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WEEKLY REPORT

For Week Ending February 17, 1973

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE / PUBLIC HEALTH SERVICE / HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

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EPIDEMIOLOGIC NOTES AND REPORTS
BOTULINAL TOXIN IN A COMMERCIAL FOOD PRODUCT – United States

On February 17, the United Canning Company, East Palestine, Ohio, issued a recall of 11 lots of #10 cans of mushrooms after botulinal toxin type B was detected in cans from 1 lot. By February 19, a total of 20 lots of these canned mushrooms had been recalled; 5 were known to contain botulinal toxin. These cans are distributed under 11 labels to restaurants and wholesale distributors in Illinois, Ohio, New York, and Pennsylvania and are not ordinarily sold for home use.

Because the implicated mushrooms were used in their frozen food products, 2 companies issued a recall of these products on February 17 and 18. Stouffer's Food Company, Solon, Ohio, recalled 4 products–Tuna Noodle Casserole, Escalloped Chicken and Noodles Casserole, Green Beans and Mushroom Casserole, and Cream of Mushroom Soup; Fabbrini Family Foods, Inc., Ossinike, Michigan, recalled Frozen Mushroom Pizza.

CONTENTS

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

DISEASE	7th WEEK ENDING		MEDIAN 1968-1972	CUMULATIVE, FIRST 7 WEEKS		
	February 17, 1973	February 19, 1972		1973	1972	MEDIAN 1968-1972
Aseptic meningitis	27	47	45	264	265	205
Brucellosis	1	–	1	12	13	8
Chickenpox	5,223	3,951	– – –	32,147	22,993	– – –
Diphtheria	5	5	4	16	12	18
Encephalitis, primary:						
Arthropod-borne and unspecified	12	27	24	106	117	137
Encephalitis, post-infectious	4	7	6	24	33	44
Hepatitis, serum (Hepatitis B)	155	234	104	942	1,284	872
Hepatitis, infectious (Hepatitis A)	926	1,213	1,094	6,625	7,620	7,559
Malaria	7	34	34	24	254	307
Measles (rubeola)	672	791	791	4,136	4,454	4,454
Meningococcal infections, total	30	42	68	200	257	461
Civilian	30	40	64	192	248	441
Military	–	2	4	8	9	28
Mumps	1,948	2,172	2,849	12,277	14,597	17,462
Rubella (German measles)	593	681	1,003	2,866	3,520	4,583
Tetanus	–	1	1	7	7	8
Tuberculosis, new active	549	626	– – –	3,657	3,642	– – –
Tularemia	3	2	1	13	14	12
Typhoid fever	3	3	3	24	29	29
Typhus, tick-borne (Rky. Mt. spotted fever)	–	–	–	3	9	3
Venereal Diseases:						
Gonorrhea	13,489	12,882	– – –	99,321	89,846	– – –
Syphilis, primary and secondary	499	468	– – –	3,643	2,973	– – –
Rabies in animals	65	72	71	389	454	454

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:	–	Poliomyelitis, total:	–
Botulism:	–	Paralytic:	–
Congenital rubella syndrome: *Mich. – 1	4	Psittacosis:	2
Leprosy: Calif. – 3, Tex. – 2	8	Rabies in man:	–
Leptospirosis: P.R. – 1	5	Trichinosis: Ohio – 2	8
Plague:	–	Typhus, murine: Tex. – 1	1

*Delayed report: Congenital rubella syndrome: Calif. – 1

BOTULINAL TOXIN – Continued

No cases of confirmed botulism related to this contamination have been reported to CDC by state, county, or local health departments. Any questions regarding potential exposure should be directed to local and state health officials.

(Reported by the Field Investigations Branch, Food and Drug Administration; and the Bacterial Diseases Branch, Epidemiology Program, CDC.)

Editorial Note

Commercial foods are rarely implicated in outbreaks of foodborne botulism. This is the 1st commercial product known to have been contaminated with botulinal toxin in the past 18 months. No confirmed cases of botulism have been reported as a result of the current incident probably because the canned mushrooms and commercial products are usually cooked before being eaten. Botulinal toxin is readily inactivated at temperatures reached by following the directions for cooking given on the product labels. CDC stores and distributes trivalent (Connaught) botulinal antitoxin. Requests for this drug or laboratory services should be made by telephone:

Monday-Friday 7:30 a.m.-5:00 p.m. (404) 633-3311, ext. 3753-3756

Nights, Weekends, and Holidays (404) 633-2176, 633-8673

SURVEILLANCE SUMMARY
MENINGOCOCCAL DISEASE – United States, Canada, EY 1972

United States

In epidemiologic year (EY) 1972 (35th week of 1971 through 34th week of 1972), 1,436 cases of meningococcal disease from the United States were reported to CDC, a decrease of 40% from the 2,398 cases reported in EY 1971. The incidence of reported meningococcal disease in EY 1972, 0.7 cases/100,000/year, was the lowest rate for the United States since 1915. The winter-spring incidence peak experienced in previous years was considerably blunted in EY 1972 (Figure 1).

Cases of meningococcal disease are reported by states to CDC as either "civilian" or "military-associated."* The incidence of reported civilian meningococcal disease declined from 1.0 cases/100,000/year in EY 1971 to 0.7 cases/100,000/year in EY 1972. This decrease in civilian disease was experienced in all states except Virginia, Washington, and West Virginia, which reported increases from EY 1971 to EY 1972.

Two-hundred-forty isolates from civilian cases in the United States were received by CDC for serogrouping and antimicrobial sensitivity testing in EY 1972 (Tables 1 and 2); 130 (54.1%) were serogroup C, and 107 (82.3%) of these were resistant to 1.0 mg% sulfadiazine; 87 (36.2%) were serogroup B, and 5 (5.7%) were sulfa-resistant; 15 (6.2%) were serogroup Y, and none were sulfa-resistant. These proportions correspond generally to those of the past 3 years. Approximately the same percentages of specific serogroups were received from all geographic areas within the United States.

Three cases of serogroup A meningococcal disease occuring in the United States were reported in EY 1972; 2 were from Massachusetts and 1 from Colorado, and only 1 of

*Includes cases occurring in military personnel, on military installations, or in military dependents.

