



Morbidity and Mortality

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
SHIGELLA DYSENTERIAE 1 - Colorado

On Dec. 20, 1972, a 2 1/2-year-old boy in Denver, Colorado, was admitted to a local hospital. Examination revealed a perforated bowel, and a rectal swab culture grew *Shigella dysenteriae* 1. An ileostomy was performed, and the patient was treated with ampicillin and recovered. Between December 23 and 26, the patient's father age 28, 2 brothers ages 1 and 6, and sister age 7 also became ill with diarrhea and fever. Stool specimens from all 4 grew *S. dysenteriae* 1. The 2 older siblings were hospitalized and treated with ampicillin. All 4 family members made uneventful recoveries.

The affected children were cared for by a babysitter, who had begun work in early December. Her own 3 children had been ill with fever and diarrhea the week of November 25. They were treated empirically with ampicillin and recovered. The affected children occasionally played with the babysitter's children.

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Further investigation disclosed that on November 20 the babysitter and her family had been visited by friends from Mexico, who stayed approximately 3 weeks. During their stay, 2 children of the visiting family became ill with febrile diarrhea, which was also treated empirically. The babysitter's children had become ill several days after the visiting children.

No cultures had been obtained from the babysitter, her family, or the visiting family from Mexico. Sera from the

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

DISEASE	12th WEEK ENDING		MEDIAN 1968-1972	CUMULATIVE, FIRST 12 WEEKS		
	March 24, 1973	March 25, 1972		1973	1972	MEDIAN 1968-1972
Aseptic meningitis	28	19	27	419	395	351
Brucellosis	1	2	3	19	22	22
Chickenpox	7,129	4,968	---	64,821	45,891	---
Diphtheria	3	—	1	56	25	36
Encephalitis, primary:						
Arthropod-borne and unspecified	20	14	14	201	174	225
Encephalitis, post-infectious	3	6	10	44	54	76
Hepatitis, serum (Hepatitis B)	157	183	147	1,643	2,255	1,505
Hepatitis, infectious (Hepatitis A)	1,178	1,179	1,021	11,741	13,309	12,902
Malaria	5	14	40	50	366	550
Measles (rubeola)	691	1,291	1,126	7,983	9,244	9,240
Meningococcal infections, total	29	35	59	391	429	828
Civilian	29	33	40	379	411	747
Military	—	2	8	12	18	81
Mumps	2,499	2,127	3,061	23,192	25,398	30,592
Rubella (German measles)	1,544	1,019	1,717	8,056	7,793	12,302
Tetanus	3	2	3	13	18	18
Tuberculosis, new active	682	748	---	6,796	7,119	---
Tularemia	1	2	1	16	27	23
Typhoid fever	95	5	5	149	58	54
Typhus, tick-borne (Rky. Mt. spotted fever)	—	1	—	6	12	3
Veneral Diseases:						
Gonorrhea	14,555	12,586	---	172,776	153,011	---
Syphilis, primary and secondary	498	471	---	6,209	5,180	---
Rabies in animals	71	103	88	699	920	872

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax	1	Poliomyelitis, total:	—
Botulism	—	Paralytic:	3
Congenital rubella syndrome:	7	Psittacosis:	—
Leprosy: Calif. - 1, V.I. - 1	25	Rabies in man:	—
Leptospirosis: Iowa - 1	10	Trichinosis: Calif. - 1, N.J. - 2, Vt. - 5	26
Plague:	—	Typhus, murine: Tex. - 1	5

SHIGELLA DYSENTERIAE 1 – Continued

babysitter and her husband, drawn 3 months after the family's illness, were negative for *S. dysenteriae* 1 antibodies.

(Reported by James Kurowski, M.D., Chief, Disease Control, and Linda Brian, R.N., P.H.N., Disease Control Service, Department of Health and Hospitals, Denver; Thomas M. Vernon, M.D., State Epidemiologist, Colorado State Department of Public Health; and 2 EIS Officers.)

