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For Week Ending October 5, 1974

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

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CURRENT TRENDS

GONORRHEA – CDC Recommended Treatment Schedules, 1974

The following recommendations were established by the Venereal Disease Control Advisory Committee after deliberation with therapy consultants†.*

Note: Physicians are cautioned to use no less than the recommended dosages of antibiotics.

UNCOMPLICATED GONOCOCCAL INFECTIONS IN MEN AND WOMEN

Drug Regimen of Choice

Aqueous procaine penicillin G (APPG) 4.8 million units intramuscularly divided into at least 2 doses and injected at different sites at one visit, together with 1 gm of probenecid by mouth just before the injections.

Alternative Regimens

A. Patients in whom oral therapy is preferred:

Ampicillin 3.5 gm by mouth, together with 1 gm probenecid by mouth administered at the same time. There is evidence that this regimen may be slightly less effective than the recommended APPG regimen.

B. Patients who are allergic to the penicillins or probenecid (i.e. allergy to penicillin, ampicillin, probenecid, or previous anaphylactic reaction):

1. Tetracycline hydrochloride, 1.5 gm initially by mouth, followed by 0.5 gm by mouth 4 times per day for 4 days (total dosage 9.5 gm). Other tetracyclines are not more effective than tetracycline hydrochloride. All tetracyclines are ineffective as single-dose therapy.
2. Spectinomycin hydrochloride, 2 gm intramuscularly in 1 injection.

Treatment of Sexual Partners

Men and women with known recent exposure to gonorrhea should receive the same treatment as those known to have gonorrhea. Male sex partners of persons with gonorrhea must be examined and treated because of the high prevalence of nonsymptomatic urethral gonococcal infection in such men.

Follow-up

Follow-up urethral and other appropriate cultures should be obtained from men, and cervical, anal, and other appropriate cultures should be obtained from women, 7 to 14 days after completion of treatment.

Treatment Failures

Most recurrent infection after treatment with the recommended schedules is due to reinfection. True treatment failure after therapy with penicillin, ampicillin, or tetracycline should be treated with 2 gm of spectinomycin intramuscularly.

Postgonococcal Urethritis

Tetracycline 0.5 gm 4 times a day by mouth, for at least 7 days.

Pharyngeal Infection

Pharyngeal gonococcal infections may be more difficult to treat than anogenital gonorrhea. Posttreatment cultures are essential follow-up for pharyngeal infection. The schedules of ampicillin and spectinomycin recommended for anogenital gonorrhea are ineffective in pharyngeal gonorrhea. Patients whose infection is not eradicated after treatment with 4.8 million units of APPG plus 1 gm of probenecid may be treated with 9.5 gm of tetracycline in the dosage schedule outlined above (Alternative Regimens).

Syphilis

All patients with gonorrhea should have a serologic test for syphilis at the time of diagnosis. Seronegative patients without clinical signs of syphilis who are receiving the recommended parenteral penicillin schedule need not have follow-up serologic tests for syphilis. Patients treated with ampicillin, spectinomycin, or tetracycline should have a follow-up serologic test after 3 months to detect inadequately treated syphilis.

Patients with gonorrhea who also have syphilis should be given additional treatment appropriate to the stage of syphilis.

Not Recommended

Although long-acting forms of penicillin (such as benzathine penicillin G) are effective in syphilotherapy, they have **NO** place in the treatment of gonorrhea. Oral penicillin prep-

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CONTENTS

GONORRHEA – Continued

arations such as penicillin V are not recommended for the treatment of gonococcal infection.

TREATMENT OF UNCOMPLICATED GONORRHEA IN PREGNANT PATIENTS

A. For women who are not allergic to penicillin:
   Use the regimens of APPG plus probenecid or use ampicillin plus probenecid as defined above.

B. For pregnant patients who are allergic to penicillins (Note: there are several possible alternative regimens, each of which has potential disadvantages):
   1. Erythromycin, 1.5 gm orally, followed by 0.5 gm 4 times a day for 4 days for a total of 9.5 gm. This regimen is safe for mother and fetus, but its efficacy has not been established. Erythromycin estolate should not be used in patients with underlying liver disease.
   2. Cefazolin, 2 gm intramuscularly, with 1 gm of probenecid. Because of the possibility of cross-allergenicity between penicillins and cephalosporins, this regimen should not be used in patients with a history of penicillin anaphylaxis.
   3. Spectinomycin, 2 gm intramuscularly, is an effective dose, but safety for the fetus has not been established.

Contraindicated

Tetracycline should not be used for uncomplicated gonococcal infection in pregnant women because of potential toxic effects for mother and fetus.

ACUTE SALPINGITIS (PELVIC INFLAMMATORY DISEASE)

The diagnosis of acute salpingitis should be considered in women with acute lower abdominal pain and adnexal tenderness on pelvic examination. Since there are no completely reliable clinical criteria on which to distinguish gonococcal from nongonococcal salpingitis, endocervical cultures for *Neisseria gonorrhoeae* are essential in such patients. Therapy, however, should be initiated immediately, without waiting for the results of the cultures.