Figure 1
MENINGOCOCCAL DISEASE ATTACK RATES, BY MONTH
UNITED STATES – EPIDEMIOLOGIC YEARS, 1967-1972

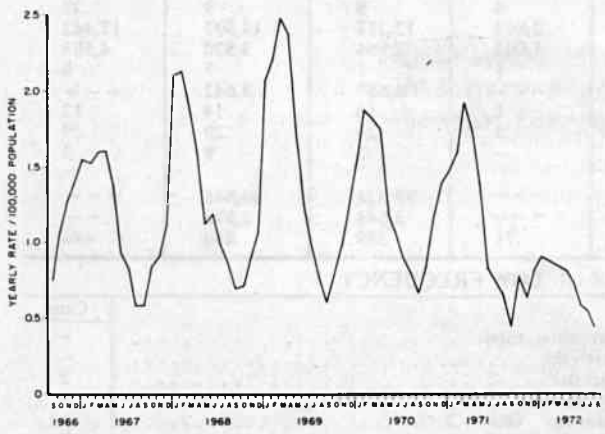


Table 1
Serogroups of Isolates Received by CDC* – EY 1972

Serogroup	Civilian	Military
A	3	0
B	87	2
C	130	1
Y	15	2
Z	1	0
Other		
Non-group	3	1
Unknown	1	0
Total	240	6

*Sources: blood or cerebrospinal fluid – 240
eye – 4
joint – 2

Table 2
Sulfonamide and Rifampin Resistance of Isolates from Civilians EY 1972

Serogroup	Total	Sulfonamide-Resistant*		Rifampin-Resistant**	
		Number	Percent	Number	Percent
A	3	0	0.0	0	0.0
B	87	5	5.7	2	2.3
C	130	107	82.3	1	0.8
Y	15	0	0.0	1	6.7
Z	1	0	0.0	0	0.0
Other	4	0	0.0	0	0.0
Total	240	112	46.7	4	1.7

*to 10 mcg/ml sulfadiazine
**to .25 mcg/ml rifampin

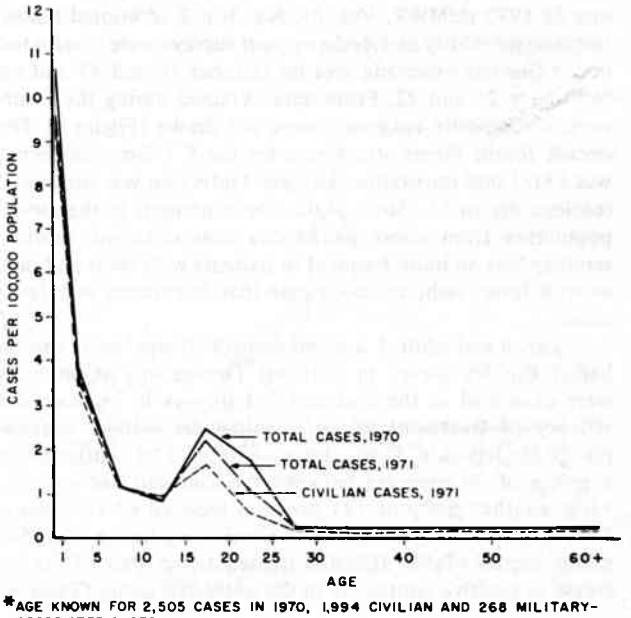
these individuals had had exposure overseas or in Canada. Isolates from these 3 patients were all sensitive to 1.0 mg% sulfadiazine.

In 1971, the age distribution of patients with meningococcal disease was similar to that in previous years. The highest civilian attack rates were reported in children less than 1 year of age (9.5 cases/100,000/year) (Figure 2). The rise in the incidence curve in the 15- to 20-year age group was seen again in 1971, even when cases reported as "military-associated" were removed.

The number of "military-associated" cases reported to CDC decreased from 334 in EY 1971 to 78 in EY 1972. The administration of Group C polysaccharide vaccine to all Army and Navy recruits began in October 1971, but Army trials with the vaccine were in progress as early as 1968.

(Reported by the Special Pathogens Section, Bacterial Diseases Branch, Epidemiology Program; the Antimicrobic Investigations Unit and the Special Bacteriology Unit, Clinical Bacteriology Section, Bacteriology Branch, Laboratory Division, CDC.)

Figure 2
MENINGOCOCCAL DISEASE ATTACK RATES, BY AGE*
UNITED STATES – 1970 AND 1971



*AGE KNOWN FOR 2,505 CASES IN 1970, 1,994 CIVILIAN AND 268 MILITARY-ASSOCIATED CASES IN 1971

Canada

In EY 1972, Canada experienced an increase in the reported cases of meningococcal disease in 8 of 12 provinces; the other 4 showed no change or a decrease in incidence. The reported incidence rate more than quadrupled from EY 1971 to EY 1972 in Newfoundland, tripled in British Columbia, and doubled in Quebec, Ontario, and Alberta. The overall reported incidence for Canada increased from 0.9 to 1.4/100,000/year.

In 1970 and 1971, Group A meningococci accounted for approximately 60% of the reported meningococcal cases in Manitoba (MMWR, Vol. 21, No. 11), and 7 of 20 cerebrospinal fluid or blood meningococcal isolates from Ontario in EY 1972 were Group A. None of the 21 Manitoba Group A isolates examined in 1970-71 were resistant to sulfadiazine (1.0 mg%). It seems possible that Group A disease may be the cause of rising attack rates in other parts of Canada.

(Reported by L. Greenberg, Ph.D., Chief, Biologics Control Laboratories, Laboratory Centre for Disease Control, Ottawa, Ontario, Canada; and Notifiable Diseases–Weekly Summary, Public Health Section, Health and Welfare Division, Statistics Canada, Ottawa, Canada.)

Editorial Note

While the rate of reported civilian meningococcal disease in the United States decreased from EY 1971 to EY 1972, the relative proportions of serogroups tested at CDC from civilian cases did not change. Moreover, the fall in case rates occurred in nearly every state, and specific meningococcal serogroups showed no tendency toward geographic clustering. There are no data to suggest that the fall in civilian incidence of meningococcal disease is related to the use of serogroup C polysaccharide vaccine in the military.

The juxtaposition of a falling incidence of meningococcal disease in the United States with an increasing incidence in Canada is of great interest, largely because of the occurrence of many serogroup A cases in Manitoba and Ontario, and presumably in other Canadian provinces. The appearance of large numbers of serogroup A cases in the northern hemisphere for the 1st time in over 2 decades is of concern, since this serogroup has been responsible for major epidemics in the past. Only 1 of the 5 reported cases of serogroup A disease in United States residents in the past 18 months had known Canadian exposure.

The importance of case reporting and serogrouping of isolates is increased by the development of serogroup A and serogroup C meningococcal polysaccharide vaccines. The efficacy of the serogroup C vaccine is being examined in a group of children (6-35 months of age) in São Paulo, Brazil, by local health authorities with the assistance of the Pan American Health Organization. The serogroup C vaccine has been demonstrated to prevent meningococcal disease among military recruits *(1)*. In addition, a World Health Organization-sponsored field trial of serogroup A vaccine in children is being conducted in Egypt.

Chemotherapy is indicated to eradicate the meningococcal carrier state in household contacts of patients with meningococcal disease. Sulfadiazine was the preferred agent until recent years when sulfa-resistant meningococci became responsible for most meningococcal disease in the United States. Of a large number of drugs tested, only rifampin and minocycline have been shown to be significantly effective in eradicating the meningococcal carrier state in adults, and there are no published data concerning the efficacy of these drugs when used for this purpose in children. Both of these antibiotics are now approved by the Food and Drug Administration for use in eradicating the meningococcal carrier state in adults.

Reference

1. Artenstein MS, Gold R, Zimmerly JG, Wyle FA, Schneider H, Harkins C: Prevention of meningococcal disease by group C polysaccharide vaccine. New Eng J Med 282:417-420, 1970

EPIDEMIOLOGIC NOTES AND REPORTS

FOLLOW-UP ON DENGUE-2 INFECTION – Puerto Rico

Following confirmation of dengue-2 activity in the summer of 1972 (MMWR, Vol. 21, No. 44), 2 additional house-to-house morbidity and *Aedes aegypti* surveys were conducted in the Guánica-Ensenada area on October 16 and 17 and on November 21 and 22. From data obtained during the 4 surveys, a composite epidemic curve was drawn (Figure 3). The overall febrile illness attack rate for the 5 1/2-month period was 331/1,000 population. Dengue-2 infection was confirmed serologically in 35 (56%) of 62 febrile patients in the survey population from whom paired sera were obtained. Positive serology was no more frequent in patients with fever and rash or with fever, rash, and body pain than in patients with fever alone.