Editorial Note

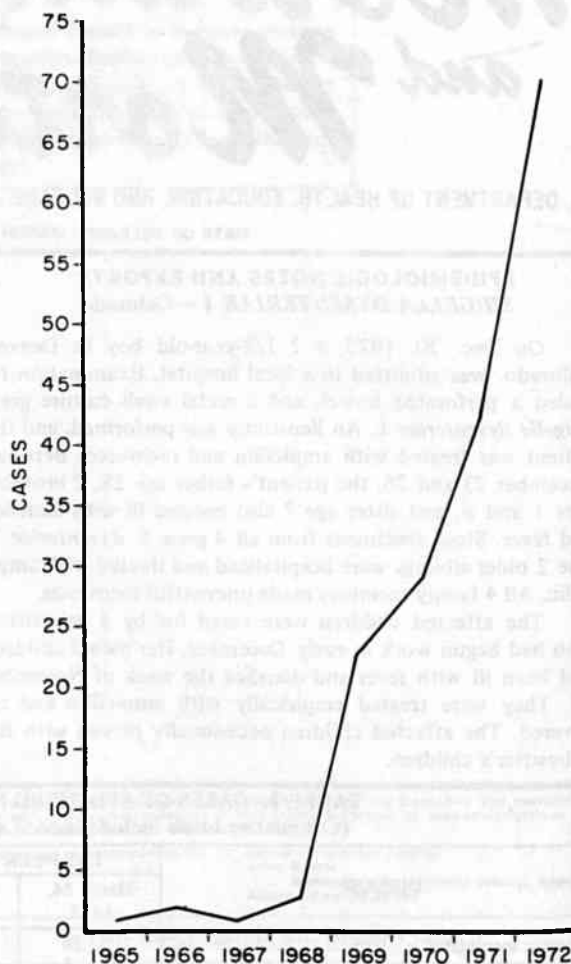
Although the exact pathway of transmission of Shiga's bacillus among these cases is uncertain because of the lack of cultures from all affected individuals, epidemiologic investigation strongly suggests that the organism was introduced by the visiting family from Mexico. The babysitter or her children may subsequently have infected the family for whom culture results are known.

Dysentery due to Shiga's bacillus is uncommon in the United States, but cases have increased markedly in recent years (Figure 1), consequent to the resurgence of *S. dysenteriae* 1 in epidemic form in Central America beginning in 1969 (1, 2, 3). In past years, almost all cases occurred in American travelers to foreign countries, primarily those who had been in Mexico. However, in 1971, 13 of 42 cases reported to CDC occurred in persons who had not left the United States but who were exposed to travelers (4); there were 24 such secondary cases in 1972, of a total of 61 cases for which histories are known. The culture-proven cases here probably represent tertiary cases.

References

1. Mata LJ, Gangarosa EJ, Caceres A, *et al*: Epidemic Shiga Bacillus dysentery in Central America. I. Etiologic investigations in Guatemala, 1969. *J Infect Dis* 122:170, 1970
2. Gangarosa EJ, Perera DR, Mata LJ, *et al*: Epidemic Shiga Bacillus dysentery in Central America. II. Epidemiologic studies in 1969. *J Infect Dis* 122:181, 1970
3. Brachman PS: Shiga Bacillus Dysentery. *J Infect Dis* 122:232, 1970
4. Center for Disease Control: Shigella Surveillance, Rep No. 30, Nov 1972

Figure 1
CASES OF SHIGA'S BACILLUS INFECTION
UNITED STATES – 1965-1972



CURRENT TRENDS
TECHNICAL PROBLEMS WITH FTA-ABS TEST FOR SYPHILIS –
Virginia

In the past 2 years, the number of fluorescent treponemal antibody (FTA-ABS) tests ordered in conjunction with the VDRL reagin test by Virginia physicians has risen sharply. Recently, the Division of Consolidated Laboratories identified several hundred patients with negative or weakly reactive VDRL tests and borderline or positive FTA-ABS reactions. The Bureau of Preventive Medical Services reviewed the epidemiologic history with many of these individuals, and the majority had no knowledge of previously treated syphilis, clinical signs of active syphilis, or sexual exposure to a proven case of syphilis. Also, there was no consistent pattern of an altered immunologic state, intercurrent infection such as influenza, antibiotic therapy, or drug abuse. The patients investigated lived in scattered areas of the state and showed no unusual characteristics of age, sex, or economic status.

A survey of 3 of the 7 other laboratories licensed by the Virginia State Department of Health to perform the FTA-ABS test revealed similar problems; all licensed laboratories and health officers in Virginia were notified of the situation by the Division of Consolidated Laboratories.

Until further notice, the Division of Consolidated Laboratories will not report FTA-ABS results on patients with a negative or weakly reactive VDRL unless the physician provides a clinical history.

(Reported by the Bureau of Epidemiology, Virginia State Department of Health; Communicable Disease Weekly Report, Vol. 72, No. 5, Feb. 8, 1973.)

Editorial Note

This report from Virginia adds to the number of accounts of positive FTA-ABS tests in patients in whom syphilis
(Continued on page 107)

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDING MARCH 24, 1973 AND MARCH 25, 1972 (12th WEEK)