A. *Hospitalization.* It should be strongly considered for women with suspected salpingitis in these situations:
   1. Uncertain diagnosis, where surgical emergencies must be excluded
   2. Suspicion of pelvic abscess
   3. Pregnant patients with salpingitis
   4. Inability of the patient to follow an outpatient regimen of oral medication, especially because of nausea and vomiting
   5. Failure to respond to outpatient therapy

B. *Antimicrobial Agents.* Controlled studies of the treatment of acute salpingitis are not available. Initial management must **AT LEAST** be adequate for gonococcal salpingitis. These regimens are known to be adequate for the treatment of gonococcal salpingitis:
   1. Outpatients
      a. 1.5 gm tetracycline hydrochloride given as a single oral loading dose, followed by 500 mg taken orally 4 times a day for 10 days.
      b. APPG 4.8 million units intramuscularly, divided into at least 2 doses and injected at different sites at one visit **OR** 3.5 gm of oral ampicillin. One gm of oral

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

DISEASE	WEEK ENDING		MEDIAN 1969-1973	CUMULATIVE, FIRST 40 WEEKS		
	October 5, 1974	October 6, 1973		1974	1973	MEDIAN 1969-1973
Aseptic meningitis	85	127	146	2,341	3,564	3,564
Brucellosis	6	5	4	133	148	149
Chickenpox	497	335	– – –	100,774	146,086	– – –
Diphtheria	4	3	5	193	146	134
Encephalitis:						
Primary: Arthropod-borne and unspecified	33	47	48	776	1,148	1,143
Post-Infectious	5	3	4	205	231	255
Hepatitis, Viral:						
Type B	183	151	153	7,448	6,179	6,179
Type A	716	1,059	1,069	32,123	39,336	42,215
Type unspecified	173			6,362		
Malaria	12	8	37	184	192	2,248
Measles (rubeola)	73	69	178	20,146	24,440	27,356
Meningococcal infections, total	9	15	21	1,029	1,099	1,826
Civilian	8	14	19	1,002	1,074	1,630
Military	1	1	1	27	25	196
Mumps	358	504	634	45,475	56,789	69,875
Pertussis	32	– – –	– – –	1,318	– – –	– – –
Rubella (German measles)	125	83	227	10,340	26,274	39,267
Tetanus	2	5	4	70	40	92
Tuberculosis, new active	568	610	– – –	23,531	24,199	– – –
Tularemia	5	2	2	120	131	120
Typhoid fever	9	17	12	317	543	276
Typhus, tick-borne (Rky. Mt. spotted fever)	15	3	7	719	580	411
Venereal Diseases:						
Gonorrhea	17,964	17,402	– – –	697,658	650,764	– – –
Syphilis, primary and secondary	473	463	– – –	19,193	19,104	– – –
Rabies in animals	63	47	55	2,287	2,743	2,742

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:	2	Poliomyelitis, total:	5
Botulism:	14	Paralytic:	5
Congenital rubella syndrome:	42	Psittacosis: Calif. 1	148
Leprosy: . . Iowa 1	80	Rabies in man:	–
Leptospirosis:	29	Trichinosis: . Mo. 1	69
Plague:	2	Typhus, murine: . Calif. 1	21

