



# Morbidity and Mortality

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EPIDEMIOLOGIC NOTES AND REPORTS  
 TUBERCULOSIS - North Dakota

On Sept. 1, 1972, a 2-year-old Indian boy from Twin Buttes, North Dakota, was diagnosed as having active primary tuberculosis. In view of the boy's close contact with his grandmother, she was brought in for examination and was diagnosed on September 14 as having moderately advanced active tuberculosis, confirmed bacteriologically.

The 73-year-old grandmother had had a positive tuberculin test and an abnormal chest X-ray since October 1969, but multiple sputum specimens were negative. X-rays taken on follow-up examinations in 1970 and 1971 had showed progressive change, but a definitive diagnosis had not been established previously. She had been a known diabetic since 1953.

Investigation of other family members and contacts of these patients revealed 2 grandchildren, ages 7 and 4, and another child contact, age 5, with active primary tuberculosis.

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In addition, 3 other grandchildren, 2 daughters, and a son-in-law had positive skin tests. The patients with active primary tuberculosis and those persons with a positive skin test were placed on preventive treatment with isoniazid. The mother of the 1st case, who had a negative skin test, was also given isoniazid. Further investigation revealed that another grandchild and another daughter who lived most of the year

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

DISEASE	13th WEEK ENDING		MEDIAN 1968-1972	CUMULATIVE, FIRST 13 WEEKS		
	March 31, 1973	April 1, 1972		1973	1972	MEDIAN 1968-1972
Aseptic meningitis . . . . .	38	31	28	457	426	377
Brucellosis . . . . .	2	6	5	21	28	27
Chickenpox . . . . .	5,953	3,960	---	70,860	49,851	---
Diphtheria . . . . .	3	1	2	59	26	38
Encephalitis, primary:						
Arthropod-borne and unspecified . . . . .	27	16	16	228	190	251
Encephalitis, post-infectious . . . . .	6	6	6	50	60	79
Hepatitis, serum (Hepatitis B) . . . . .	164	166	158	1,812	2,421	1,669
Hepatitis, infectious (Hepatitis A) . . . . .	983	1,188	1,142	12,737	14,497	14,044
Malaria . . . . .	4	24	56	56	390	606
Measles (rubeola) . . . . .	1,094	1,178	1,178	9,082	10,422	10,418
Meningococcal infections, total . . . . .	51	28	61	442	457	885
Civilian . . . . .	49	27	57	428	438	804
Military . . . . .	2	1	9	14	19	92
Mumps . . . . .	2,064	2,184	2,801	25,277	27,582	33,393
Rubella (German measles) . . . . .	1,386	954	1,980	9,454	8,747	14,263
Tetanus . . . . .	2	3	1	15	21	21
Tuberculosis, new active . . . . .	773	663	---	7,563	7,782	---
Tularemia . . . . .	3	---	1	19	27	24
Typhoid fever . . . . .	90	7	5	239	65	57
Typhus, tick-borne (Rky. Mt. spotted fever) . . . . .	1	---	1	7	12	4
Veneral Diseases:						
Gonorrhea . . . . .	15,557	14,033	---	188,333	167,044	---
Syphilis, primary and secondary . . . . .	552	537	---	6,759	5,717	---
Rabies in animals . . . . .	101	107	101	793	1,027	966

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax: . . . . .	1	Poliomyelitis, total: . . . . .	---
Botulism: . . . . .	---	Paralytic: . . . . .	---
Congenital rubella syndrome: * . . . . .	7	Psittacosis: * . . . . .	3
Leprosy: * Calif. - 1, Hawaii - 6, Tex. - 1 . . . . .	33	Rabies in man: . . . . .	---
Leptospirosis: . . . . .	10	Trichinosis: Calif. - 1, NYC - 4 . . . . .	31
Plague: . . . . .	---	Typhus, murine: . . . . .	5

\*Delayed reports: Congenital rubella syndrome: (1972) Tex. 1  
 Leprosy: Guam 1  
 Psittacosis: (1972) Tex. 1

## TUBERCULOSIS – Continued

in California and Minnesota, respectively, had spent the summer in North Dakota with this family. Skin tests performed on these 2 contacts in their respective states were positive; neither was placed on isoniazid.

(Reported by James R. Amos, M.D., State Health Officer, Kenneth Mosser, Director, Division of Disease Control, and Fred Heer, Program Representative, Tuberculosis Control, North Dakota State Department of Health; and David F. Henderson, M.D., Director, Medical Services, Minni-Tohe Health Center, Division of Indian Health, New Town.)