AREA	ASEPTIC MENIN- GITIS	BRUCEL- LOSIS	CHICKEN- POX	DIPHTHERIA		ENCEPHALITIS			HEPATITIS		
						Primary including unspec. cases		Post In- fectious	Serum (Hepatitis B)	Infectious (Hepatitis A)	
						1973	1972	1973	1973	1973	1972
UNITED STATES	28	1	7,129	3	56	20	14	3	157	1,178	1,179
NEW ENGLAND	1	-	680	-	2	2	-	1	3	65	87
Maine *	-	-	15	-	-	-	-	-	-	1	9
New Hampshire	1	-	38	-	-	-	-	-	1	8	4
Vermont	-	-	13	-	-	-	-	-	-	7	8
Massachusetts	-	-	378	-	-	2	-	-	1	31	44
Rhode Island	-	-	35	-	2	-	-	-	1	4	9
Connecticut	-	-	201	-	-	-	-	1	-	14	13
MIDDLE ATLANTIC	6	-	416	-	-	1	1	-	33	181	183
Upstate New York	-	-	2	-	-	-	-	-	1	51	35
New York City	1	-	199	-	-	-	-	-	11	28	55
New Jersey	3	-	NN	-	-	-	1	-	12	57	58
Pennsylvania *	2	-	215	-	-	1	-	-	9	45	35
EAST NORTH CENTRAL	3	-	3,120	-	-	8	6	-	23	228	184
Ohio	-	-	987	-	-	4	2	-	5	44	54
Indiana	1	-	255	-	-	-	-	-	-	8	5
Illinois	1	-	-	-	-	1	1	-	4	89	49
Michigan	1	-	761	-	-	3	3	-	14	79	69
Wisconsin	-	-	1,117	-	-	-	-	-	-	8	7
WEST NORTH CENTRAL	-	-	866	2	6	-	-	-	6	45	116
Minnesota	-	-	5	-	-	-	-	-	5	3	5
Iowa	-	-	537	-	-	-	-	-	1	6	6
Missouri	-	-	120	-	-	-	-	-	-	20	93
North Dakota	-	-	32	-	-	-	-	-	-	-	-
South Dakota	-	-	-	2	6	-	-	-	-	-	2
Nebraska	-	-	22	-	-	-	-	-	-	-	2
Kansas	-	-	150	-	-	-	-	-	-	16	8
SOUTH ATLANTIC	9	1	401	-	-	5	6	-	26	131	151
Delaware	-	-	3	-	-	-	-	-	-	1	1
Maryland	-	-	32	-	-	-	1	-	2	13	15
District of Columbia	-	-	2	-	-	-	-	-	-	-	6
Virginia	1	-	27	-	-	-	1	-	3	19	28
West Virginia *	-	-	325	-	-	-	-	-	-	7	12
North Carolina	1	-	NN	-	-	1	4	-	5	17	27
South Carolina	-	-	11	-	-	1	-	-	1	5	6
Georgia	-	1	1	-	-	-	-	-	-	22	14
Florida	7	-	-	-	-	3	-	-	15	47	42
EAST SOUTH CENTRAL	3	-	249	-	-	-	-	-	20	141	94
Kentucky	-	-	169	-	-	-	-	-	5	27	59
Tennessee	-	-	NN	-	-	-	-	-	2	47	26
Alabama	3	-	52	-	-	-	-	-	10	65	3
Mississippi	-	-	28	-	-	-	-	-	3	2	6
WEST SOUTH CENTRAL	-	-	565	-	1	-	-	-	5	147	117
Arkansas *	-	-	3	-	-	-	-	-	-	5	8
Louisiana	-	-	NN	-	-	-	-	-	2	10	30
Oklahoma	-	-	89	-	-	-	-	-	2	24	12
Texas	-	-	473	-	1	-	-	-	1	108	67
MOUNTAIN	1	-	236	-	1	-	-	-	1	40	50
Montana	-	-	16	-	-	-	-	-	-	9	5
Idaho	-	-	-	-	-	-	-	-	-	3	3
Wyoming	-	-	100	-	-	-	-	-	-	1	5
Colorado	-	-	74	-	-	-	-	-	1	13	12
New Mexico	1	-	38	-	1	-	-	-	-	7	8
Arizona *	-	-	-	-	-	-	-	-	-	-	13
Utah	-	-	8	-	-	-	-	-	-	5	3
Nevada	-	-	-	-	-	-	-	-	-	2	1
PACIFIC	5	-	596	1	46	4	1	2	40	200	197
Washington	-	-	548	-	41	-	-	-	1	18	26
Oregon *	-	-	-	1	3	-	-	-	2	43	27
California	5	-	-	-	2	4	1	2	36	123	136
Alaska	-	-	16	-	-	-	-	-	1	13	2
Hawaii	-	-	32	-	-	-	-	-	-	3	6
Guam	-	-	-	-	-	-	-	-	-	-	-
Puerto Rico	-	-	18	-	-	-	-	-	-	9	14
Virgin Islands	-	-	-	-	-	-	-	-	-	-	2