Larval and adult *A. aegypti* control efforts began 1 week before the 3rd survey in October. Two groups of premises were examined in the 2nd and 3rd surveys to evaluate the efficacy of treatment of water containers with an organophosphate larvicide. Larvicides were applied to containers in a group of 96 premises between the 2nd and 3rd surveys, while another group of 134 premises received no treatment. Notable success was achieved in eliminating larvae from 50-gallon barrels (Table 3) in the treated group. Part of the increase in positive containers in the untreated group (Table 4) is attributable to unusually heavy rains which fell during the 3 weeks prior to the 3rd survey.

Figure 3
FEBRILE ILLNESS ATTACK RATES, BY DATE OF ONSET
GUANICA-ENSENADA, PUERTO RICO
JUNE 1-NOV. 12, 1972

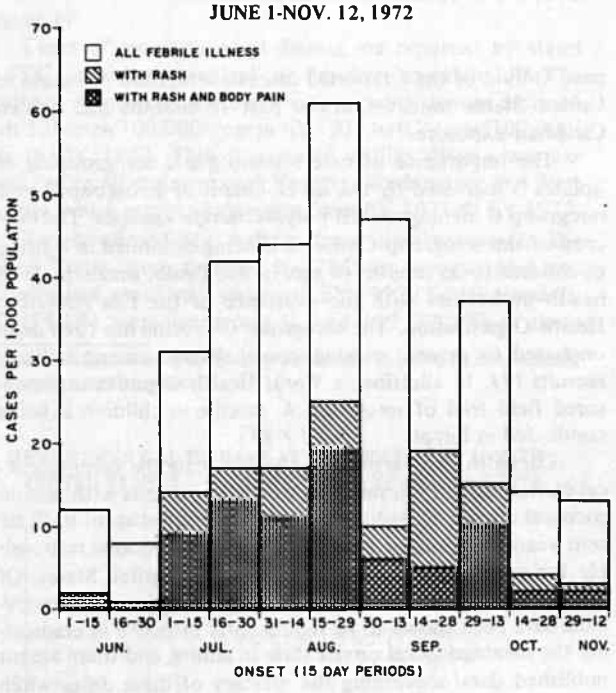


Table 3
Types of Containers with *Aedes aegypti* Larvae From 96 Premises Before and After Larvicidal Treatment
Guánica-Ensenada, Puerto Rico – September-October 1972

Type of Container	Number of Positive Containers	
	2nd Survey (Before Treatment)	3rd Survey (After Treatment)
50-gallon barrels	16	0
1- to 5-gallon cans	7	5
Animal watering pans	1	6
Old tires	9	6
Buckets	4	4
Miscellaneous	1	6
Total	38	27

Table 4
Types of Containers with *Aedes aegypti* Larvae From 134 Premises Receiving No Larvicidal Treatment
Guánica-Ensenada, Puerto Rico – September-October 1972

Type of Container	Number of Positive Containers	
	2nd Survey	3rd Survey
50-gallon barrels	13	16
1- to 5-gallon cans	9	15
Animal watering pans	3	12
Old tires	7	18
Buckets	1	9
Miscellaneous	3	12
Total	36	82

The premise index (percent of premises positive for *A. aegypti* larvae) rose from 17.8% in the 2nd survey to 33.3% in the 3rd, then fell to 10.2% in the 4th survey. Numbers of adult *A. aegypti* collected per man-hour during the 2nd, 3rd, and 4th surveys were 2.7, 4.0, and 0.7, respectively.

Small foci of dengue-2 activity have now been identified in Sabana Grande and Juana Díaz, west and east of Guánica. *A. aegypti* control measures are in progress in these towns.

(Reported by Luis E. Mainardi, M.D., Chief, Communicable Disease Control Program, Puerto Rico Health Department; the San Juan Tropical Disease Laboratories, Ecological Investigations Program; the Arbovirology Section, Virology Branch, Laboratory Division, CDC; an EIP Officer and an EIS Officer.)

Editorial Note

Endemic transmission of dengue-2 virus continues in Puerto Rico. Small foci of activity have now been identified through January 1973.