## Editorial Note

This small outbreak demonstrates the focal nature of tuberculosis transmission in the United States today. Most exposure to tuberculosis occurs within the family or household setting. For this reason, CDC has emphasized the importance of prompt examination and preventive treatment for contacts of active cases rather than unproductive mass screening programs. In 1972 the yield of cases from exami-

nation of household contacts was 20.3/1,000 compared with an overall national case rate of 15.8/100,000. For household contacts under 15 years of age the rate was 34.5/1,000 (1). It is especially important to search for source cases among contacts of children with primary tuberculosis.

This episode also illustrates the consequences of failing to make a definitive diagnosis in a tuberculosis suspect and of failing to give preventive treatment to persons at high risk. Abnormal chest X-ray and diabetes both are risk factors listed in the joint statement on preventive treatment for tuberculosis by the American Thoracic Society, National Tuberculosis and Respiratory Disease Association, and CDC (2). All of these instances of primary tuberculosis and of tuberculous infection might have been averted if the grandmother had received treatment before her disease became infectious.

## References

1. Center for Disease Control: Tuberculosis Program Reports—provisional data. June 1972
2. American Thoracic Society, National Tuberculosis and Respiratory Disease Association, Center for Disease Control: Preventive treatment of tuberculosis—a joint statement. *Am Rev Resp Dis* 104:460-463, 1971

## RUBELLA – Virginia, North Carolina, Mississippi, Tennessee, Colorado

Through the 12th week of 1973, a total of 8,056 cases of rubella had been reported nationally. This represents an increase of 263 cases over the comparable period in 1972. Several outbreaks among college students have been reported to CDC; 5 are summarized below.

**Virginia:** Between March 5 and 22, there were 20 cases of rubella among 12,534 students at the University of Virginia in Charlottesville, Albemarle County. All students had the typical rash of rubella, and 11 of 18 (61%) on whom histories were available had arthralgia or arthritis. Seroconversion to the rubella HAI test was documented in 1 coed in whom paired sera have been studied. The attack rate in females was 2.1 times greater than in males. In comparison with a control group of students, there were significantly more students with rubella who had had specific contacts with students from other universities in the period 2-3 weeks prior to illness. A survey of practicing pediatricians in Charlottesville and of schools in Albemarle County revealed only 4 possible cases of rubella in 1973, all in patients in the post-pubertal age group. Distribution of rubella vaccine in Albemarle County has been sufficient to immunize greater than 99% of children under 13 years of age.

The University has embarked on a program of intensified case finding and selective serologic screening of female students. No mass immunization campaigns have been initiated. (Reported by James Camp, M.D., Director, Student Health Department, University of Virginia, Charlottesville; George Moore, M.D., Director, Albemarle County Health Department; Karl A. Western, M.D., State Epidemiologist, Virginia State Department of Health; and an EIS Officer.)

**North Carolina:** A survey of 32 colleges and universities in North Carolina revealed that 3 institutions have had outbreaks of rubella this year. Elon College (14 cases) and High Point College (25 cases) had attack rates of 2% and 2.5%, respectively. The University of North Carolina in Chapel Hill (enrollment 19,160) has reported 376 cases of rubella, 13 of which were confirmed serologically. The attack rate in females was 1.6 times greater than in males. A telephone survey of pediatric facilities at the University of North Carolina Medical

School and of pediatricians in Chapel Hill revealed only 1 case of rubella (in an adolescent) in 1973.

(Reported by Martin P. Hines, D.V.M., State Epidemiologist, and J. Newton MacCormack, M.D., Chief, Communicable Disease Control Section, North Carolina State Board of Health.)

**Mississippi:** The University of Mississippi in Oxford, a campus of 7,376 students, has reported 35 cases of rubella in the past 3 weeks. The city of Oxford has an 82% immunity level in 1- to 9-year-old children principally via rubella vaccination. Investigation by local and state health officials has failed to reveal significant rubella activity among preadolescents in Oxford.

(Reported by D. L. Blakey, M.D., State Epidemiologist, Mississippi State Board of Health; A. Eugene Lee, M.D., Director, Student Health Service, University of Mississippi; E. V. Bramlett, M.D., Director, Lafayette County Health Department; and an EIS Officer.)

**Tennessee:** During February and March, approximately 70 cases of rubella were identified at Memphis State University in Memphis (enrollment 19,323). A distinct clustering of cases occurred in early February, and registration for the spring semester in mid-January was perhaps the setting of a common exposure for many students. Apparent 3rd-generation cases have been identified in the outbreak. A survey of coeds at the University showed that 85% were immune by rubella HAI testing. Surveillance is continuing for rubella in the city of Memphis as well as on the University campus.