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDING OCTOBER 5, 1974 AND OCTOBER 6, 1973 (40th 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	85	6	497	4	193	33	47	5	183	716	173	12	184
NEW ENGLAND	1	–	66	–	–	–	2	–	6	25	14	–	8
Maine *	–	–	–	–	–	–	–	–	–	1	2	–	–
New Hampshire *	–	–	1	–	–	–	1	–	–	3	–	–	–
Vermont	–	–	6	–	–	–	–	–	–	3	–	–	–
Massachusetts *	–	–	20	–	–	–	1	–	2	4	12	–	2
Rhode Island	1	–	8	–	–	–	–	–	1	7	–	–	3
Connecticut	–	–	31	–	–	–	–	–	3	7	–	–	3
MIDDLE ATLANTIC	8	1	21	–	1	5	3	–	25	83	20	3	35
Upstate New York	2	–	4	–	–	–	2	–	3	28	4	–	12
New York City	3	–	16	–	–	1	–	–	5	18	–	1	12
New Jersey	2	–	NN	–	–	–	–	–	11	27	14	1	5
Pennsylvania *	1	1	1	–	1	4	1	–	6	10	2	1	6
EAST NORTH CENTRAL	10	–	124	–	2	6	23	1	28	97	8	–	15
Ohio *	–	–	1	–	1	–	12	–	3	18	–	–	6
Indiana	–	–	17	–	–	–	–	–	–	9	–	–	–
Illinois	2	–	–	–	1	6	–	–	14	15	7	–	2
Michigan	8	–	51	–	–	–	7	–	7	45	1	–	6
Wisconsin	–	–	55	–	–	–	4	1	4	10	–	–	1
WEST NORTH CENTRAL	16	2	92	–	–	5	5	–	18	22	9	1	5
Minnesota	4	–	3	–	–	–	1	–	6	3	–	1	2
Iowa *	2	2	79	–	–	2	2	–	4	8	3	–	1
Missouri *	10	–	1	–	–	3	2	–	5	3	6	–	1
North Dakota	–	–	3	–	–	–	–	–	1	–	–	–	–
South Dakota	–	–	–	–	–	–	–	–	–	4	–	–	1
Nebraska	–	–	–	–	–	–	–	–	2	–	–	–	–
Kansas	–	–	6	–	–	–	–	–	–	4	–	–	–
SOUTH ATLANTIC	10	1	32	–	1	4	–	3	14	74	22	1	26
Delaware	–	–	1	–	–	–	–	–	–	–	–	–	–
Maryland	3	–	3	–	–	–	–	–	–	3	–	–	3
District of Columbia	–	–	–	–	–	–	–	–	1	2	–	1	5
Virginia *	1	–	7	–	–	1	–	–	3	2	4	–	6
West Virginia *	–	–	17	–	–	–	–	–	–	2	–	–	–
North Carolina	2	–	NN	–	1	1	–	–	2	10	3	–	4
South Carolina	–	–	4	–	–	–	–	–	–	4	1	–	–
Georgia	–	–	–	–	–	1	–	–	–	21	–	–	1
Florida	4	1	–	–	–	1	–	3	8	30	14	–	7
EAST SOUTH CENTRAL	2	1	3	–	–	2	2	1	10	82	6	–	7
Kentucky	–	–	2	–	–	–	–	–	3	24	4	–	4
Tennessee	–	1	NN	–	–	1	–	1	5	50	–	–	1
Alabama	2	–	1	–	–	–	2	–	2	2	2	–	–
Mississippi	–	–	–	–	–	1	–	–	–	6	–	–	2
WEST SOUTH CENTRAL	3	–	59	–	9	–	1	–	11	146	13	–	10
Arkansas	–	–	1	–	–	–	–	–	1	9	2	–	1
Louisiana	–	–	NN	–	–	–	–	–	2	16	–	–	1
Oklahoma *	1	–	28	–	–	–	1	–	1	7	2	–	3
Texas	2	–	30	–	9	–	–	–	7	114	9	–	5
MOUNTAIN	–	–	32	–	30	–	–	–	7	53	36	–	9
Montana	–	–	25	–	–	–	–	–	–	6	–	–	–
Idaho *	–	–	–	–	–	–	–	–	–	4	–	–	–
Wyoming	–	–	–	–	–	–	–	–	–	–	–	–	–
Colorado	–	–	6	–	–	–	–	–	5	7	28	–	5
New Mexico *	–	–	1	–	12	–	–	–	1	7	–	–	2
Arizona	–	–	–	–	18	–	–	–	–	20	4	–	–
Utah	–	–	–	–	–	–	–	–	1	9	4	–	1
Nevada	–	–	–	–	–	–	–	–	–	–	–	–	1
PACIFIC	35	1	68	4	150	11	11	–	64	134	45	7	69
Washington	6	–	63	4	139	3	1	–	7	15	23	–	–
Oregon	–	–	–	–	–	1	–	–	6	15	1	–	2
California *	27	1	–	–	7	7	10	–	50	98	21	7	65
Alaska	–	–	–	–	4	–	–	–	1	5	–	–	–
Hawaii	2	–	5	–	–	–	–	–	–	1	–	–	2
Guam	–	–	–	–	–	–	–	–	–	–	–	–	2
Puerto Rico	–	–	7	–	–	–	–	–	–	–	14	–	1
Virgin Islands	–	–	–	–	–	–	–	–	–	–	–	–	–