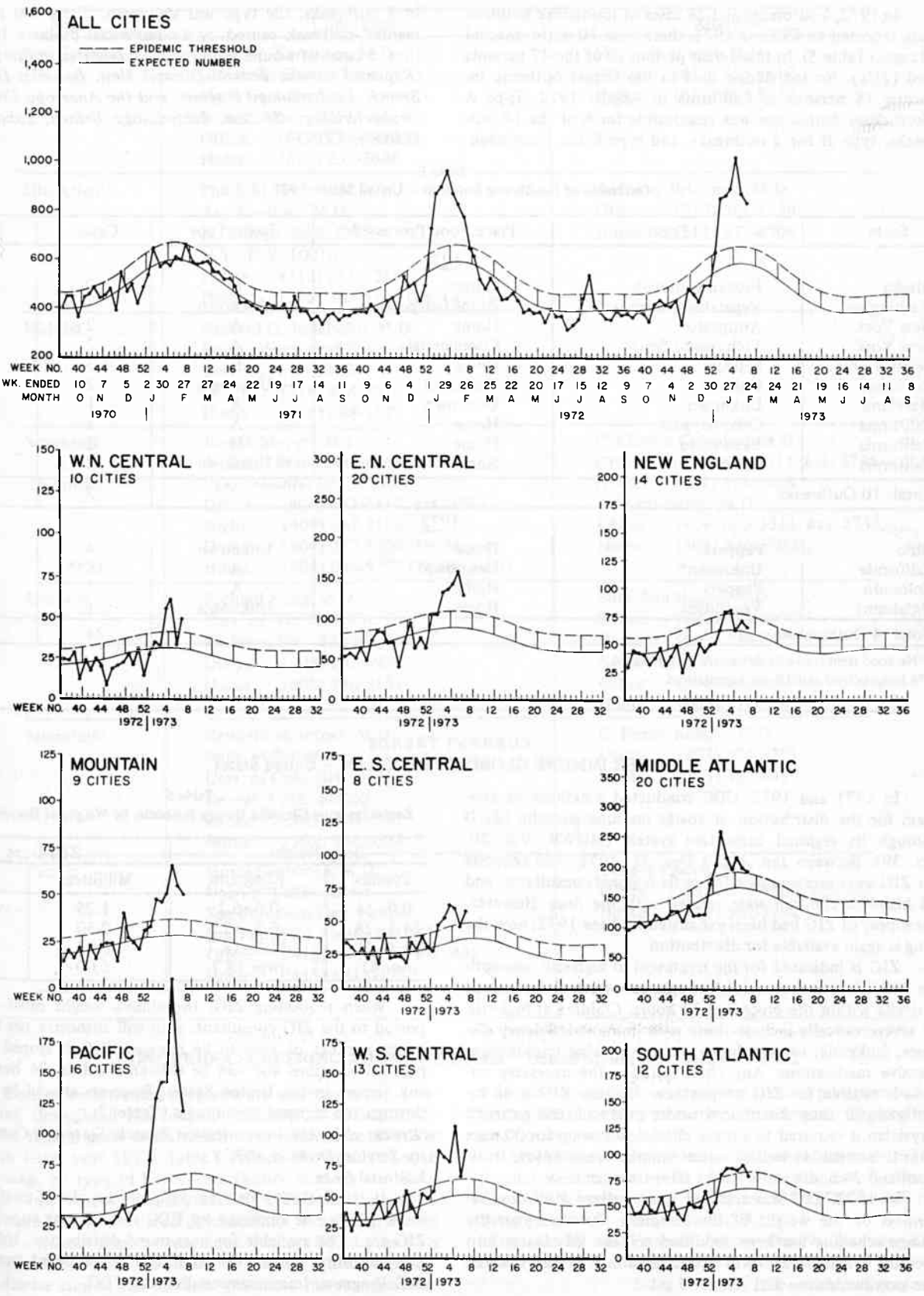
CURRENT TRENDS

INFLUENZA – United States

Pneumonia-influenza related mortality reported from 122 U.S. cities has declined for the 2nd consecutive week, after reaching a peak in the week ending Feb. 3, 1973. Regionally, mortality has declined in almost all areas (Figure 4). In addition, state epidemiologists report a decrease in the number of new influenza cases, and surveillance indices appear to be returning to normal.

(Reported by the Influenza Surveillance Unit, Viral Diseases Branch, Epidemiology Program, CDC.)

Figure 4
PNEUMONIA-INFLUENZA DEATHS IN 122 UNITED STATES CITIES



SURVEILLANCE SUMMARY
FOODBORNE BOTULISM – United States, 1971-1972

In 1972, 4 outbreaks and 24 cases of foodborne botulism were reported to CDC; in 1971, there were 10 outbreaks and 23 cases (Table 5). In this 2-year period, 10 of the 47 patients died (21%). No individuals died in the largest outbreak involving 18 persons in California in August 1972. Type A *Clostridium botulinum* was responsible for 6 of the 14 outbreaks, type B for 2 outbreaks, and type E for 1 outbreak; in 5 outbreaks, the type was unknown. There was 1 documented outbreak caused by a commercial product. In addition, 5 cases of wound botulism were reported in this period. *(Reported by the Enteric Diseases Unit, Bacterial Diseases Branch, Epidemiology Program, and the Anaerobe Unit, Enterobacteriology Section, Bacteriology Branch, Laboratory Division, CDC.)*

Table 5
Outbreaks of Foodborne Botulism – United States, 1971-1972

State	Food	Place Food Processed	Toxin Type	Cases	Deaths
		1971			
Alaska	Frozen whitefish	Home	E	2	0
Washington	Vegetables (suspected)	Home (suspected)	Unknown	2	2
New York	Antipasto	Home	A	2	0
New York	Vichyssoise Soup	Commercial	A	2	1
Pennsylvania	Peppers	Home	B	3	1
California	Unknown	Unknown	Unknown	2	0
Maryland	Unknown	Unknown	A	1	1
California	Chile peppers	Home	A	5	1
California	Bean paste	Home	B	2	0
California	Celery	Home	Unknown	2	0
Total: 10 Outbreaks				23	6
		1972			
Ohio	Peppers	Home	Unknown	4	2
California	Unknown*	Unknown*	A	18**	0
Colorado	Peppers	Home	A	1	1
Oklahoma	Vegetables	Home	Unknown	1	1
Total: 4 Outbreaks				24	4

*No food item could be definitely incriminated.
**6 hospitalized and 12 not hospitalized

CURRENT TRENDS
ZOSTER IMMUNE GLOBULIN PROGRAM – United States

In 1971 and 1972, CDC conducted a nationwide program for the distribution of zoster immune globulin (ZIG) through its regional consultant system (MMWR, Vol. 20, No. 39). Between Jan. 1 and Dec. 31, 1972, 326 requests for ZIG were received by CDC or its regional consultants, and 58 high-risk children were treated with the drug. However, the supply of ZIG had been exhausted by June 1972; now the drug is again available for distribution.

ZIG is indicated for the treatment of high-risk, susceptible children who have had close exposure to an active case of varicella within the preceding 72 hours. Children at high-risk of severe varicella include those with immunodeficiency diseases, leukemia, or lymphoma, or those taking immunosuppressive medications. Any child fulfilling the necessary criteria is eligible for ZIG prophylaxis. Because ZIG is an investigational drug distributed under protocol, the patient's physician is required to supply clinical follow-up for 30 days after treatment, as well as serum samples taken before treatment and 24 hours and 4 weeks after treatment.

In 1972, ZIG was released at a constant 5 ml dose regardless of the weight of the recipient, but this year the dosage schedule has been modified to take this factor into account (Table 6). ZIG will be packaged in 1.25 ml vials, but the maximum dose will remain 5 ml.

Table 6
Zoster Immune Globulin Dosage Schedule, by Weight of Recipient

Body Weight		ZIG Dose	
Pounds	Kilograms	Milliliters	Vials
0.0–14	0.0–6.2	1.25	1
14.1–28	6.3–12.5	2.50	2
28.1–41	12.6–18.7	3.75	3
over 41	over 18.7	5.00	4

When requesting ZIG, the child's weight must be reported to the ZIG consultant, who will authorize the appropriate number of vials to be released. ZIG is stored in 12 regional locations and can be delivered within 24 hours to any airport in the United States. Requests should be made through the regional consultants (Table 7).

(Reported by the Immunization Branch, State and Community Services Division, CDC.)

Editorial Note

It is imperative that an adequate supply of zoster immune plasma be obtained by CDC if sufficient supplies of ZIG are to be available for year-round distribution. Information regarding plasma donation can be obtained from the ZIG Program, Immunization Branch, CDC.