*Delayed reports: Aseptic meningitis: Pa. delete 1

Chickenpox: Me. 38, Ark. 18, Ariz. delete 23

Diphtheria: Ore. 1

Encephalitis, primary: Ariz. delete 1

Hepatitis B: Ariz. 4

Hepatitis A: Me. 7, W. Va. delete 3, Ark. 6, Ariz. 16

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
 FOR WEEKS ENDING MARCH 24, 1973 AND MARCH 25, 1972 (12th 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	5	50	691	7,983	9,244	29	391	429	2,499	23,192	1,544	8,056
NEW ENGLAND	-	4	225	3,149	617	1	20	19	75	976	118	761
Maine *	-	-	-	10	87	-	-	3	4	48	-	28
New Hampshire *	-	-	15	523	33	1	3	-	7	95	2	10
Vermont	-	2	-	59	67	-	2	-	1	142	3	9
Massachusetts	-	-	151	1,568	85	-	7	8	25	373	74	409
Rhode Island	-	-	17	251	97	-	1	6	13	93	-	42
Connecticut	-	2	42	738	248	-	7	2	25	225	39	263
MIDDLE ATLANTIC	1	7	101	671	506	6	58	48	324	2,343	182	968
Upstate New York	1	4	24	162	42	4	19	12	NN	NN	5	54
New York City	-	1	56	379	91	-	13	11	220	1,450	15	89
New Jersey *	-	1	8	66	353	2	13	15	57	477	120	676
Pennsylvania	-	1	13	64	20	-	13	10	47	416	42	149
EAST NORTH CENTRAL	1	6	217	2,256	3,420	5	39	57	733	6,419	245	1,785
Ohio	1	2	18	115	128	2	23	20	256	999	30	156
Indiana	-	1	22	222	641	-	1	8	21	497	56	393
Illinois	-	2	34	619	1,075	2	5	12	146	1,257	31	207
Michigan	-	1	96	863	622	1	10	14	128	1,621	28	480
Wisconsin	-	-	47	437	954	-	-	3	182	2,045	100	549
WEST NORTH CENTRAL	1	2	14	209	356	3	34	37	426	2,540	52	558
Minnesota	-	-	1	14	12	-	-	7	4	47	2	72
Iowa	-	-	-	139	192	2	5	-	178	1,690	1	111
Missouri	-	-	1	12	104	1	17	8	56	311	8	202
North Dakota	-	1	7	28	30	-	3	-	4	33	-	30
South Dakota	-	-	-	-	4	-	2	2	-	6	-	2
Nebraska	-	-	-	1	6	-	3	7	4	54	1	80
Kansas	1	1	5	15	8	-	4	13	180	399	40	61
SOUTH ATLANTIC	-	6	41	282	823	7	72	90	357	2,659	214	692
Delaware	-	-	-	1	4	-	-	1	9	142	-	2
Maryland	-	-	-	-	7	1	13	12	19	292	-	8
District of Columbia	-	-	-	-	-	-	1	2	-	11	-	1
Virginia	-	4	2	19	20	-	8	18	21	209	118	152
West Virginia	-	-	22	93	53	-	1	5	110	968	14	78
North Carolina	-	1	-	6	21	2	14	17	NN	NN	22	54
South Carolina	-	1	3	20	120	1	6	8	5	110	-	15
Georgia	-	-	3	11	46	1	15	1	1	8	-	4
Florida	-	-	11	132	552	2	14	26	192	919	60	378
EAST SOUTH CENTRAL	-	1	5	153	691	2	24	33	86	1,619	140	492
Kentucky	-	-	-	52	406	-	6	8	18	512	104	260
Tennessee	-	-	4	77	103	1	12	13	55	547	28	188
Alabama	-	1	-	-	88	-	2	7	13	199	5	29
Mississippi	-	-	1	24	94	1	4	5	-	361	3	15
WEST SOUTH CENTRAL	-	5	21	312	585	3	59	53	92	1,643	61	663
Arkansas *	-	-	-	5	6	1	7	6	1	67	13	74
Louisiana	-	1	3	30	23	-	8	16	2	34	5	32
Oklahoma	-	-	4	11	2	-	4	3	14	117	2	38
Texas	-	4	14	266	554	2	40	28	75	1,425	41	519
MOUNTAIN	-	4	14	254	707	-	11	7	147	1,213	285	772
Montana	-	1	-	2	12	-	2	1	5	94	159	207
Idaho	-	-	2	101	3	-	1	2	1	71	-	6
Wyoming	-	-	2	7	-	-	-	1	38	286	-	2
Colorado	-	-	9	64	284	-	2	-	39	122	117	386
New Mexico	-	1	1	72	50	-	1	1	55	441	6	99
Arizona *	-	2	-	7	252	-	2	1	-	140	-	14
Utah	-	-	-	1	106	-	1	1	9	52	3	56
Nevada	-	-	-	-	-	-	2	-	-	7	-	2
PACIFIC	2	15	53	697	1,539	2	74	85	259	3,780	247	1,365
Washington	-	-	9	301	355	-	6	10	50	501	39	190
Oregon	-	1	23	182	13	-	4	5	49	782	13	164
California	1	11	21	209	1,124	2	63	68	126	2,124	191	1,000
Alaska	1	2	-	-	5	-	1	-	27	302	1	1
Hawaii	-	1	-	5	42	-	-	2	7	71	3	10
Guam	-	-	-	2	2	-	-	4	-	1	-	1
Puerto Rico	-	-	46	500	151	-	3	1	10	214	1	14
Virgin Islands	-	-	-	-	-	-	-	2	2	6	-	1