(Reported by Robert H. Hutcheson, Jr., M.D., State Epidemiologist, Tennessee Department of Public Health; Beverly Ray, M.D., Director, Student Health, Memphis State University; Robert Rentdorff, M.D., Director, Communicable Disease Section, Shelby County Health Department; and an EIS Officer.)

**Colorado:** Three universities have reported rubella outbreaks during 1973. The University of North Colorado in Greeley (7,413 students) and the University of Colorado in Boulder (31,802 students) have each reported approximately 35 cases of rubella from late January through mid-March. Rubella was

(Continued on page 115)

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDING MARCH 31, 1973 AND APRIL 1, 1972 (13th WEEK)

AREA	ASEPTIC MENINGITIS	BRUCELLOSIS	CHICKENPOX	DIPHTHERIA		ENCEPHALITIS			HEPATITIS		
						Primary including unspec. cases		Post Infectious	Serum (Hepatitis B)	Infectious (Hepatitis A)	
						1973	1972			1973	1973
UNITED STATES	38	2	5,953	3	59	27	16	6	164	983	1,188
NEW ENGLAND	1	-	686	-	2	1	1	1	5	53	80
Maine *	-	-	12	-	-	-	-	-	1	3	12
New Hampshire *	-	-	33	-	-	-	-	-	-	4	-
Vermont	-	-	55	-	-	-	-	-	-	4	9
Massachusetts	-	-	354	-	-	-	1	-	-	23	43
Rhode Island	-	-	70	-	2	-	-	-	1	8	2
Connecticut	1	-	162	-	-	1	-	1	3	11	14
MIDDLE ATLANTIC	5	-	330	-	-	4	7	-	49	162	177
Upstate New York	2	-	6	-	-	-	-	-	17	48	29
New York City	1	-	183	-	-	3	-	-	10	23	48
New Jersey	1	-	NN	-	-	-	4	-	8	42	72
Pennsylvania	1	-	141	-	-	1	3	-	14	49	28
EAST NORTH CENTRAL	7	1	2,449	-	-	9	1	-	22	154	210
Ohio	-	1	359	-	-	3	1	-	1	47	33
Indiana	4	-	262	-	-	-	-	-	-	22	10
Illinois	1	-	-	-	-	1	-	-	5	32	69
Michigan	2	-	597	-	-	5	-	-	13	51	87
Wisconsin	-	-	1,231	-	-	-	-	-	3	2	11
WEST NORTH CENTRAL	-	-	762	-	6	3	-	2	4	63	43
Minnesota	-	-	45	-	-	-	-	1	1	6	7
Iowa	-	-	612	-	-	2	-	1	2	36	7
Missouri	-	-	23	-	-	-	-	-	-	12	17
North Dakota	-	-	48	-	-	-	-	-	-	-	2
South Dakota	-	-	2	-	6	-	-	-	-	7	-
Nebraska	-	-	12	-	-	-	-	-	1	-	4
Kansas	-	-	20	-	-	1	-	-	-	2	6
SOUTH ATLANTIC	10	-	489	-	-	2	1	1	13	125	149
Delaware	-	-	23	-	-	-	-	-	1	2	3
Maryland	-	-	62	-	-	-	-	-	3	15	22
District of Columbia	-	-	5	-	-	-	-	-	-	2	-
Virginia *	1	-	41	-	-	-	-	-	2	9	37
West Virginia	1	-	286	-	-	-	-	1	-	3	5
North Carolina	2	-	NN	-	-	-	1	-	2	23	26
South Carolina	-	-	70	-	-	-	-	-	-	6	7
Georgia	1	-	2	-	-	1	-	-	-	16	3
Florida	5	-	-	-	-	1	-	-	5	49	46
EAST SOUTH CENTRAL	2	-	124	-	-	1	-	1	5	65	71
Kentucky	1	-	71	-	-	-	-	-	-	23	21
Tennessee	1	-	NN	-	-	-	-	-	5	33	38
Alabama	-	-	39	-	-	1	-	-	-	7	6
Mississippi	-	-	14	-	-	-	-	1	-	2	6
WEST SOUTH CENTRAL	7	1	551	1	2	1	1	-	11	121	138
Arkansas *	-	-	83	-	-	-	-	-	2	4	5
Louisiana *	6	-	NN	-	-	1	-	-	4	24	12
Oklahoma *	-	-	93	-	-	-	-	-	-	17	12
Texas*	1	1	375	1	2	-	1	-	5	76	109
MOUNTAIN	-	-	148	-	1	-	-	-	5	25	49
Montana	-	-	23	-	-	-	-	-	-	1	6
Idaho	-	-	-	-	-	-	-	-	-	3	7
Wyoming	-	-	27	-	-	-	-	-	-	1	1
Colorado	-	-	55	-	-	-	-	-	1	12	19
New Mexico	-	-	38	-	1	-	-	-	-	7	4
Arizona *	-	-	-	-	-	-	-	-	-	1	7
Utah	-	-	-	-	-	-	-	-	4	-	5
Nevada	-	-	5	-	-	-	-	-	-	-	-
PACIFIC	6	-	414	2	48	6	5	1	50	215	271
Washington	-	-	358	2	43	1	-	-	4	24	30
Oregon	-	-	1	-	3	-	-	-	5	22	20
California	6	-	-	-	2	5	5	1	40	164	212
Alaska	-	-	22	-	-	-	-	-	1	4	8
Hawaii	-	-	33	-	-	-	-	-	-	1	1
Guam *	-	-	-	-	-	-	-	-	-	-	-
Puerto Rico	-	-	16	-	-	-	-	-	-	7	27
Virgin Islands	-	-	-	-	-	-	-	-	-	-	1