Table 7
ZIG Regional Consultants and Alternates

Region	Consultant	Alternate
New England	Adolf W. Karchmer, M.D. Infectious Disease Unit Mass. Gen. Hosp. Boston, Mass. 02114 Office: (617) 726-3812 Home: (617) 237-3646	Martin S. Hirsch, M.D. Office: (617) 726-3812 Home: (617) 864-8030
Mid-Atlantic	Philip A. Brunell, M.D. Ann Gershon, M.D. N. Y. Univ. Med. Ctr. N.Y., N.Y. 10016 Office: (212) 561-5259 Home: (212) 369-5126 (Dr. Gershon)	Anthony Brickman, M.D. Office: (212) 561-5259 Home: (212) 677-8706
Mideast	Richard G. Judelsohn, M.D. Private Practice of Pediatrics Buffalo, N. Y. 14209 Office: (716) 884-8018 Home: (716) 688-3579	
Southeast & National	Joel D. Meyers, M.D. A. David Brandling-Bennett, M.D. CDC, Atlanta, Ga. 30333 Office: (404) 633-3311, ext. 3736 Night: (404) 633-2176 Home: (404) 237-3204 (Dr. Meyers) Home: (404) 636-5277 (Dr. Bennett)	C. Clinton Campbell, M.D. Office: (404) 633-3311, ext. 3736 Home: (404) 373-2866 J. Lyle Conrad, M.D. Office: (404) 633-3311, ext. 3743 Home: (404) 636-3902
Midwest	Richard Hong, M.D. Univ. of Wis. Med. Ctr. Madison, Wis. 53706 Office: (608) 262-6954 Home: (608) 836-8189	Shin-Wen Huang, M.D. Office: (608) 262-6954 Home: (608) 238-2497 Robert Levy, M.D. Office: (608) 262-6954 Home: (608) 271-7787
Mountain	Kenneth McIntosh, M.D. Dept. of Pediatrics Univ. of Colo. Sch. of Med. Denver, Colo. 80220 Office: (303) 394-8501 Home: (303) 388-0538	C. Henry Kempe, M.D. Office: (303) 394-8371 Home: (303) 322-4457
Pacific	Moses Grossman, M.D. Univ. of Calif. Service San Francisco Gen. Hosp. San Francisco, Calif. 94110 Office: (415) 648-8200, ext. 441 Home: (415) 681-0475	Delmer Pascoe, M.D. Office: (415) 648-8200, ext. 441 Home: (415) 562-3242

GONORRHEA SCREENING AMONG FEMALES – United States, July-December 1972

Gonorrhea screening programs are undergoing rapid expansion throughout the country, primarily as a result of increased federal grant funds which were received by all States late in fiscal year 1972. Table 8 reflects the results of such screening, by type of health care facility securing the specimen, in July, August, and September 1972. Overall, positivity rates were highest in venereal disease clinics, even when known contacts to gonorrhea are excluded. Almost 85% of the tests performed, however, were taken in settings other than venereal disease clinics, and in these, positivity rates ranged from 9.3% among enrollees in manpower training programs to 1.1% among females tested at military installations. The positivity rate for all clinics was 6.5%.

Preliminary data indicate that an additional 993,555 females were tested by all types of health care facilities in October, November, and December 1972. The overall positivity rate for all sources was 5.2%.

(Reported by the Venereal Disease Branch, State and Community Services Division, CDC.)

(See Table 8, page 68)

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDING FEBRUARY 17, 1973 AND FEBRUARY 19, 1972 (7th WEEK)

AREA	ASEPTIC MENINGITIS	BRUCELLOSIS	CHICKENPOX	DIPHTHERIA		ENCEPHALITIS			HEPATITIS		
						Primary including unspec. cases		Post Infectious	Serum (Hepatitis B)	Infectious (Hepatitis A)	
	1973	1973	1973	1973	Cum. 1973	1973	1972	1973	1973	1973	1972
UNITED STATES	27	1	5,223	5	16	12	27	4	155	926	1,213
NEW ENGLAND	1	–	592	–	2	–	–	–	2	63	64
Maine*	–	–	–	–	–	–	–	–	–	1	5
New Hampshire	–	–	13	–	–	–	–	–	–	1	8
Vermont	–	–	31	–	–	–	–	–	–	5	2
Massachusetts	–	–	251	–	2	–	–	–	–	24	32
Rhode Island	1	–	77	–	–	–	–	–	–	14	6
Connecticut	–	–	220	–	–	–	–	–	2	18	11
MIDDLE ATLANTIC	1	–	244	–	–	–	3	–	33	125	192
Upstate New York	–	–	3	–	–	–	1	–	3	26	36
New York City	–	–	107	–	–	–	1	–	8	31	42
New Jersey	1	–	NN	–	–	–	–	–	15	43	86
Pennsylvania	–	–	134	–	–	–	1	–	7	25	28
EAST NORTH CENTRAL	3	–	1,727	–	–	6	6	1	21	148	174
Ohio *	–	–	370	–	–	1	1	–	4	43	38
Indiana	–	–	82	–	–	–	–	–	–	8	14
Illinois	1	–	–	–	–	3	–	1	7	28	49
Michigan	2	–	301	–	–	2	5	–	8	62	68
Wisconsin	–	–	974	–	–	–	–	–	2	7	5
WEST NORTH CENTRAL	3	1	729	–	3	1	5	–	–	30	33
Minnesota *	3	–	2	–	–	–	–	–	–	2	6
Iowa *	–	–	649	–	–	1	–	–	–	3	5
Missouri	–	1	2	–	–	–	3	–	–	11	6
North Dakota	–	–	27	–	–	–	–	–	–	2	1
South Dakota	–	–	–	–	3	–	–	–	–	1	6
Nebraska	–	–	25	–	–	–	–	–	–	–	7
Kansas	–	–	24	–	–	–	2	–	–	11	2
SOUTH ATLANTIC	11	–	549	–	–	1	4	1	25	129	174
Delaware	–	–	8	–	–	–	–	–	2	5	–
Maryland	–	–	15	–	–	–	1	–	2	16	29
District of Columbia	–	–	2	–	–	–	–	–	–	3	6
Virginia	1	–	1	–	–	–	1	–	2	6	17
West Virginia *	–	–	495	–	–	–	–	1	1	5	13
North Carolina *	3	–	NN	–	–	–	–	–	3	41	32
South Carolina	–	–	28	–	–	–	1	–	1	9	–
Georgia	–	–	–	–	–	–	–	–	–	7	16
Florida	7	–	–	–	–	1	1	–	14	37	61
EAST SOUTH CENTRAL	1	–	275	–	–	–	4	–	6	74	70
Kentucky	–	–	232	–	–	–	1	–	4	28	28
Tennessee	–	–	NN	–	–	–	2	–	–	35	24
Alabama	–	–	23	–	–	–	1	–	–	4	13
Mississippi	1	–	20	–	–	–	–	–	2	7	5
WEST SOUTH CENTRAL	2	–	535	1	2	–	2	–	13	122	113
Arkansas *	–	–	6	–	–	–	–	–	–	2	7
Louisiana *	2	–	NN	–	–	–	–	–	1	26	7
Oklahoma	–	–	60	–	–	–	1	–	2	22	7
Texas	–	–	469	1	2	–	1	–	10	72	92
MOUNTAIN	–	–	114	–	–	–	–	–	16	54	101
Montana	–	–	14	–	–	–	–	–	–	7	6
Idaho	–	–	–	–	–	–	–	–	2	14	2
Wyoming	–	–	44	–	–	–	–	–	–	2	–
Colorado *	–	–	36	–	–	–	–	–	2	13	50
New Mexico	–	–	8	–	–	–	–	–	–	9	16
Arizona	–	–	–	–	–	–	–	–	–	–	19
Utah	–	–	12	–	–	–	–	–	12	9	7
Nevada	–	–	–	–	–	–	–	–	–	–	1
PACIFIC	5	–	458	4	9	4	3	2	39	181	292
Washington	–	–	393	4	8	–	–	–	1	15	35
Oregon	–	–	1	–	–	–	–	–	2	28	23
California*	5	–	–	–	1	4	3	2	36	131	223
Alaska *	–	–	41	–	–	–	–	–	–	–	2
Hawaii	–	–	23	–	–	–	–	–	–	7	9
Guam	–	–	–	–	–	–	–	–	–	–	–
Puerto Rico	–	–	30	–	–	–	–	–	–	33	7
Virgin Islands	–	–	2	–	–	–	–	–	–	–	–