*Delayed reports: Measles: N.H. 5, Ariz. delete 1

Mumps: Me. 14, Ark. 9, Ariz. delete 10

Rubella: Me. 3, N.H. 1, N.J. delete 2, Ariz. delete 3

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDING MARCH 24, 1973 AND MARCH 25, 1972 (12th WEEK) - Continued

AREA	TETANUS Cumulative 1973	TUBERCULOSIS (New Active)		TULA- REMIA Cumulative 1973	TYPHOID FEVER		TYPHUS-FEVER TICK-BORNE (Rky. Mt. spotted fever)		VENEREAL DISEASES		RABIES IN ANIMALS		
		1973	Cum. 1973		1973	1973	Cum. 1973	1973	Cum. 1973	GONOR- RHEA	SYPHILIS (Pri. & Sec.)	1973	Cum. 1973
										1973	1973		
UNITED STATES	13	682	6,796	16	95	149	-	6	14,555	498	71	699	
NEW ENGLAND	-	33	232	-	-	3	-	-	433	14	6	46	
Maine	-	6	17	-	-	-	-	-	19	-	3	35	
New Hampshire *	-	3	8	-	-	-	-	-	8	-	3	10	
Vermont	-	-	5	-	-	-	-	-	4	-	-	-	
Massachusetts	-	5	129	-	-	3	-	-	187	10	-	1	
Rhode Island	-	6	18	-	-	-	-	-	62	1	-	-	
Connecticut	-	13	55	-	-	-	-	-	153	3	-	-	
MIDDLE ATLANTIC	3	157	1,405	-	7	16	-	1	2,113	107	-	4	
Upstate New York	-	36	284	-	-	3	-	-	306	-	-	1	
New York City	1	99	519	-	-	6	-	-	1,004	69	-	-	
New Jersey	2	22	267	-	5	5	-	-	248	26	-	-	
Pennsylvania	-	-	335	-	2	2	-	1	555	12	-	3	
EAST NORTH CENTRAL	2	107	1,078	1	-	5	-	-	1,618	25	6	61	
Ohio	1	30	379	1	-	3	-	-	359	3	-	9	
Indiana	-	10	150	-	-	-	-	-	207	2	3	14	
Illinois	-	25	303	-	-	1	-	-	244	3	2	21	
Michigan	-	29	189	-	-	1	-	-	622	16	-	1	
Wisconsin	1	13	57	-	-	-	-	-	186	1	1	16	
WEST NORTH CENTRAL	3	35	256	2	1	5	-	1	835	6	21	189	
Minnesota	-	6	31	-	1	1	-	-	210	3	7	68	
Iowa	-	1	32	-	-	-	-	-	107	2	3	57	
Missouri	3	23	126	2	-	2	-	1	240	1	4	20	
North Dakota	-	-	7	-	-	-	-	-	8	-	3	32	
South Dakota	-	1	15	-	-	1	-	-	24	-	-	3	
Nebraska	-	3	17	-	-	1	-	-	118	-	-	-	
Kansas	-	1	28	-	-	-	-	-	128	-	4	9	
SOUTH ATLANTIC	3	130	1,340	4	84	93	-	1	3,706	151	4	66	
Delaware	-	-	11	-	-	-	-	1	104	1	-	-	
Maryland *	-	15	132	-	1	1	-	-	260	10	-	3	
District of Columbia	-	7	73	-	-	-	-	-	389	17	-	-	
Virginia	-	11	177	1	-	-	-	-	371	46	-	27	
West Virginia	-	4	79	-	-	-	-	-	64	-	-	8	
North Carolina *	-	17	222	1	-	2	-	-	460	11	-	-	
South Carolina	-	14	135	-	-	1	-	-	373	28	-	-	
Georgia	-	27	220	2	-	1	-	-	700	27	3	17	
Florida	3	35	291	-	83	88	-	-	985	11	1	11	
EAST SOUTH CENTRAL	1	53	595	4	-	2	-	3	1,055	33	14	173	
Kentucky *	-	12	149	1	-	1	-	-	223	16	9	82	
Tennessee	-	20	174	3	-	-	-	1	260	3	4	66	
Alabama	1	17	170	-	-	1	-	2	305	3	1	25	
Mississippi	-	4	102	-	-	-	-	-	267	11	-	-	
WEST SOUTH CENTRAL	-	97	696	5	-	2	-	-	1,936	40	13	105	
Arkansas	-	4	73	1	-	-	-	-	246	4	4	25	
Louisiana	-	34	144	-	-	-	-	-	343	6	1	9	
Oklahoma	-	7	63	3	-	1	-	-	223	-	8	33	
Texas	-	52	416	1	-	1	-	-	1,124	30	-	38	
MOUNTAIN	-	4	151	-	-	2	-	-	599	16	-	3	
Montana	-	-	5	-	-	-	-	-	19	-	-	-	
Idaho	-	-	10	-	-	-	-	-	62	1	-	-	
Wyoming	-	-	7	-	-	-	-	-	3	3	-	-	
Colorado	-	-	22	-	-	-	-	-	161	4	-	-	
New Mexico	-	2	59	-	-	1	-	-	112	3	-	-	
Arizona *	-	-	32	-	-	1	-	-	154	1	-	3	
Utah	-	-	7	-	-	-	-	-	44	1	-	-	
Nevada	-	2	9	-	-	-	-	-	44	3	-	-	
PACIFIC	1	66	1,043	-	3	21	-	-	2,260	106	7	52	
Washington	-	8	91	-	-	-	-	-	212	1	-	-	
Oregon	-	3	49	-	-	2	-	-	236	2	-	-	
California	1	51	821	-	3	19	-	-	1,727	100	7	50	
Alaska	-	-	25	-	-	-	-	-	30	-	-	2	
Hawaii	-	4	57	-	-	-	-	-	55	3	-	-	
Guam	-	-	4	-	-	-	-	-	-	-	-	-	
Puerto Rico	3	7	122	-	-	-	-	-	139	5	-	8	
Virgin Islands	-	-	-	-	-	-	-	-	1	-	-	-	