*Delayed reports: Aseptic meningitis: Mass. 4, W. Va. 1
Brucellosis: Iowa 1, Okla. delete 1
Chickenpox: Me. 5, Calif. 8
Encephalitis, primary: Penn. 2 (1973)
Hepatitis B: Ohio 1, Mo. 1, Idaho 1, N.M. 1
Hepatitis A: N.H. 3, Ohio delete 1, Mo. delete 1, W. Va. delete 1, N.M. delete 1
Hepatitis unspecified: Me. 3, N.H. delete 1, Va. delete 3

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDING OCTOBER 5, 1974 AND OCTOBER 6, 1973 (40th 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	73	20,146	24,440	9	1,029	1,099	358	45,475	32	125	10,340	70
NEW ENGLAND	3	927	7,382	–	52	47	22	5,969	1	8	996	1
Maine *	–	43	67	–	2	1	–	789	–	–	284	–
New Hampshire *	–	199	857	–	12	7	2	283	–	–	17	1
Vermont	–	57	119	–	2	3	–	28	–	1	23	–
Massachusetts *	3	392	3,930	–	15	12	6	982	1	3	341	–
Rhode Island	–	59	605	–	7	3	8	2,457	–	–	19	–
Connecticut	–	177	1,804	–	14	21	6	1,430	–	4	312	–
MIDDLE ATLANTIC	10	8,051	2,507	2	154	149	20	3,636	3	11	1,098	6
Upstate New York	2	952	806	1	57	52	5	886	–	1	248	2
New York City	2	602	916	–	34	30	7	658	3	3	151	1
New Jersey	2	5,530	424	–	44	36	2	662	–	2	452	2
Pennsylvania	4	967	361	1	19	31	6	1,430	–	5	247	1
EAST NORTH CENTRAL	41	7,825	8,580	1	130	145	116	13,008	6	55	3,423	9
Ohio	1	3,046	285	–	51	59	1	3,147	–	2	517	2
Indiana	11	251	650	1	14	4	11	1,000	–	12	589	–
Illinois	6	2,048	2,076	–	10	24	11	1,140	–	17	549	3
Michigan	9	1,959	4,380	–	39	42	50	5,511	4	9	1,220	3
Wisconsin	14	521	1,189	–	16	16	43	2,210	2	15	548	1
WEST NORTH CENTRAL	1	692	442	–	74	81	34	2,785	–	–	219	12
Minnesota	–	83	21	–	24	8	–	41	–	–	13	1
Iowa	–	134	277	–	13	19	29	1,699	–	–	15	1
Missouri *	1	264	53	–	18	32	–	389	–	–	37	4
North Dakota	–	28	58	–	3	3	–	38	–	–	15	3
South Dakota	–	27	–	–	3	4	–	2	–	–	26	–
Nebraska	–	2	6	–	3	7	3	85	–	–	6	–
Kansas	–	154	27	–	10	8	2	531	–	–	107	3
SOUTH ATLANTIC	5	561	1,237	1	208	189	43	5,527	4	14	1,226	19
Delaware	–	10	8	–	5	1	3	97	–	1	30	–
Maryland	–	24	13	–	22	26	4	116	–	–	5	1
District of Columbia	–	3	8	–	1	4	–	50	–	–	4	–
Virginia	1	37	421	–	34	36	3	575	–	1	46	3
West Virginia	4	209	215	–	7	5	13	2,960	–	7	289	1
North Carolina	–	5	4	–	43	40	NN	NN	4	–	54	3
South Carolina	–	51	60	–	16	12	3	118	–	2	624	4
Georgia	–	4	152	–	8	22	–	1	–	–	3	1
Florida	–	218	356	1	72	43	17	1,610	–	3	171	6
EAST SOUTH CENTRAL	3	229	609	1	102	101	27	5,628	4	6	597	3
Kentucky	3	163	375	–	39	35	2	2,235	4	–	209	–
Tennessee	–	35	165	1	46	41	20	2,488	–	6	307	1
Alabama	–	18	12	–	10	15	4	531	–	–	62	–
Mississippi	–	13	57	–	7	10	1	374	–	–	19	2
WEST SOUTH CENTRAL	3	210	693	2	166	169	43	3,267	4	10	398	7
Arkansas	–	12	69	–	12	13	–	133	2	–	26	–
Louisiana	–	13	84	–	36	39	–	221	–	–	82	3
Oklahoma	–	27	55	–	17	30	4	373	–	2	49	1
Texas	3	158	485	2	101	87	39	2,540	2	8	241	3
MOUNTAIN	1	745	728	–	35	34	9	1,069	–	–	413	–
Montana	–	373	17	–	1	7	–	176	–	–	66	–
Idaho	–	51	256	–	2	4	1	158	–	–	14	–
Wyoming	–	1	81	–	3	–	–	10	–	–	–	–
Colorado	–	30	105	–	8	11	8	522	–	–	158	–
New Mexico	–	61	121	–	3	3	–	178	–	–	124	–
Arizona	–	16	19	–	7	5	–	–	–	–	–	–
Utah	1	14	128	–	8	2	–	20	–	–	18	–
Nevada	–	199	1	–	3	2	–	5	–	–	33	–
PACIFIC	6	906	2,262	2	108	184	44	4,586	10	21	1,970	13
Washington	2	66	1,015	1	13	20	13	1,571	1	10	376	1
Oregon	–	–	460	–	13	13	7	791	2	2	223	1
California	4	774	703	1	76	145	22	2,052	7	9	1,354	11
Alaska	–	–	65	–	3	6	2	112	–	–	–	–
Hawaii	–	66	19	–	3	–	–	60	–	–	17	–
Guam	–	15	50	–	1	–	–	361	–	–	6	–
Puerto Rico	5	603	1,872	–	6	8	14	998	3	–	29	4
Virgin Islands	1	29	7	–	–	–	1	34	–	–	–	1

*Delayed reports: Meningococcal infection: Mass. delete 2, Mo. 1
Pertussis: N.H. 3
Rubella: Me. 2