\*Delayed reports: Aseptic meningitis: Guam 1  
 Chickenpox: Me. 35, N.H. 43, Ark. 8, Guam 11  
 Diphtheria: (1972) Tex. 1  
 Hepatitis B: Ark. 3, La. 2  
 Hepatitis A: Me. 3, Va. delete 1, Ark. 12, La. delete 3,  
 Okla. delete 1, Ariz. 3, Guam 2

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES  
FOR WEEKS ENDING MARCH 31, 1973 AND APRIL 1, 1972 (13th WEEK) - Continued

AREA	MALARIA		MEASLES (Rubella)			MENINGOCOCCAL INFECTIONS, TOTAL			MUMPS		RUBELLA	
	1973	Cum. 1973	1973	Cumulative		1973	Cumulative		1973	Cum. 1973	1973	Cum. 1973
				1973	1972		1973	1972				
UNITED STATES	4	56	1,094	9,082	10,422	51	442	457	2,064	25,277	1,386	9,454
NEW ENGLAND	-	4	367	3,516	743	1	21	21	90	1,070	153	915
Maine*	-	-	-	11	100	-	-	3	1	53	-	29
New Hampshire*	-	-	18	542	91	-	3	-	6	101	3	13
Vermont	-	2	16	75	68	-	2	-	7	149	1	10
Massachusetts*	-	-	268	1,834	99	-	7	10	43	416	114	523
Rhode Island	-	-	14	265	101	-	1	6	1	94	5	47
Connecticut	-	2	51	789	284	1	8	2	32	257	30	293
MIDDLE ATLANTIC	-	7	96	767	540	6	64	52	254	2,597	288	1,256
Upstate New York	-	4	28	190	50	3	22	14	NN	NN	66	120
New York City	-	1	52	431	103	-	13	11	172	1,622	21	110
New Jersey	-	1	1	67	365	1	14	16	30	507	201	877
Pennsylvania	-	1	15	79	22	2	15	11	52	468	-	149
EAST NORTH CENTRAL	-	6	485	2,741	3,912	5	44	61	522	6,941	263	2,048
Ohio	-	2	11	126	138	2	25	20	78	1,077	34	190
Indiana	-	1	29	251	691	-	1	9	19	516	69	462
Illinois	-	2	41	660	1,286	2	7	14	80	1,337	29	236
Michigan	-	1	376	1,239	710	1	11	15	190	1,811	55	535
Wisconsin	-	-	28	465	1,087	-	-	3	155	2,200	76	625
WEST NORTH CENTRAL	-	2	18	227	372	1	35	38	192	2,732	89	647
Minnesota	-	-	-	14	12	-	-	7	3	50	44	116
Iowa	-	-	10	149	202	-	5	-	171	1,861	7	118
Missouri	-	-	-	12	109	1	18	8	1	312	5	207
North Dakota	-	1	-	28	30	-	3	-	-	33	4	34
South Dakota	-	-	-	-	4	-	2	2	-	6	-	2