*Delayed reports: Tetanus: (1971) Md. 1

Syphilis: Ariz. 4

TB: N.H. 1, N.C. delete 1, Ky. delete 1

Rabies: Ariz. delete 3

Gonorrhea: Ariz. 83

TABLE IV. DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDING MARCH 24, 1973

Week No.

12

(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	Under 1 year			All Ages	65 years and over	Under 1 year	
NEW ENGLAND	695	456	26	47	SOUTH ATLANTIC	1,260	673	31	43
Boston, Mass.	215	135	7	14	Atlanta, Ga.	102	41	9	1
Bridgeport, Conn.	40	28	1	5	Baltimore, Md.	214	114	5	6
Cambridge, Mass.	27	19	1	2	Charlotte, N. C.	69	28	2	1
Fall River, Mass.	37	28	—	2	Jacksonville, Fla.	82	42	3	4
Hartford, Conn.	55	41	1	1	Miami, Fla.	113	68	2	5
Lowell, Mass.	24	15	1	1	Norfolk, Va.	49	24	—	—
Lynn, Mass.	27	19	1	1	Richmond, Va.	103	49	—	4
New Bedford, Mass.	24	19	1	1	Savannah, Ga.	32	14	2	3
New Haven, Conn.	55	31	5	2	St. Petersburg, Fla.	100	80	1	4
Providence, R. I.	63	31	6	5	Tampa, Fla.	102	60	—	8
Somerville, Mass.	12	9	—	1	Washington, D. C.	256	132	6	5
Springfield, Mass.	45	28	2	8	Wilmington, Del.	38	21	1	2
Waterbury, Conn.	17	11	—	—					
Worcester, Mass.	54	42	—	4	EAST SOUTH CENTRAL	747	428	35	44
					Birmingham, Ala.	122	63	6	1
MIDDLE ATLANTIC	3,284	1,954	106	121	Chattanooga, Tenn.	57	32	1	11
Albany, N. Y.	47	32	4	—	Knoxville, Tenn.	46	37	—	—
Allentown, Pa.	23	15	3	4	Louisville, Ky.	156	87	11	17
Buffalo, N. Y.	137	88	5	6	Memphis, Tenn.	187	100	14	5
Camden, N. J.	49	31	1	1	Mobile, Ala.	50	29	—	2
Elizabeth, N. J.	38	26	—	2	Montgomery, Ala.	37	24	2	3
Erie, Pa.	24	14	—	3	Nashville, Tenn.	92	56	1	5
Jersey City, N. J.	50	32	1	4					
Newark, N. J.	90	41	5	4	WEST SOUTH CENTRAL	1,328	715	55	45
New York City, N. Y. †	1,550	935	38	65	Austin, Tex.	38	25	1	2
Paterson, N. J.	37	25	1	1	Baton Rouge, La.	59	25	5	—
Philadelphia, Pa.	684	375	26	11	Corpus Christi, Tex.	37	19	1	4
Pittsburgh, Pa.	153	79	10	5	Dallas, Tex.	194	99	9	3
Reading, Pa.	41	26	—	3	El Paso, Tex.	69	45	4	6
Rochester, N. Y.	118	76	6	4	Fort Worth, Tex.	83	49	1	2
Schenectady, N. Y.	25	16	1	2	Houston, Tex.	248	115	13	7
Scranton, Pa.	34	17	—	—	Little Rock, Ark.	79	46	5	8
Syracuse, N. Y.	83	58	4	—	New Orleans, La.	146	85	3	3
Trenton, N. J.	36	23	1	2	Oklahoma City, Okla.*	93	54	4	2
Utica, N. Y.	31	22	—	2	San Antonio, Tex.	135	73	6	2
Yonkers, N. Y.	34	23	—	2	Shreveport, La.	59	30	—	2
					Tulsa, Okla.	88	50	3	4
EAST NORTH CENTRAL	2,568	1,508	114	85	MOUNTAIN	527	311	15	29
Akron, Ohio	48	33	3	—	Albuquerque, N. Mex.	55	29	3	6
Canton, Ohio	40	28	1	2	Colorado Springs, Colo.	33	23	—	5
Chicago, Ill.	696	376	30	21	Denver, Colo.	138	87	2	8
Cincinnati, Ohio	160	107	4	7	Las Vegas, Nev.	24	8	2	1
Cleveland, Ohio	190	111	5	1	Ogden, Utah	21	14	1	4
Columbus, Ohio	178	117	3	7	Phoenix, Ariz.	117	71	1	3
Dayton, Ohio	118	70	2	4	Pueblo, Colo.	13	7	—	—
Detroit, Mich.	320	154	24	8	Salt Lake City, Utah	62	29	5	—
Evansville, Ind.	29	20	3	1	Tucson, Ariz.	64	43	1	2
Fort Wayne, Ind.	53	33	5	1					
Gary, Ind.	37	18	4	4	PACIFIC	1,625	981	40	41
Grand Rapids, Mich.	41	30	—	1	Berkeley, Calif.	18	10	—	—
Indianapolis, Ind.	177	107	9	9	Fresno, Calif.	61	30	4	2
Madison, Wis.	39	19	6	5	Glendale, Calif.	20	13	1	1
Milwaukee, Wis.	135	89	5	4	Honolulu, Hawaii	64	37	3	—
Peoria, Ill.	37	23	5	—	Long Beach, Calif.	104	53	—	4
Rockford, Ill.	35	25	1	2	Los Angeles, Calif.	477	298	12	12
South Bend, Ind.	42	25	1	5	Oakland, Calif.	83	52	2	1
Toledo, Ohio	114	73	3	1	Pasadena, Calif.	24	13	1	—
Youngstown, Ohio	79	50	—	2	Portland, Oreg.	142	88	3	5
					Sacramento, Calif.	73	46	1	1
WEST NORTH CENTRAL	828	521	28	25	San Diego, Calif.	102	62	4	—
Des Moines, Iowa	61	36	1	—	San Francisco, Calif.	167	100	4	11
Duluth, Minn.	33	24	1	3	San Jose, Calif.	46	34	1	—
Kansas City, Kans.	34	18	4	1	Seattle, Wash.	140	82	2	3
Kansas City, Mo.	136	89	3	2	Spokane, Wash.	57	33	2	1
Lincoln, Nebr.	28	20	1	1	Tacoma, Wash.	47	30	—	—
Minneapolis, Minn.	106	75	4	2					
Omaha, Nebr.	94	54	3	3	Total	12,862	7,547	450	480
St. Louis, Mo.	198	119	9	4	Expected Number	13,190	7,683	538	542
St. Paul, Minn.	83	52	1	2	Cumulative Total (includes reported corrections for previous weeks)	169,942	101,913	6,068	9,062
Wichita, Kans.	55	34	1	7					