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDING OCTOBER 5, 1974 AND OCTOBER 6, 1973 (40th 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	568	23,531	120	9	317	15	719	17,964	697,658	650,764	473	19,193	19,104	2,287
NEW ENGLAND	18	973	–	–	13	–	8	635	18,504	16,593	11	391	510	24
Maine	–	75	–	–	1	–	–	72	1,537	1,020	–	33	21	2
New Hampshire	–	22	–	–	1	–	–	17	619	587	–	9	6	3
Vermont	1	18	–	–	–	–	–	21	504	289	–	5	16	1
Massachusetts	11	529	–	–	7	–	6	244	8,410	7,356	8	165	233	4
Rhode Island	–	88	–	–	2	–	2	44	1,652	1,705	–	16	14	4
Connecticut	6	241	–	–	2	–	–	237	5,782	5,636	3	163	220	10
MIDDLE ATLANTIC	155	4,326	2	3	53	3	64	1,121	82,542	89,571	48	4,099	4,231	62
Upstate New York	17	626	2	–	12	–	27	287	15,609	15,650	11	390	280	26
New York City	85	1,682	–	1	28	–	3	---	35,282	41,354	---	2,338	2,581	–
New Jersey	21	806	–	–	9	–	4	400	11,595	12,722	15	670	748	21
Pennsylvania	32	1,212	–	2	4	3	30	434	20,056	19,845	22	701	622	15
EAST NORTH CENTRAL	87	3,208	6	2	32	–	25	3,157	109,771	98,372	56	1,660	1,771	176
Ohio *	35	862	–	–	5	–	16	821	29,065	24,223	18	244	217	26
Indiana	12	469	–	–	4	–	1	201	10,565	8,996	5	147	226	12
Illinois	16	916	3	–	12	–	6	1,299	34,965	34,255	14	856	887	43
Michigan *	18	877	–	2	9	–	2	592	24,365	22,999	19	331	379	3
Wisconsin	6	84	3	–	2	–	–	244	10,811	7,899	–	82	62	92
WEST NORTH CENTRAL	27	885	19	–	10	–	17	945	36,180	33,345	12	482	280	589
Minnesota	3	143	–	–	4	–	–	149	8,132	6,779	3	65	77	210
Iowa *	2	91	–	–	2	–	1	–	4,650	3,819	–	31	46	107
Missouri	18	428	14	–	2	–	10	381	11,717	11,415	9	332	122	32
North Dakota	1	25	2	–	–	–	–	12	546	546	–	3	2	91
South Dakota	1	43	3	–	–	–	1	54	1,761	1,679	–	2	5	92
Nebraska	2	39	–	–	–	–	–	85	3,111	3,725	–	10	8	4
Kansas	–	116	–	–	2	–	5	264	6,263	5,382	–	39	20	53
SOUTH ATLANTIC	115	4,952	10	1	48	3	403	5,109	177,540	159,144	136	6,048	5,591	309
Delaware	1	82	–	–	–	–	10	85	2,423	2,390	4	68	74	1
Maryland	19	655	1	–	6	–	47	637	18,617	13,754	12	614	545	24
District of Columbia	5	284	–	–	1	–	–	312	12,860	13,574	11	506	679	–
Virginia *	12	619	4	–	3	1	133	570	15,765	15,922	5	618	622	81
West Virginia *	2	231	–	–	12	–	5	83	2,085	2,357	–	14	18	28
North Carolina *	13	759	3	–	3	–	103	627	23,766	23,877	12	735	464	38
South Carolina	24	478	–	1	5	2	55	381	18,005	16,712	12	647	897	5
Georgia	13	698	2	–	3	–	48	1,063	36,754	30,385	17	670	823	101
Florida	26	1,146	–	–	15	–	2	1,351	47,265	40,173	63	2,176	1,469	31
EAST SOUTH CENTRAL	42	2,081	12	1	45	5	107	1,500	58,347	52,533	39	991	1,035	204
Kentucky	7	442	2	–	14	4	18	188	7,169	6,462	4	226	275	120
Tennessee	14	656	6	1	23	–	64	570	23,195	20,400	9	374	354	50
Alabama	4	619	2	–	4	–	10	371	16,144	14,689	11	193	138	31
Mississippi	17	364	2	–	4	1	15	371	11,839	10,982	15	198	268	3
WEST SOUTH CENTRAL	40	2,725	52	–	21	4	86	2,308	92,868	83,657	40	1,803	2,112	480
Arkansas	4	315	29	–	1	1	11	120	8,986	9,948	–	78	110	61
Louisiana	6	393	2	–	8	–	1	414	18,736	17,988	14	488	648	22
Oklahoma	4	228	15	–	2	2	61	233	8,576	7,688	1	110	137	128
Texas *	26	1,789	6	–	10	1	13	1,541	56,570	48,033	25	1,127	1,217	269
MOUNTAIN	10	732	12	1	18	–	6	674	26,609	22,256	9	444	458	153
Montana	–	59	–	–	–	–	1	30	1,449	1,290	–	3	3	6
Idaho	1	25	–	–	–	–	1	49	1,404	1,570	1	10	10	–
Wyoming	–	17	6	–	3	–	1	23	547	406	–	6	24	11
Colorado	–	137	–	–	–	–	1	163	7,440	5,807	–	99	160	27
New Mexico	3	146	2	1	4	–	1	177	4,064	3,884	4	71	65	66
Arizona	6	265	–	–	8	–	–	138	7,615	6,425	4	169	126	42
Utah	–	35	4	–	–	–	1	69	1,534	1,238	–	14	12	1
Nevada *	–	48	–	–	3	–	–	25	2,556	1,636	–	72	58	–
PACIFIC	74	3,649	7	1	77	–	3	2,515	95,297	95,293	122	3,275	3,116	290
Washington	2	256	–	–	13	–	1	247	8,830	9,102	26	79	123	–
Oregon	4	156	1	–	1	–	2	246	8,658	8,447	6	74	49	4
California	64	2,874	6	1	59	–	–	1,992	73,656	73,689	89	3,085	2,864	275
Alaska	–	75	–	–	2	–	–	18	2,194	2,278	–	11	16	11
Hawaii	4	288	–	–	2	–	–	12	1,959	1,777	1	26	64	–
Guam	–	28	–	–	–	–	–	–	239	330	–	3	3	–
Puerto Rico	12	417	–	–	4	–	–	95	2,500	3,312	10	672	564	46
Virgin Islands	–	3	–	–	–	–	–	9	241	186	1	42	19	–

*Delayed reports: Tuberculosis: Ohio delete 1, Iowa delete 1
N.C. delete 2
RMSF: Mich. 1, Va. delete 3, W. Va. 1