Nebraska	-	-	-	1	7	-	3	7	2	56	9	89
Kansas	-	1	8	23	8	-	4	14	15	414	20	81
SOUTH ATLANTIC	1	7	17	299	905	5	77	94	293	2,952	155	847
Delaware	-	-	-	1	4	-	-	1	15	157	-	2
Maryland	-	-	-	-	7	2	15	13	27	319	-	8
District of Columbia	-	-	-	-	-	-	1	2	2	13	1	2
Virginia	-	4	6	25	25	1	9	20	25	234	100	252
West Virginia	-	-	4	97	54	-	1	6	84	1,052	14	92
North Carolina	-	1	-	6	22	1	15	17	NN	NN	30	84
South Carolina	-	1	2	22	130	1	7	8	48	158	2	17
Georgia	-	-	-	11	47	-	15	1	1	9	1	5
Florida	1	1	5	137	616	-	14	26	91	1,010	7	385
EAST SOUTH CENTRAL	-	1	23	176	732	21	45	38	121	1,740	55	547
Kentucky	-	-	21	73	429	16	22	10	54	566	9	269
Tennessee	-	-	-	77	107	4	16	15	42	589	17	205
Alabama	-	1	-	-	92	1	3	7	12	211	6	35
Mississippi	-	-	2	26	104	-	4	6	13	374	23	38
WEST SOUTH CENTRAL	1	6	21	337	662	9	68	58	111	1,771	40	714
Arkansas*	-	-	-	9	6	1	8	6	24	98	1	86
Louisiana	-	1	3	33	23	4	12	18	3	37	6	38
Oklahoma*	-	-	4	15	2	-	4	3	26	153	-	38
Texas*	1	5	14	280	631	4	44	31	58	1,483	33	552
MOUNTAIN	-	6	7	262	766	-	11	7	128	1,341	142	914
Montana	-	1	2	4	12	-	2	1	15	109	8	215
Idaho	-	-	1	102	3	-	1	2	25	96	-	6
Wyoming	-	-	2	9	-	-	-	1	9	295	1	3
Colorado	-	-	1	65	294	-	2	-	19	141	119	505
New Mexico	-	1	1	73	53	-	1	1	60	501	14	113
Arizona*	-	4	-	8	294	-	2	1	-	140	-	14
Utah	-	-	-	1	110	-	1	1	-	52	-	56
Nevada	-	-	-	-	-	-	2	-	-	7	-	2
PACIFIC	2	17	60	757	1,790	3	77	88	353	4,133	201	1,566
Washington	-	-	25	326	382	-	6	11	33	534	24	214
Oregon	-	1	3	185	16	-	4	5	58	840	25	189
California	2	13	32	241	1,343	2	65	70	218	2,342	152	1,152
Alaska	-	2	-	-	5	1	2	-	32	334	-	1
Hawaii	-	1	-	5	44	-	-	2	12	83	-	10
Guam*	-	-	-	3	2	-	-	5	-	1	-	2
Puerto Rico	-	-	96	596	163	-	3	1	30	244	-	14
Virgin Islands	-	-	-	-	1	-	-	2	1	7	-	1

\*Delayed reports: Malaria: Ariz. 2, (1972) Tex. 1  
Measles: Me. 1, N.H. 1, Mass. delete 2,  
Ark. 4, Ariz. 1, Guam 1