*Delayed reports: Aseptic meningitis: Calif. 6, (1972) Minn. 12
Brucellosis: Calif. 1
Chickenpox: Me. 14, Ark. 4, Colo. 56, Alaska 7
Diphtheria: Ohio delete 1
Encephalitis, primary: Iowa 7, Calif. 5, (1972) Minn. 2, N.C. delete 1
Encephalitis, post-infectious: Iowa 3
Hepatitis B: Ark. 1, Calif. 34
Hepatitis A: Ohio delete 1, Ark. 3, La. 9, Colo. 5, Calif. 141, Alaska 1, (1972) Minn. 1, W. Va. delete 3

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDING FEBRUARY 17, 1973 AND FEBRUARY 19, 1972 (7th WEEK) – Continued

AREA	MALARIA		MEASLES (Rubeola)			MENINGOCOCCAL INFECTIONS, TOTAL			MUMPS		RUBELLA	
	1973	Cum. 1973	1973	Cumulative		1973	Cumulative		1973	Cum. 1973	1973	Cum. 1973
				1973	1972		1973	1972				
UNITED STATES	7	24	672	4,136	4,454	30	200	257	1,948	12,277	593	2,866
NEW ENGLAND	1	2	310	1,728	227	–	11	10	78	487	53	282
Maine *	–	–	–	8	29	–	–	1	–	15	–	10
New Hampshire	–	–	29	286	17	–	1	–	6	27	2	6
Vermont	1	1	–	26	39	–	–	–	–	77	–	5
Massachusetts	–	–	155	859	15	–	5	5	30	197	39	151
Rhode Island	–	–	30	148	41	–	–	4	21	51	–	6
Connecticut	–	1	96	401	86	–	5	–	21	120	12	104
MIDDLE ATLANTIC	1	4	58	319	338	4	27	25	150	1,081	10	308
Upstate New York	–	2	25	56	21	–	7	8	NN	NN	3	37
New York City	–	–	33	196	53	–	6	6	103	665	3	27
New Jersey	1	1	–	46	250	1	6	5	35	244	–	224
Pennsylvania	–	1	–	21	14	3	8	6	12	172	4	20
EAST NORTH CENTRAL	1	2	149	1,126	1,863	5	18	28	450	3,550	100	661
Ohio	–	–	12	61	55	2	12	11	86	467	12	81
Indiana	–	–	4	96	473	–	1	4	10	290	12	145
Illinois	1	1	51	396	562	–	1	4	105	678	11	86
Michigan	–	1	53	356	267	3	4	8	118	1,008	25	137
Wisconsin	–	–	29	217	506	–	–	1	131	1,107	40	212
WEST NORTH CENTRAL	–	–	10	105	197	–	16	18	142	1,069	81	316
Minnesota *	–	–	–	7	4	–	–	1	1	27	6	19
Iowa *	–	–	10	81	113	–	3	–	133	807	12	66
Missouri	–	–	–	3	56	–	8	2	4	113	57	165
North Dakota	–	–	–	6	17	–	–	–	2	20	3	21
South Dakota	–	–	–	–	2	–	2	1	–	3	1	2
Nebraska	–	–	–	1	5	–	–	4	2	29	2	26
Kansas	–	–	–	7	–	–	3	10	–	70	–	17
SOUTH ATLANTIC	–	4	20	126	461	6	32	55	200	1,323	24	215
Delaware	–	–	–	1	2	–	–	1	10	80	–	1
Maryland	–	–	–	–	3	–	9	4	20	190	–	2
District of Columbia	–	–	–	1	–	–	1	2	1	5	–	1
Virginia	–	3	2	11	3	–	3	12	8	126	–	6
West Virginia	–	–	2	27	22	–	–	5	95	501	13	42
North Carolina	–	1	1	4	15	2	9	12	NN	NN	–	4
South Carolina	–	–	3	14	58	–	2	7	2	52	3	9
Georgia	–	–	–	7	20	3	6	–	–	7	–	3
Florida	–	–	12	61	338	1	2	12	64	362	8	147
EAST SOUTH CENTRAL	–	1	3	97	218	1	13	23	393	1,012	124	225
Kentucky	–	–	–	20	107	–	4	5	84	243	92	120
Tennessee	–	–	1	56	27	1	6	11	57	318	29	89
Alabama	–	1	–	–	49	–	2	6	19	130	1	8
Mississippi	–	–	2	21	35	–	1	1	233	321	2	8
WEST SOUTH CENTRAL	2	5	37	184	257	7	30	35	158	867	40	213
Arkansas *	–	–	–	4	6	–	2	6	3	28	–	8
Louisiana	1	1	–	13	6	1	3	11	6	8	–	–
Oklahoma	–	–	–	4	2	–	2	–	5	42	7	20
Texas	1	4	37	163	243	6	23	18	144	789	33	185
MOUNTAIN	1	2	14	73	321	–	8	4	91	671	25	146
Montana	1	1	–	1	6	–	1	–	20	62	–	8
Idaho	–	–	4	13	3	–	–	2	6	31	–	4
Wyoming	–	–	–	1	–	–	–	1	25	166	–	–
Colorado *	–	–	5	17	186	–	2	–	18	55	17	65
New Mexico	–	1	3	33	18	–	1	1	14	226	1	16
Arizona	–	–	2	8	64	–	1	–	–	98	–	7
Utah	–	–	–	–	44	–	1	–	8	31	7	45
Nevada	–	–	–	–	–	–	2	–	–	2	–	1
PACIFIC	1	4	71	378	572	7	45	59	286	2,217	136	500
Washington	–	–	41	198	145	–	3	6	43	227	10	71
Oregon	–	–	7	70	9	–	2	3	81	492	24	101
California *	1	4	22	106	402	7	39	49	149	1,307	101	324
Alaska *	–	–	–	–	3	–	1	–	12	161	–	–
Hawaii	–	–	1	4	13	–	–	1	1	30	1	4
Guam	–	–	–	2	–	–	–	1	--	1	–	1
Puerto Rico	–	–	93	281	47	–	–	–	33	113	1	7
Virgin Islands	–	–	–	–	–	–	–	2	--	2	–	–

*Delayed reports: Malaria: Calif. 1
Measles: Me. 2, Iowa delete 4, Ark. delete 2, Colo. 2, Calif. 25
Meningococcal infections: Ark. 1, Calif. 7, Alaska 1, (1972) Minn. 1
Mumps: Me. 2, Ark. 3, Colo. 4, Calif. 202, Alaska 59, (1972) Minn. 1
Rubella: Me. 2, Colo. 7, Calif. 49

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDING FEBRUARY 17, 1973 AND FEBRUARY 19, 1972 (7th WEEK) – Continued

