



Morbidity and Mortality

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WEEKLY
REPORT

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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE
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EPIDEMIOLOGIC NOTES AND REPORTS
OUTBREAK OF FOODBORNE STREPTOCOCCAL
DISEASE - Florida

Between August 16 and 21, 1974, an outbreak of Group A β-hemolytic M-9 T-9 streptococcal pharyngitis, affecting approximately 325 of 690 inmates, occurred in the Dade County Jail in Miami, Florida (Figure 1). The sore throats were accompanied by headache (64%), fever and chills (63%), myalgia (45%), diarrhea (20%), and vomiting (18%). Physical findings included exudative tonsillitis (50%) and submandibular lymphadenopathy (15%).

Between August 19 and 21 approximately 290 symptomatic inmates were placed on antibiotic therapy. On August 21 the 400 remaining inmates were given 1.2 million units of benzathine penicillin to prevent secondary cases.

A questionnaire survey of 185 randomly selected in-

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mates revealed that 47% reported a sore throat between August 16 and 22 (the definition of a case). Since none of the 154 employees of the prison who were surveyed developed illness, food items served to only inmates were carefully investigated. A second questionnaire survey revealed that food-specific attack rates for items served to 314 randomly selected inmates showed a significant association be-

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 43 WEEKS		
	October 26, 1974	October 27, 1973		1974	1973	MEDIAN 1969-1973
Aseptic meningitis	83	93	129	2,599	3,895	3,895
Brucellosis	2	2	3	148	160	160
Chickenpox	1,075	604	—	103,177	147,754	—
Diphtheria	—	2	3	197	157	150
Encephalitis:						
Primary: Arthropod-borne and unspecified	23	33	35	852	1,266	1,265
Post-Infectious	3	4	4	215	241	262
Hepatitis, Viral:						
Type B	225	156	156	8,058	6,661	6,661
Type A	900	—	—	34,640	—	—
Type unspecified	180	987	1,049	6,816	42,539	45,320
Malaria	6	3	46	214	207	2,553
Measles (rubeola)	112	87	296	20,500	24,748	27,830
Meningococcal infections, total	31	18	34	1,101	1,159	1,923
Civilian	31	18	25	1,073	1,134	1,716
Military	—	—	—	28	25	207
Mumps	532	761	1,123	46,930	58,833	72,697
Pertussis	18	—	—	1,421	—	—
Rubella (German measles)	144	128	268	10,679	26,641	40,660
Tetanus	5	1	2	80	77	98
Tuberculosis, new active	570	626	—	25,232	25,906	—
Tularemia	2	7	3	126	141	128
Typhoid fever	9	10	13	348	575	303
Typhus, tick-borne (Rky. Mt. spotted fever)	5	12	5	737	612	426
Venereal Diseases:						
Gonorrhea	19,782	17,442	—	754,193	702,999	—
Syphilis, primary and secondary	518	516	—	20,729	20,621	—
Rabies in animals	43	42	49	2,469	2,916	2,915

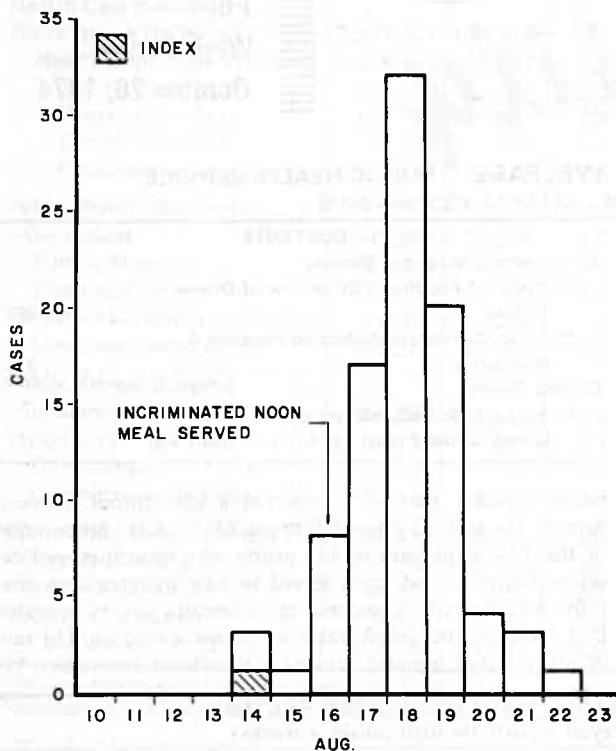
TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax	2	Poliomyelitis, total:	5
Botulism: Oregon 1	15	Paralytic:	5
Congenital rubella syndrome: Calif. 1	44	Psittacosis:	148
Leprosy: Hi. 1, Texas 1	87	Rabies in man:	—
Leptospirosis: Fla. 3	33	Trichinosis: Okla. 1, Penn. 2	79
Plague: N.M. 1	3	Typhus, murine:	22