†Delayed report for week ending March 17, 1973

*Estimate based on average percent of divisional total

SYPHILIS - Continued

is considered unlikely and in whom none of the factors thought to be associated with "false positive" FTA-ABS reactions (systemic lupus erythematosus, leprosy, any condition resulting in alterations in the globulin system, and possibly drug abuse) can be documented. The Venereal Disease Branch, CDC, has begun work with Virginia and other selected areas to define and quantitate this phenomenon further. Pending the results of this work, the following points are noteworthy:

1. The FTA-ABS test should be done only in those laboratories whose proficiency is checked periodically by the State Health Department Laboratory. (Such a proficiency testing program does exist in Virginia.)

2. The FTA-ABS test has never been and is not now being recommended by CDC as a routine screening test for syphilis. Its recommended use is to confirm the reactive results of a sensitive but less specific screening test, such as the VDRL, or as a specific diagnostic test in patients with signs or symptoms suggestive of late syphilis. Its increasing use as a screening test apparently stems from a desire to apply the most sensitive and specific test available. Paradoxically, however, such use robs the test of much of its special value in the diagnosis of syphilis. When applied broadly to a population with low risk of having syphilis, even a test with a low

rate of false positive reactions such as the FTA-ABS will tend to have a high ratio of false positive reactions to true positive reactions. (In the extreme case, in a population where no syphilis existed, every positive would be a false positive.) The prior use of a screening test such as the VDRL has the effect of converting the population to which the FTA-ABS test is to be applied from one of low risk from syphilis to one of high risk, and in this situation, the ratio of false positive to true positive FTA-ABS tests will be very low.

3. Laboratories experiencing unexpectedly high numbers of FTA-ABS reactions should rigorously review their techniques. A question is now being raised about the proper use of sorbent: although the commercial product is intended for use on successive days, laboratories using freshly reconstituted sorbent at the beginning of each work day suspect they are finding fewer presumptively false positive reactions than when the sorbent was being used over longer periods. This factor is still being evaluated.

4. Laboratories using the automated FTA-ABS test may be recording unexpectedly large numbers of presumptively false positive reactions for both of the reasons mentioned above: the existence of an automated technique has made the FTA-ABS test more attractive as a screening test, and this technique generally incorporates the use of sorbent over a period of several days.