AREA	TETANUS	TUBERCULOSIS (New Active)		TULAREMIA	TYPHOID FEVER		TYPHUS-FEVER TICK-BORNE (Rky. Mt. spotted fever)		VENEREAL DISEASES		RABIES IN ANIMALS	
									GONORRHEA	SYPHILIS (Pri. & Sec.)		
	Cumulative 1973	1973	Cum. 1973	Cumulative 1973	1973	Cum. 1973	1973	Cum. 1973	1973	1973	1973	Cum. 1973
UNITED STATES	7	549	3,657	13	3	24	–	3	13,489	499	65	389
NEW ENGLAND	–	8	114	–	–	1	–	–	276	12	2	19
Maine	–	2	9	–	–	–	–	–	16	–	2	19
New Hampshire	–	–	1	–	–	–	–	–	10	–	–	–
Vermont	–	1	3	–	–	–	–	–	2	–	–	–
Massachusetts	–	4	66	–	–	1	–	–	165	4	–	–
Rhode Island *	–	1	8	–	–	–	–	–	24	–	–	–
Connecticut	–	–	27	–	–	–	–	–	59	8	–	–
MIDDLE ATLANTIC	2	129	727	–	–	4	–	1	1,290	96	–	4
Upstate New York *	–	23	167	–	–	–	–	–	243	12	–	1
New York City	1	45	244	–	–	4	–	–	532	55	–	–
New Jersey	1	32	153	–	–	–	–	–	246	22	–	–
Pennsylvania *	–	29	163	–	–	–	–	1	269	7	–	3
EAST NORTH CENTRAL	1	80	552	1	–	2	–	–	1,508	31	4	33
Ohio	–	24	228	1	–	1	–	–	463	6	–	9
Indiana	–	20	72	–	–	–	–	–	186	–	2	4
Illinois	–	24	142	–	–	–	–	–	64	6	–	8
Michigan	–	12	88	–	–	1	–	–	569	13	–	–
Wisconsin	1	–	22	–	–	–	–	–	226	6	2	12
WEST NORTH CENTRAL	2	23	129	2	–	–	–	1	530	6	21	118
Minnesota	–	5	10	–	–	–	–	–	50	3	5	42
Iowa	–	6	21	–	–	–	–	–	101	–	8	39
Missouri	2	6	57	2	–	–	–	1	185	–	3	12
North Dakota	–	–	4	–	–	–	–	–	19	–	4	21
South Dakota	–	1	11	–	–	–	–	–	30	–	–	3
Nebraska	–	2	11	–	–	–	–	–	58	–	–	–
Kansas	–	3	15	–	–	–	–	–	87	3	1	1
SOUTH ATLANTIC	1	108	760	2	1	5	–	–	3,876	161	8	40
Delaware	–	–	9	–	–	–	–	–	65	–	–	–
Maryland	–	16	84	–	–	–	–	–	279	31	1	2
District of Columbia	–	4	39	–	–	–	–	–	254	20	–	–
Virginia	–	10	102	1	–	–	–	–	356	48	3	16
West Virginia	–	6	32	–	–	–	–	–	62	–	2	7
North Carolina	–	29	132	1	–	1	–	–	710	9	–	–
South Carolina	–	12	92	–	–	1	–	–	264	17	–	–
Georgia	–	12	114	–	–	1	–	–	777	17	2	9
Florida	1	19	156	–	1	2	–	–	1,109	19	–	6
EAST SOUTH CENTRAL	1	63	312	4	–	1	–	1	1,139	29	13	87
Kentucky	–	8	72	1	–	–	–	–	204	8	6	33
Tennessee	–	17	83	3	–	–	–	–	441	9	5	36
Alabama	1	31	109	–	–	1	–	1	239	5	2	18
Mississippi	–	7	48	–	–	–	–	–	255	7	–	–
WEST SOUTH CENTRAL	–	71	356	4	–	1	–	–	1,989	63	12	50
Arkansas	–	5	44	1	–	–	–	–	191	5	4	12
Louisiana *	–	18	95	–	–	–	–	–	423	18	–	3
Oklahoma	–	6	29	2	–	1	–	–	156	2	3	11
Texas *	–	42	188	1	–	–	–	–	1,219	38	5	24
MOUNTAIN	–	26	123	–	–	1	–	–	552	19	–	4
Montana	–	1	3	–	–	–	–	–	29	–	–	–
Idaho	–	3	7	–	–	–	–	–	39	–	–	–
Wyoming	–	2	5	–	–	–	–	–	52	2	–	–
Colorado *	–	6	15	–	–	–	–	–	191	6	–	–
New Mexico	–	9	30	–	–	1	–	–	148	–	–	–
Arizona *	–	–	54	–	–	–	–	–	–	–	–	4
Utah	–	3	4	–	–	–	–	–	19	–	–	–
Nevada	–	2	5	–	–	–	–	–	74	11	–	–
PACIFIC	–	41	584	–	2	9	–	–	2,329	82	5	34
Washington	–	–	45	–	–	–	–	–	212	1	–	–
Oregon	–	3	24	–	1	1	–	–	202	1	–	–
California *	–	35	474	–	1	8	–	–	1,804	77	5	32
Alaska *	–	–	8	–	–	–	–	–	81	–	–	2
Hawaii	–	3	33	–	–	–	–	–	30	3	–	–
Guam	–	–	3	–	–	–	–	–	–	–	–	–
Puerto Rico	3	16	73	–	–	–	–	–	93	22	1	5
Virgin Islands	–	–	–	–	–	–	–	–	–	–	–	–

*Delayed reports: TB: R.I. 1, Calif. 101
Typhoid: Calif. 1, (1972) Pa. 1
Gonorrhea: La. 122, Colo. 146, Ariz. 105, Calif. 2181, Alaska 18, (1972) La. 909
Syphilis: N.Y. Ups. 2, La. delete 1, Colo. 2, Ariz. 3, Calif. 50, Alaska 1
Rabies: Tex. 2, Calif. 6, (1972) La. 1

Week No. 7

TABLE IV. DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDING FEBRUARY 17, 1973