STREPTOCOCCAL DISEASE — Continued

Figure 1

CASES OF SORE THROAT, BY DATE OF ONSET,
IN INMATES OF 17 RANDOMLY SELECTED CELL BLOCKS
DADE COUNTY JAIL, MIAMI, FLORIDA — AUGUST 1974



tween ingesting egg salad and a beverage at the noon meal on August 16 and developing a sore throat (Table 1). A further analysis of these data (Table 2) incriminated egg salad alone. Isolation of Group A β -hemolytic M-9 T-9 streptococci, the epidemic strain, from an inmate's throat was significantly associated with developing a sore throat ($p < .002$).

An inmate with a throat culture positive for the epidemic strain admitted to having a sore throat when he assisted in preparing the egg salad. The egg salad was made from 210 dozen eggs peeled by 5 inmates on August 15 and placed in large pans for overnight storage in a walk-in refrigerator whose ambient temperature ranged between 50° and 70°F. On August 16 the eggs were mixed with mayonnaise and left at room temperature for the next 4 hours until served.

Eighty-eight of 637 (13.8%) throat cultures obtained from randomly selected officers and inmates available for culturing on August 21 were positive for β -hemolytic streptococci. Thirty-three of these 88 were Group A β -hemolytic M-9 T-9 streptococci, 7 were Group A β -hemolytic streptococci (type not determined), and 48 were non-Group A β -hemolytic streptococci. Group A β -hemolytic M-9 T-9 streptococcus was isolated from throat cultures from 2 of 154 officers (1.3%) and 31 of 483 (6.4%) inmates ($p < .006$). No significant difference could be demonstrated between the non-Group A carriage rate in officers and inmates.

(Reported by Milton S. Saslaw, M.D., M.P.H., Dr. P.H., Director, Joel L. Nitzkin, M.D., M.P.H., Chief, Office of Con-

sumer Protection, and Robert Levine, M.D., Public Health Resident, Dade County Department of Public Health; Glen E. Hastings, M.D., Medical Director, and Sandra Cominsky, R.N., P.N.P., Supervisor, Miami Jail, Prison Medical Services; Douglas Miller, M.D., Fellow in Ambulatory Care, Department of Internal Medicine, School of Medicine, University of Miami; Patrick Gallagher, Assistant Director, Corrections and Rehabilitation, Metropolitan Dade County; Robert A. Graves, M.S., M.P.H., Laboratory Manager, and Thomas O. Felkens, Microbiologist II, Miami Regional Laboratory, Florida Division of Health; and 2 EIS Officers.)

Editorial Note

During the past decade foodborne outbreaks caused by streptococci have been rare (1,2). Only 3 such outbreaks have been reported to CDC's Foodborne Surveillance Program in the past 8 years. In the outbreak reported here, the probable source was the food handler who had pharyngitis while peeling eggs and who was found to harbor the epidemic strain of streptococcus in his throat. Improper refrigeration of the eggs and egg salad then allowed the streptococci to multiply to high enough levels to cause clinical illness in those ingesting the egg salad.

That only 5.2% of all cultures taken were positive for the epidemic strain is probably due to the fact that prompt and effective antibiotic therapy was given to all symptomatic individuals before the culture survey. Secondary cases were probably prevented by this therapy. Demonstration of the low carriage rate of the epidemic strain subsequent to the treatment of asymptomatic inmates suggests that penicillin prophylaxis in asymptomatic individuals in anticipation of a secondary wave may not have been necessary.