SURVEILLANCE SUMMARY**RUBELLA - Massachusetts**

The number of rubella cases reported to the Division of Communicable Diseases, Massachusetts Department of Public Health, has declined steadily since 1969. In 1972, it was 526, the lowest since 1922.

Table 1 shows the number of cases, attack rates, and cumulative percentages of cases by age reported in 1968 and 1972. In 1968, attack rates in the 5- to 9-year age group were higher than in the 10-14 and 15-19 age groups; however, in 1972, attack rates in the older groups were greater than those in the younger groups. In addition in 1972, the cumulative percentages for each age group were lower than in 1968 and indicate a larger proportion of cases in higher age groups.

These data support the observation that recent outbreaks have affected students in junior and senior high schools more

than those in grammar schools, where a larger percentage of children have been vaccinated.

(Reported by Michael A. Baltier, Epidemiologist, George E. Waterman, M.D., Assistant Director, and Nicholas J. Fiumara, M.D., Director, Division of Communicable Diseases, Massachusetts Department of Public Health; and an EIS Officer.)

Editorial Note

Several other states have reported outbreaks of rubella among adolescents in the current rubella season. This probably does not represent an actual increase in rubella activity in this age group but more likely shows a heightened awareness of the problem. While epidemics among adolescents are occurring, no major outbreaks affecting children age 1-12 years have been reported.

Table 1
Rubella Cases, Attack Rates, and Cumulative Percentages, by Age Group
Massachusetts - 1968 and 1972

Age Group (In Years)	1968			1972		
	Number Cases	Cumulative Percent	Attack Rate* (Percent)	Number Cases	Cumulative Percent	Attack Rate* (Percent)
0-4	495	14	10.5	43	9	0.9
5-9	1,592	58	29.4	92	28	1.7
10-14	769	79	13.9	136	57	2.5
15-19	536	94	10.4	124	83	2.4
≥ 20	206	100	0.6	83	100	0.2

*Cases/10,000

EPIDEMIOLOGIC NOTES AND REPORTS
HUMAN ORF MIMICKING CUTANEOUS ANTHRAX – California

In January 1973, 2 sisters aged 12 and 18 from Napa County, California, developed vesiculo-papular lesions of the fingers 1 to 2 weeks after acquiring young lambs. The lambs which had vesicular and scabby lesions about the mouth failed to thrive and were killed and buried. Lesions on the girls' fingers became more severe; each patient had 2 raised, mildly tender, nonpustular, granulomatous papules, with a dry scab over the center and a red indurated border. One also developed lesions typical of erythema multiforme on the affected hand and arm. Neither girl had systemic symptoms or regional adenopathy. Anthrax was suspected, and erythromycin and later penicillin were administered without apparent effect. Cultures yielded no pathogens.

Review of these cases by the Infectious Disease staff, California State Department of Public Health, indicated the most likely diagnosis was contagious pustular dermatitis of sheep (orf, sore mouth, contagious ecthyma). Scrapings of the lesions were obtained for electron microscopy at the State Viral and Rickettsial Disease Laboratory. The diagnosis was confirmed by finding typical particles of orf virus within a few hours after obtaining specimens. In addition, specimens from the lesions have been inoculated in primary human amnion tissue culture systems. Further studies are pending. On February 21, sera were collected from both patients. A 1:8 complement fixation titer against orf was present in the 18-year-old and a 1:4 titer in the 12-year-old.

(Reported by Harold N. Mozar, M.D., Health Officer, Napa County; Richard W. Emmons, M.D., Medical Epidemiologist,

and James Chin, M.D., State Epidemiologist, Bureau of Communicable Disease Control, California State Department of Public Health; and an EIS Officer.)

Editorial Note

Contrary to the reported benign nature of human orf, this is the 2nd report in the literature of erythema multiforme as a sequela to orf (1). In 1972, 4 human orf cases were reported to CDC from 4 states – Illinois, Michigan, New Mexico, and New York. Three cases were associated with sheep and 1 with goats. Three of the 4 cases reported had a complement fixation titer of 1:8. Orf virus was isolated from primary ovine kidney cell cultures in 1 case; no isolation attempts were made in the other 3 cases. The National Animal Disease Laboratory of the U.S. Department of Agriculture considers a complement fixation titer of 1:8 diagnostic for the disease in sheep. One of the 4 patients had a generalized vesiculo-papular rash, involving the axilla, groin, face, abdomen, arms, legs, shoulder, and feet. The other 3 patients had a single circumscribed lesion described as vesicular or granulomatous; 2 had axillary lymphadenopathy.

As demonstrated by this report, orf should be considered in the differential diagnosis when cutaneous anthrax is suspected.

Reference

1. Blakemore F, Abdussalam M, Goldsmith WN: A case of orf (contagious pustular dermatitis): Identification of the virus. *Br J Dermatol* 60:404-409, 1948

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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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