Gonorrhea: W. Va. delete 1, Nevada 14
Rabies: Mich. 1, Texas 3

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TABLE IV. DEATHS IN 121 UNITED STATES CITIES FOR WEEK ENDING OCTOBER 5, 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	692	444	183	26	18	38
Boston, Mass.	204	122	57	10	8	12
Bridgeport, Conn.	53	36	12	1	2	6
Cambridge, Mass.	16	9	6	–	1	–
Fall River, Mass.	37	27	6	2	2	–
Hartford, Conn.	61	37	16	5	1	1
Lowell, Mass.	23	16	5	–	–	1
Lynn, Mass.	14	9	4	1	–	1
New Bedford, Mass.	29	19	9	1	–	1
New Haven, Conn.	43	27	9	2	–	1
Providence, R. I.	49	28	18	3	–	7
Somerville, Mass.	15	10	4	–	–	2
Springfield, Mass.	55	39	13	1	2	3
Waterbury, Conn.	28	21	5	–	2	–
Worcester, Mass.	65	44	19	–	–	3
MIDDLE ATLANTIC	2,722	1,667	713	167	86	117
Albany, N. Y.	56	37	9	5	3	1
Allentown, Pa.	22	19	2	1	–	–
Buffalo, N. Y.	163	98	50	7	5	14
Camden, N. J.	40	25	12	1	–	1
Elizabeth, N. J.	24	17	5	1	1	1
Erie, Pa.	44	28	14	–	–	4
Jersey City, N. J.	54	39	11	3	–	–
Newark, N. J.	76	42	19	7	1	3
New York City, N. Y. †	1,353	817	352	94	44	51
Paterson, N. J.	40	25	10	2	2	4
Philadelphia, Pa.	298	165	83	23	19	8
Pittsburgh, Pa.	169	105	47	6	1	11
Reading, Pa.	31	21	7	2	–	3
Rochester, N. Y.	113	73	28	7	3	6
Schenectady, N. Y.	28	19	8	–	–	–
Scranton, Pa.	41	32	6	1	–	1
Syracuse, N. Y.	65	36	18	5	6	3
Trenton, N. J.	42	30	10	1	–	1
Utica, N. Y.	21	11	10	–	–	3
Yonkers, N. Y.	42	28	12	1	1	2
EAST NORTH CENTRAL	2,365	1,325	642	163	132	50
Akron, Ohio	57	35	15	2	4	–
Canton, Ohio	42	20	16	3	2	1
Chicago, Ill.	567	304	162	41	26	13
Cincinnati, Ohio	127	66	43	8	4	1
Cleveland, Ohio	215	118	60	16	11	4
Columbus, Ohio	134	72	35	10	12	2
Dayton, Ohio	91	61	18	5	6	3
Detroit, Mich.	338	183	83	31	28	5
Evansville, Ind.	25	16	5	2	1	1
Fort Wayne, Ind.	49	24	18	3	1	4
Gary, Ind.	22	12	7	3	–	–
Grand Rapids, Mich.	56	34	15	3	3	2
Indianapolis, Ind.	159	96	31	14	11	2
Madison, Wis.	30	13	8	3	2	2
Milwaukee, Wis.	173	99	52	11	8	1
Peoria, Ill.	47	30	14	–	2	–
Rockford, Ill.	37	18	11	1	5	4
South Bend, Ind.	43	32	5	2	1	2
Toledo, Ohio	88	55	21	1	4	3
Youngstown, Ohio	65	37	23	4	1	–
WEST NORTH CENTRAL	792	522	182	26	31	32
Des Moines, Iowa	52	34	9	2	2	1
Duluth, Minn.	39	26	11	1	–	3
Kansas City, Kans.	33	19	11	1	1	2
Kansas City, Mo.	124	87	26	6	–	1
Lincoln, Nebr.	26	16	7	2	–	2
Minneapolis, Minn.	115	84	21	2	6	6
Omaha, Nebr.	72	44	17	2	6	1
St. Louis, Mo.	182	116	47	7	7	6
St. Paul, Minn.	71	48	11	2	5	4
Wichita, Kans.	78	48	22	1	4	6
SOUTH ATLANTIC	1,160	650	327	87	48	25
Atlanta, Ga.	131	59	45	10	9	4
Baltimore, Md.	227	134	60	15	8	–
Charlotte, N. C.	55	22	16	10	2	–
Jacksonville, Fla.	69	43	16	7	–	–
Miami, Fla.	112	60	35	7	5	3
Norfolk, Va.	58	30	16	5	6	6
Richmond, Va.	99	49	27	12	7	4
Savannah, Ga.	46	29	14	3	–	2
St. Petersburg, Fla.	77	62	14	–	1	–
Tampa, Fla.	66	45	12	3	2	2
Washington, D. C.	156	80	55	10	7	4
Wilmington, Del.	64	37	17	5	1	–
EAST SOUTH CENTRAL	681	385	179	36	34	23
Birmingham, Ala.	119	65	33	6	5	4
Chattanooga, Tenn.	47	26	14	3	2	2
Knoxville, Tenn.	25	13	7	1	2	–
Louisville, Ky.	130	78	36	5	2	8
Memphis, Tenn.	181	104	41	8	13	1
Mobile, Ala.	54	26	20	5	1	1
Montgomery, Ala.	41	23	9	4	4	2
Nashville, Tenn.	84	50	19	4	5	5
WEST SOUTH CENTRAL	1,128	621	323	84	51	32
Austin, Tex.	35	20	10	3	1	3
Baton Rouge, La.	62	34	12	8	3	–
Corpus Christi, Tex.	37	20	7	4	4	–
Dallas, Tex.	139	74	38	10	7	3
El Paso, Tex.	46	26	14	2	3	2
Fort Worth, Tex.	49	24	18	3	1	4
Houston, Tex.	298	145	101	25	17	5
Little Rock, Ark.	53	32	12	5	2	–
New Orleans, La.	136	75	46	7	5	–
San Antonio, Tex.	119	77	25	8	–	2
Shreveport, La.	99	59	29	6	2	7
Tulsa, Okla.	55	35	11	3	6	6
MOUNTAIN	492	257	132	40	32	17
Albuquerque, N. Mex.	62	25	16	7	4	5
Colorado Springs, Colo.	30	20	4	3	1	3
Denver, Colo.	105	57	35	5	7	3
Las Vegas, Nev.	25	10	8	2	2	–
Ogden, Utah	19	9	4	3	1	1
Phoenix, Ariz.	113	59	30	7	9	2
Pueblo, Colo.	23	12	7	2	1	–
Salt Lake City, Utah	48	28	14	2	3	3
Tucson, Ariz.	67	37	14	9	4	–
PACIFIC	1,612	979	428	101	58	36
Berkeley, Calif.	13	7	4	–	1	1
Fresno, Calif.	45	20	13	6	3	2
Glendale, Calif.	29	17	10	1	1	–
Honolulu, Hawaii	59	24	22	6	5	2
Long Beach, Calif.	123	70	41	4	7	1
Los Angeles, Calif.	468	301	110	32	16	9
Oakland, Calif.	74	44	18	4	5	2
Pasadena, Calif.	42	33	6	–	1	1
Portland, Oreg.	145	92	36	10	3	2
Sacramento, Calif.	67	42	17	6	1	–
San Diego, Calif.	126	69	37	8	7	3
San Francisco, Calif.	167	94	53	9	6	2
San Jose, Calif.	48	32	7	6	–	1
Seattle, Wash.	120	70	36	8	1	3
Spokane, Wash.	43	34	7	–	1	3
Tacoma, Wash.	43	30	11	1	–	4
Total	11,644	6,850	3,109	730	490	370
Expected Number	11,678	6,772	3,192	800	424	334