References

- Hill HR, et al: Foodborne epidemic of streptococcal pharyngitis at the United States Air Force Academy. *N Engl J Med* 280(17):917-921, 1969
- Taylor PJ, McDonald MA: Milk-borne streptococcal sore throat. A study of 835 cases. *Lancet* i:330-333, 1959

Table 1
Food-Specific Attack Rates for Items
Consumed August 16, 1974
Dade County Jail, Miami, Florida

	Ate			Did Not Eat				<i>p</i>
	III	Total	% III	III	Total	% III		
Beverage	179	264	67.8	22	50	44.0		<.01
Egg Salad Sandwiches	176	226	77.9	27	73	37.0		<.001

Table 2
Cross-Table Analysis for Egg Salad and Beverage
Consumed August 16, 1974
Dade County Jail, Miami, Florida

	Ate Egg Salad				Did Not Eat Egg Salad			
	III	Well	Total	% III	III	Well	Total	% III
Drank beverage	152	49	201	75.6	19	53	72	26.4
Did not drink beverage	12	3	15	80.0	7	21	28	25.0

p = .492

p = .552

CURRENT TRENDS
PRIMARY AND SECONDARY SYPHILIS —
United States, August 1974 (Provisional Data)

In August 1974, reported cases of primary and secondary syphilis numbered 2,304, up 3.4% from the number reported in August 1973 (provisional data). During the first 8 months of calendar year 1974, cases numbered 16,833, representing a small increase (0.8%) over the number reported in the same time period in the previous year. Despite these

increases, prospects for achieving a level or decreasing incidence of primary and secondary syphilis during calendar year 1974 and Fiscal Year 1975 remain good.

(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 August 1974 and August 1973 — Provisional Data

Reporting Area	August		Calendar Year Cumulative January — August		Reporting Area	August		Calendar Year Cumulative January — August	
	1974	1973	1974	1973		1974	1973	1974	1973
Connecticut	18	11	126	172	Arkansas	6	9	71	101
Maine	4	6	23	20	Louisiana	33	59	423	548
Massachusetts	46	68	430	527	New Mexico	5	14	55	55
New Hampshire	0	1	7	6	Oklahoma	5	15	85	119
Rhode Island	1	0	9	13	Texas	130	131	911	1,026
Vermont	0	0	1	13	DHEW REGION VI TOTAL	179	228	1,545	1,849
DHEW REGION I TOTAL	69	86	596	751	Iowa	1	4	26	34
New Jersey	74	86	589	683	Kansas	9	0	46	14
New York (Excluding NYC)	34	38	345	271	Missouri	47	11	283	79
New York City	288	268	2,084	2,312	Nebraska	1	4	9	9
DHEW REGION II TOTAL	396	392	3,018	3,266	DHEW REGION VII TOTAL	58	19	364	136
Delaware	10	7	55	66	Colorado	9	23	87	144
District of Columbia	53	74	429	525	Montana	0	1	2	2
Maryland (Excluding Baltimore)	25	32	169	176	North Dakota	0	0	4	1
Baltimore	55	64	334	409	South Dakota	0	1	2	4
Pennsylvania (Excluding Philadelphia)	31	36	150	180	Utah	0	3	8	11
Philadelphia	62	46	457	329	Wyoming	0	0	2	3
Virginia	75	71	542	499	DHEW REGION VIII TOTAL	9	28	105	165
West Virginia	3	2	12	13	Arizona	31	13	168	110
DHEW REGION III TOTAL	314	332	2,148	2,197	California (Excluding LA and SF)	121	91	784	787
Alabama	23	23	154	124	Los Angeles*	159	136	1,265	1,222
Florida	295	227	1,873	1,287	San Francisco*	83	61	565	380
Georgia (Excluding Atlanta)	48	73	460	535	Hawaii	0	1	22	38
Atlanta*	55	51	320	382	Nevada	7	2	43	45
Kentucky	21	29	193	247	DHEW REGION IX TOTAL	401	304	2,847	2,582
Mississippi	24	24	163	238	Alaska	1	1	3	10
North Carolina	87	44	629	413	Idaho	2	2	9	9
South Carolina	62	98	475	480	Oregon	12	2	63	32
Tennessee	50	37	330	285	Washington	12	12	81	102
DHEW REGION IV TOTAL	665	606	4,597	3,991	DHEW REGION X TOTAL	27	17	156	153
Illinois (Excluding Chicago)	18	27	172	131	UNITED STATES TOTAL	2,304	2,228	16,833	16,701
Chicago*	72	84	560	631	Puerto Rico	76	63	596	513
Indiana (Excluding Indianapolis)	14	11	87	140	Virgin Islands	0	3	21	21
Indianapolis*	1	11	34	57					
Michigan	32	44	283	337					
Minnesota	7	10	56	72					
Ohio	32	20	191	186					
Wisconsin	10	9	74	57					
DHEW REGION V TOTAL	186	216	1,457	1,611					