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

Area	All Causes			Pneumonia and Influenza	Area	All Causes			Pneumonia and Influenza
	All Ages	65 years and over	Under 1 year	All Ages		All Ages	65 years and over	Under 1 year	All Ages
NEW ENGLAND	767	500	18	66	SOUTH ATLANTIC	1,238	655	44	79
Boston, Mass.	231	137	6	27	Atlanta, Ga.	148	67	9	15
Bridgeport, Conn.	45	34	1	5	Baltimore, Md.	167	89	8	1
Cambridge, Mass.	20	19	1	3	Charlotte, N. C.	51	23	2	–
Fall River, Mass.	34	21	–	1	Jacksonville, Fla.	85	41	2	1
Hartford, Conn.	55	35	2	1	Miami, Fla.	154	84	4	9
Lowell, Mass.	30	24	–	3	Norfolk, Va.	69	39	2	5
Lynn, Mass.	23	15	–	1	Richmond, Va.	106	58	2	14
New Bedford, Mass.	24	18	–	1	Savannah, Ga.	47	27	2	10
New Haven, Conn.	50	27	3	2	St. Petersburg, Fla.	95	76	2	1
Providence, R. I.	67	37	2	6	Tampa, Fla.	105	51	7	10
Somerville, Mass.	19	16	1	1	Washington, D. C.	171	81	2	8
Springfield, Mass.	58	23	–	8	Wilmington, Del.	40	19	2	5
Waterbury, Conn.	39	29	–	–					
Worcester, Mass.	72	55	2	7	EAST SOUTH CENTRAL	824	439	59	57
					Birmingham, Ala.	156	74	4	9
MIDDLE ATLANTIC	3,296	2,014	115	193	Chattanooga, Tenn.	53	33	–	7
Albany, N. Y.	52	29	1	1	Knoxville, Tenn.	54	36	–	1
Allentown, Pa.	32	20	1	4	Louisville, Ky.	132	82	3	16
Buffalo, N. Y.	155	92	8	21	Memphis, Tenn.	227	109	43	8
Camden, N. J.	50	30	3	3	Mobile, Ala.	34	17	3	3
Elizabeth, N. J.	36	20	3	2	Montgomery, Ala.	33	17	1	3
Erie, Pa.	51	33	1	10	Nashville, Tenn.	135	71	5	10
Jersey City, N. J.	77	53	2	2					
Newark, N. J.	58	19	3	4	WEST SOUTH CENTRAL	1,600	944	68	90
New York City, N. Y.†	1,611	996	55	84	Austin, Tex.	56	34	4	8
Paterson, N. J.	33	17	–	1	Baton Rouge, La.	77	47	6	5
Philadelphia, Pa.	491	293	14	13	Corpus Christi, Tex.	31	21	4	2
Pittsburgh, Pa.	182	93	7	18	Dallas, Tex.	236	125	18	9
Reading, Pa.	45	37	–	6	El Paso, Tex.	74	54	4	6
Rochester, N. Y.	147	94	7	10	Fort Worth, Tex.	105	63	2	6
Schenectady, N. Y.	28	25	–	5	Houston, Tex.	303	161	6	7
Scranton, Pa.	64	40	2	1	Little Rock, Ark.	81	43	3	5
Syracuse, N. Y.	88	55	6	2	New Orleans, La.	185	111	1	7
Trenton, N. J.	32	23	1	1	Oklahoma City, Okla.*	112	71	5	4
Utica, N. Y.	24	19	–	4	San Antonio, Tex.	196	116	11	17
Yonkers, N. Y.	40	26	1	1	Shreveport, La.	86	52	3	12
					Tulsa, Okla.	58	46	1	2
EAST NORTH CENTRAL	2,748	1,611	97	133					
Akron, Ohio	72	40	3	–	MOUNTAIN	579	353	21	50
Canton, Ohio	49	30	1	2	Albuquerque, N. Mex.	62	34	7	10
Chicago, Ill.	753	416	29	35	Colorado Springs, Colo.	36	30	–	6
Cincinnati, Ohio	176	113	8	7	Denver, Colo.	142	80	7	13
Cleveland, Ohio	218	111	9	3	Las Vegas, Nev.	22	10	–	3
Columbus, Ohio	137	84	5	14	Ogden, Utah	25	16	1	4
Dayton, Ohio	103	56	2	5	Phoenix, Ariz.	143	82	1	6
Detroit, Mich.	367	197	14	15	Pueblo, Colo.	18	13	–	2
Evansville, Ind.	44	28	2	4	Salt Lake City, Utah	64	44	3	3
Fort Wayne, Ind.	34	21	1	4	Tucson, Ariz.	67	44	2	3
Gary, Ind.	43	26	–	3					
Grand Rapids, Mich.	60	39	–	11	PACIFIC	1,984	1,317	52	119
Indianapolis, Ind.	174	110	6	4	Berkeley, Calif.	23	16	–	1
Madison, Wis.	37	20	4	9	Fresno, Calif.	62	42	5	1
Milwaukee, Wis.	144	106	4	2	Glendale, Calif.	29	20	–	1
Peoria, Ill.	51	24	5	–	Honolulu, Hawaii	80	48	2	2
Rockford, Ill.	38	26	1	5	Long Beach, Calif.	120	79	4	5
South Bend, Ind.	49	29	2	7	Los Angeles, Calif.	647	437	13	40
Toledo, Ohio	142	96	1	3	Oakland, Calif.	71	46	6	2
Youngstown, Ohio	57	39	–	–	Pasadena, Calif.	30	24	–	1
					Portland, Oreg.	173	122	5	6
WEST NORTH CENTRAL	855	570	34	49	Sacramento, Calif.	65	31	4	2
Des Moines, Iowa	47	30	1	5	San Diego, Calif.	138	93	1	8
Duluth, Minn.	41	31	2	6	San Francisco, Calif.	172	97	3	4
Kansas City, Kans.	35	18	2	3	San Jose, Calif.	48	32	–	–
Kansas City, Mo.	137	88	4	4	Seattle, Wash.	182	122	4	16
Lincoln, Nebr.	39	30	1	6	Spokane, Wash.	87	65	4	22
Minneapolis, Minn.	102	71	6	6	Tacoma, Wash.	57	43	1	8
Omaha, Nebr.	99	71	5	4					
St. Louis, Mo.	231	146	6	6	Total	13,891	8,403	508	836
St. Paul, Minn.	91	62	5	8	Expected Number	13,593	7,990	551	594
Wichita, Kans.	33	23	2	1	Cumulative Total (includes reported corrections for previous weeks)	102,882	62,310	3,564	6,010

†Delayed report for week ending Feb. 10, 1973
*Estimate based on average percent of divisional total

GONORRHEA SCREENING – Continued

Table 8
Results of Gonorrhea Culture Tests on Females
United States* – July-September 1972

Source of Test	Number Tested	Number Positive	Percent Positive
Non-Venereal Disease Clinics	482,133	19,371	4.0
Health Dept. Non-VD Clinic	124,646	5,531	4.4
Family Planning	83,166	3,412	4.1
Prenatal, Ob-Gyn	14,554	839	5.8
Cancer Detection	2,834	76	2.7
Combinations or Other	24,092	1,204	5.0
Public/Private Hospital –Outpatient	102,599	4,591	4.5
Family Planning	8,421	195	2.3
Prenatal, Ob-Gyn	21,638	1,000	4.6
Cancer Detection	1,781	39	2.2
Combinations or Other	70,759	3,357	4.7
Public/Private Hospital –Inpatient	6,473	474	7.3
Obstetric	1,258	72	5.7
Gynecologic	65	5	7.7
Combinations or Other	5,150	397	7.7
Community Health Centers	41,502	1,874	4.5
Family Planning	21,798	703	3.2
Prenatal, Ob-Gyn	2,450	176	7.2
Cancer Detection	581	26	4.5
Combinations or Other	16,673	969	5.8
Non-VD Clinics (Cont'd)			
Private Physicians	98,603	3,708	3.8
Private Family Planning Groups	55,792	1,419	2.5
Group Health Clinics	2,967	133	4.5
Student Health Centers	6,216	168	2.7
Manpower Training Agencies	1,241	115	9.3
Industrial Screening	1,977	17	0.9
Military/Dependents	3,022	32	1.1
Correction or Detention Centers	5,624	310	5.5
Not Specified	31,471	999	3.2
Venereal Disease Clinics	89,097	17,676	19.8
Gonorrhea Contacts	10,718	3,005	28.0
Syphilis: Contact/Cluster/ Reactor	500	81	16.2
Other	77,879	14,590	18.7
Total (All Clinics)	571,230	37,047	6.5

*Does not include reports from Arizona, California, Idaho, Iowa, Maryland (except Baltimore), North Carolina, or South Carolina.

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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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