†Delayed report for week ending Sept. 28, 1974

GONORRHEA – Continued

probenecid is given along with either penicillin or ampicillin, and both are followed by 500 mg of ampicillin taken orally 4 times a day for 10 days.

2. Hospitalized patients
   a. Aqueous crystalline penicillin G 20 million units given intravenously each day until clear-cut improvement occurs, followed by 500 mg of ampicillin taken orally 4 times a day to complete 10 days of therapy. The need for additional or alternative antibiotics for the treatment of nongonococcal salpingitis requires further study. Since it is impossible to distinguish gonococcal from nongonococcal salpingitis clinically, many physicians also use an aminoglycoside in addition to penicillin and/or antibiotics which are effective against *Bacteroides fragilis* as initial therapy.
   b. Tetracycline hydrochloride 500 mg, given intravenously 4 times a day until improvement occurs, followed by 500 mg taken orally 4 times a day to complete 10 days of therapy. This regimen should not be used for pregnant women or for patients with renal failure.
3. Failure to improve on the recommended regimens does not necessarily indicate the need for stepwise additional antibiotics, but requires reassessment of the possibility of other diagnoses and of the specific microbial etiology.

C. The effect of the removal of an intrauterine device on the response of acute salpingitis to antimicrobial therapy and on the risk of recurrent salpingitis requires further study.

D. **Adequate treatment of women with acute gonococcal salpingitis must include examination and appropriate treatment of their male sex partners because of the high prevalence of nonsymptomatic urethral gonococcal infection in such men. Failure to treat male sex partners is a major cause of recurrent gonococcal salpingitis.**

E. Follow-up of patients with acute salpingitis is essential. All patients should receive repeat pelvic examinations and cultures for *N. gonorrhoeae* after treatment.

DISSEMINATED GONOCOCCAL INFECTION

A. Equally effective treatment schedules in the arthritis-dermatitis syndrome include:
   1. Aqueous crystalline penicillin G, 10 million units intravenously per day for 3 days or until there is significant clinical improvement. This may be followed with ampicillin, 500 mg 4 times a day orally to complete 7 days of antibiotic treatment.
   2. Ampicillin, 3.5 gm orally, plus probenecid 1 gm, followed by ampicillin, 500 mg 4 times a day orally for at least 7 days.

B. In penicillin- and/or probenecid-allergic patients:
   1. Tetracycline 1.5 gm orally followed by 500 mg 4 times a day orally for at least 7 days. Tetracycline should not be used for complicated gonococcal infection in pregnant women because of potential toxic effects for mother and fetus.
   2. Erythromycin 0.5 gm intravenously every 6 hours for at least 3 days.

C. Additional measures
   1. Hospitalization is indicated in patients who are unreliable, have uncertain diagnosis, or have purulent joint effusions or other complications.
   2. Immobilization of the affected joint(s) appears helpful. Repeated aspirations and saline irrigations appear beneficial, but controlled studies of these procedures have not been performed. Open drainage of joints other than the hip is now generally discouraged in patients with gonococcal arthritis.
   3. Intra-articular injection of penicillin is unnecessary, since penicillin levels in the synovial fluid of inflamed joints approximate serum levels; furthermore, intra-articular injection per se may produce a toxic synovitis.

D. Meningitis and endocarditis due to the gonococcus require high-dose intravenous penicillin therapy (at least 10 million units per day) for longer periods: usually at least 10 days for meningitis and 3-4 weeks for endocarditis.

GONOCOCCAL INFECTION IN PEDIATRIC PATIENTS

Pediatric patients encompass those from birth to adolescence. When a child is postpubertal and/or over 100 pounds, he or she should be treated with dosage regimens as defined above for adults.

The efficacy of therapeutic regimens for uncomplicated and complicated gonococcal infections of childhood is unproven at present.

With gonococcal infection in children, the possibility of child abuse must be considered.

Prevention of Neonatal Infection

All pregnant women should have endocervical cultures examined for gonococci as an integral part of prenatal care.