*County Data

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

EPIDEMIOLOGIC NOTES AND REPORTS
PROBABLE CHIMPANZEE-ASSOCIATED HEPATITIS A — New Jersey

In January 1974 the Hunterdon County (N.J.) Health Department received reports of 9 cases of hepatitis from 2 small, adjacent towns, Whitehouse and Readington. In contrast, the total number of cases reported for the whole county in 1973 was 6, and no more than 2 cases had occurred in any 1 month. The temporal and spatial clustering of cases suggested a common source outbreak, and an investigation was conducted by county and state health department officials.

Eight of the 9 cases were in members of 2 families and their friends. The remaining case, whose onset date was earlier than the others, had no contact with them and was not considered to be part of the outbreak. This case was excluded from further analyses.

The age, sex, residence, onset date, and results of immunoelectrophoresis tests for the hepatitis B surface antigen (HB_SAg) are shown in Table 3. Six cases were in females, 2 in males, and all were HB_SAg-negative. Cases 1 and 2 are Case 3's children, Cases 4 and 5 are Case 6's children, and Cases 7 and 8 are friends of Cases 1 and 2.

Epidemiologic investigation revealed that the mother of Cases 1 and 2 worked part-time for an animal trainer in northern New Jersey. During the 2 weeks before Christmas, she took 3 chimpanzees home to housebreak them. Cases 4, 5, and 6 visited the house several times during this period and ate at least 1 meal there. Cases 7 and 8, who lived nearby, also visited during this period. No common exposure to any

HEPATITIS - Continued

Table 3
Chimpanzee-Associated Hepatitis Cases
Hunterdon County, New Jersey
January 1974

Case No.	Age	Sex	Date of Onset	Residence	HB _S Ag Test
1	14	F	1/12/74	Whitehouse	(-)
2	12	F	1/16/74	Whitehouse	(-)
3	34	M	1/13/74	Whitehouse	(-)
4	12	M	1/13/74	Readington	(-)
5	12	F	1/16/74	Readington	(-)
6	45	F	1/12/74	Readington	(-)
7	12	F	1/11/74	Somerville	(-)
8	11	F	1/15/74	Whitehouse	(-)

other source, such as water, food, schools, or restaurants, could be documented.

The chimps had recently been captured in South Africa and shipped first to New York, then to New Jersey. After they had been housebroken, they were sent to a circus in South America. While in New Jersey, they had no evidence of disease.

Gamma globulin was administered to contacts of the patients, and no secondary cases occurred.

(Reported by James Kovacs, Public Health Coordinator, Hunterdon County Health Department; Paul Marzinski, Principal Field Representative, and Ronald Altman, M.D.,

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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.

Director, Epidemiologic Services, New Jersey Department of Health; and an EIS Officer.)

Editorial Note

Subhuman primate-associated viral hepatitis cases continue to occur. As in the situation described above, the majority of cases have been associated with newly imported young chimpanzees, and most incriminated animals have not had recognized clinical illness. Tests for the hepatitis-B surface antigen (HB_SAg) have been uniformly negative in persons affected (1, 2).

Efforts are currently underway at CDC to assess the epidemiologic aspects and magnitude of this problem. In the meantime, logical recommendations for preventing or minimizing cases of subhuman primate-associated disease should include:

(1) Maintaining scrupulous personal hygiene and wearing protective clothing when in contact with newly imported young subhuman primates and their excreta,

(2) Holding to a minimum the number of persons having contact with recently imported animals, and

(3) Discriminately using prophylactic immune serum globulin (ISG) for those persons who, of necessity, continually handle possibly infected animals and, therefore, are at continued risk of acquiring this disease.

References

1. Center for Disease Control: Hepatitis Surveillance Rep No. 34, September 1971
2. Center for Disease Control: Hepatitis Surveillance Rep No. 36, September 1973

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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