumulative totals include revised and delayed reports through previous months
Source: HSM 9.98 CDC, VD Control Division, Atlanta, Ga. 30333

*County Data

EPIDEMIOLOGIC NOTES AND REPORTS

LEAD ABSORPTION FROM IMPORTED POTTERY - New Jersey

In June 1974, in the course of a blood lead screening program conducted by the Trenton, New Jersey, Health Department, a whole blood lead level of 41 µg/100 ml* was found in an apparently asymptomatic 4½-year-old boy. Environmental investigation of the child's household indicated that the only available source of lead was earthenware pottery imported from Barbados, West Indies.

The family, consisting of a father, a mother, and 3 children (ages 4, 9, and 10), had lived in Barbados for approximately 3 years from 1967 to 1970. They had used the pottery for casserole cooking and for general culinary use for the past 7 years. Several specimens of the pottery were analyzed for lead release by a standard weak-acid incubation technique (2), and the post-incubation lead content of the acid solution was determined by atomic absorption spectrophotometry in the laboratories of the New Jersey State Department of Health. The leach solution from a small cup yielded 270 ppm, from a small bowl 820 ppm, and from a large casserole dish 2,200 ppm of lead.

The pottery is a product of Clairmont Devonish at Chalky Mountain, St. Andrew, Barbados, West Indies. Several other local companies are reported to be engaged in producing similar pottery. This native earthenware is in common use by residents of Barbados, and it is possible that some of it may have been brought into the United States. Investigation of blood lead levels in the remaining family members showed no other levels ≥ 40 µg/100 ml.

*A whole blood lead level of 40 µg or more per 100 ml is considered by the Surgeon General to be indicative of "undue lead absorption" (1).

(Reported by Martin Goldfield, M.D., Assistant Commissioner, Division of Laboratories and Epidemiology, and Ronald Altman, M.D., State Epidemiologist, New Jersey State Department of Health; and an EIS Officer.)

Editorial Note

Previous reports have called attention to the potential health hazard posed by lead release from pottery (2). Lead release ≥ 100 ppm is considered capable of causing acute severe poisoning, and release of 7-99 ppm of causing chronic poisoning with prolonged exposure. Release has been demonstrated to occur from both domestic and imported pottery and from both handcrafted and commercially manufactured products. The Food and Drug Administration and many state and local health departments maintain surveillance over the lead content of pottery and may be contacted about possible hazards from pottery.

References

1. Medical aspects of childhood lead poisoning. Pediatrics 48:464-468, 1974
2. Klein M, Namer R, Harpur E, et al: Earthenware containers as a source of fatal lead poisoning: Case study and public health considerations. N Engl J Med 283:669-672, 1970

Erratum, Vol. 23, No. 31, p. 275

In the article, "Fatal Plasmodium Falciparum Malaria - Florida," please make the following changes in the credits: correct the title of Joseph H. Davis, M.D., to read Dade County Medical Examiner; add . . . and an EIS Officer.)

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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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