Prevention of Gonococcal Ophthalmia

A. One percent silver nitrate (do not irrigate with saline, as this may reduce efficacy).

B. Ophthalmic ointments containing tetracycline, erythromycin, or neomycin are also probably effective.

C. **Not Recommended**: Bacitracin ointment (not effective) and penicillin drops (sensitizing).

Management of Infants Born to Mothers With Gonococcal Infection

Orogastric and rectal cultures should be taken from all patients. Blood cultures should be taken if septicemia is suspected. Aqueous crystalline penicillin G, 50,000 units/kg/day should be administered in 2 daily doses intravenously if cultures or Gram-stained smears reveal gonococci. The duration of therapy should be determined by clinical response. In suspected septicemia, an aminoglycoside should also be given.

Neonatal Disease

A. Gonococcal ophthalmia: Patient should be hospitalized. Antimicrobial agents: Aqueous crystalline penicillin G 50,000 units/kg/day in 2 or 3 doses intravenously for 7 days **PLUS** frequent saline irrigations and instillation of penicillin, tetracycline, or chloramphenicol eyedrops.

B. Complicated infection: Arthritis and septicemia should be treated by hospitalization and administration of aqueous crystalline penicillin G 75,000-100,000 units/kg/day in 4 doses or procaine penicillin G 75,000-100,000 units/kg/day in 2 doses for 7 days. Meningitis should be treated with aqueous crystalline penicillin G 100,000 units/kg/day, divided into 2 or 3 intravenous doses a day and continued for at least 10 days.

Childhood Disease

Gonococcal ophthalmia should be treated with hospitalization and by the administration of aqueous crystalline penicillin G intravenously 75,000-100,000 units/kg/day in 4 doses or procaine penicillin G intramuscularly 75,000-100,000 units/kg/day in 2 doses for 7 days **PLUS** saline irrigations and instillation of penicillin, tetracycline, or chloramphenicol eyedrops. Topical antibiotics **alone** are **NOT** recommended in

GONORRHEA – Continued

therapy of gonococcal ophthalmitis. The source of the infection must be identified.

Uncomplicated vulvovaginitis and urethritis usually do not require hospitalization. Both may be treated at one visit with APPG 75,000-100,000 units/kg intramuscularly and probenecid 25 mg/kg by mouth. Topical and systemic estrogen therapy are of no benefit in vulvovaginitis. All patients should have follow-up cultures, and the source of infection should be identified, examined, and treated.

Infection complicated by peritonitis or arthritis should be treated by hospitalization and administration of aqueous crystalline penicillin G intravenously 75,000-100,000 units/kg/day in 4 doses or procaine penicillin G 75,000-100,000 units/kg/day intramuscularly in 2 doses for 7 days.

Treatment of patients with allergy to penicillin: Patients under 6 years of age should be treated with erythromycin 40 mg/kg/day in 4 doses by mouth for 7 days for uncomplicated disease. Complicated disease should be treated with cephalothin 60-80 mg/kg/day in 4 doses intravenously for 7 days. Patients older than 6 may be treated with an oral regimen of tetracycline 25 mg/kg as an initial dose followed by 40-60 mg/kg/day in 4 doses for 7 days or an intravenous regimen of tetracycline 15-20 mg/kg/day in 4 doses for 7 days.

MEASLES AND RUBELLA ERADICATION – Alaska

No cases of measles or rubella have been reported in Alaska in 1974. The last case of measles occurred 16 months ago, the last case of rubella 10 months ago. This record is attributed to high immunization levels and rapid epidemiologic follow-up of every reported case.

A survey of the immunization status of 2-year-old children living in Alaska was completed in August 1974. The survey showed that 91% of them are immunized for measles and 89% for rubella. In addition, Alaska requires that all children be adequately immunized before starting school.

In 1972, a special surveillance program for measles and rubella was initiated, and every reported case is investigated within 24 hours. The investigation includes information on the history of vaccinations, history of clinical illness, and the immune status of household contacts. All tentative diagnoses are confirmed by positive serologic tests on acute and convalescent specimens. After a diagnosis is confirmed, a plan to locate and immunize the contacts of the original case is instituted. If indicated, a community immunization program is conducted.

So far in 1974, approximately 7 epidemiologic investigations have been conducted for measles and 12 for rubella. In all instances, the results of serologic tests did not confirm the initial clinical diagnosis.

(Reported by Donald K. Freedman, M.D., M.P.H., State Epidemiologist, Paul Frith, D.V.M., Regional Health Officer, Elizabeth Tower, M.D., Regional Health Officer, Margaret Bixby, P.H.N., Regional Health Officer, Jerry D. Crowe, Public Health Advisor, Alaska Department of Health and Social Services; and an EIS Officer.)

Editorial Note

The experience in Alaska demonstrates the importance of maintaining high immunization levels for measles and rubella in both preschool and school-age children as well as the necessity of close epidemiologic follow-up of all suspect cases.

Oregon is the only other state that has reported no measles in 1974, while 27 additional states have reported no rubella. The number of measles cases reported for the first 38 weeks of 1974 is only 1% above the record low level for the same period of 1968 and 82% of the number reported for the same period last year. Rubella reporting is at a record low level, with the total for the first 38 weeks of this year only 39% of the 1973 number for the same period. Of the 48 states reporting measles cases in 1974, 7 have reported fewer than 10 (MMWR, Vol. 23, No. 38). Since both measles and rubella usually occur in clusters, careful epidemiologic investigation of all case reports, particularly when only a few are received, is very important. The investigation of sporadic cases is necessary to confirm the diagnosis of rubella or measles and rule out other rash illnesses.

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In addition to the established procedures for reporting morbidity and mortality, the editor welcomes accounts of interesting cases, outbreaks, environmental hazards, or other public health problems of current interest to health officials.

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