Mumps: Me. 4, Ark. 7, Okla. 10  
Rubella: Me. 1, Ark. 11, Guam 1

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES  
FOR WEEKS ENDING MARCH 31, 1973 AND APRIL 1, 1972 (13th 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	15	773	7,563	19	90	239	1	7	15,557	552	101	793	
NEW ENGLAND	-	17	249	-	-	3	-	-	463	19	6	52	
Maine	-	2	19	-	-	-	-	-	18	3	2	37	
New Hampshire	-	3	11	-	-	-	-	-	11	-	3	13	
Vermont *	-	-	5	-	-	-	-	-	5	-	1	1	
Massachusetts	-	7	136	-	-	3	-	-	254	12	-	1	
Rhode Island	-	3	21	-	-	-	-	-	40	-	-	-	
Connecticut	-	2	57	-	-	-	-	-	135	4	-	-	
MIDDLE ATLANTIC	4	189	1,594	-	2	18	-	1	1,621	123	-	4	
Upstate New York	-	23	307	-	-	3	-	-	171	-	-	1	
New York City	2	70	589	-	-	6	-	-	1,054	69	-	-	
New Jersey	2	16	283	-	1	6	-	-	262	21	-	-	
Pennsylvania	-	80	415	-	1	3	-	1	134	33	-	3	
EAST NORTH CENTRAL	2	142	1,216	1	3	8	-	-	2,334	34	24	78	
Ohio *	1	49	424	1	1	4	-	-	678	4	9	11	
Indiana	-	19	169	-	-	-	-	-	215	7	10	24	
Illinois	-	48	351	-	-	1	-	-	704	8	1	22	
Michigan	-	26	215	-	2	3	-	-	550	11	-	1	
Wisconsin	1	-	57	-	-	-	-	-	187	4	4	20	
WEST NORTH CENTRAL	3	28	284	2	2	7	-	1	967	4	16	205	
Minnesota	-	2	33	-	1	2	-	-	150	-	4	72	
Iowa	-	1	33	-	-	-	-	-	165	-	3	60	
Missouri	3	11	137	2	1	3	-	1	310	4	-	20	
North Dakota	-	-	7	-	-	-	-	-	5	-	7	39	
South Dakota	-	2	17	-	-	1	-	-	66	-	-	3	
Nebraska	-	4	21	-	-	1	-	-	133	-	-	-	
Kansas	-	8	36	-	-	-	-	-	138	-	2	11	
SOUTH ATLANTIC	3	102	1,440	4	80	173	1	2	3,594	171	8	74	
Delaware	-	2	13	-	-	-	-	1	53	1	-	-	
Maryland	-	11	143	-	-	1	-	-	261	4	-	3	
District of Columbia	-	4	77	-	-	-	-	-	281	14	-	-	
Virginia	-	11	188	1	-	-	-	-	327	57	5	32	
West Virginia	-	5	84	-	-	-	-	-	94	2	1	9	
North Carolina *	-	29	249	1	-	2	1	1	905	11	-	-	
South Carolina	-	19	154	-	-	1	-	-	280	27	-	-	
Georgia	-	21	241	2	-	1	-	-	404	14	1	18	
Florida	3	-	291	-	80	168	-	-	989	41	1	12	
EAST SOUTH CENTRAL	1	48	643	5	-	2	-	3	1,527	32	19	192	
Kentucky	-	14	163	1	-	1	-	-	158	10	12	94	
Tennessee	-	9	183	3	-	-	-	1	587	11	6	72	
Alabama	1	13	183	-	-	1	-	2	449	-	1	26	
Mississippi	-	12	114	1	-	-	-	-	333	11	-	-	
WEST SOUTH CENTRAL	1	55	751	7	1	3	-	-	2,353	46	23	128	
Arkansas	-	8	81	2	-	-	-	-	579	5	8	33	
Louisiana *	1	10	154	-	-	-	-	-	600	12	1	10	
Oklahoma	-	-	63	4	-	1	-	-	198	-	4	37	
Texas *	-	37	453	1	1	2	-	-	976	29	10	48	
MOUNTAIN	-	74	225	-	-	2	-	-	535	7	-	3	
Montana	-	-	5	-	-	-	-	-	32	1	-	-	
Idaho	-	-	10	-	-	-	-	-	41	-	-	-	
Wyoming	-	1	8	-	-	-	-	-	8	-	-	-	
Colorado	-	19	41	-	-	-	-	-	65	3	-	-	
New Mexico	-	4	63	-	-	1	-	-	103	1	-	-	
Arizona	-	49	81	-	-	1	-	-	209	1	-	3	
Utah	-	1	8	-	-	-	-	-	26	1	-	-	
Nevada	-	-	9	-	-	-	-	-	51	-	-	-	
PACIFIC	1	118	1,161	-	2	23	-	-	2,163	116	5	57	
Washington	-	10	101	-	-	-	-	-	186	-	-	-	
Oregon	-	5	54	-	-	2	-	-	178	3	-	-	
California	1	78	899	-	2	21	-	-	1,712	108	5	55	
Alaska	-	12	37	-	-	-	-	-	54	1	-	2	
Hawaii	-	13	70	-	-	-	-	-	33	4	-	-	
Guam *	-	-	4	-	-	-	-	-	-	-	-	-	
Puerto Rico	3	11	133	-	1	1	-	-	145	16	2	10	
Virgin Islands	-	-	-	-	-	-	-	-	4	-	-	-	

\*Delayed reports: Tetanus: (1972) Tex. 4 Syphilis: Vt. delete 1, Ohio delete 2, La. 1  
 TB: Ohio delete 4, N.C. delete 2 Rabies: Ohio delete 7  
 Gonorrhea: Guam 13

TABLE IV. DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDING MARCH 31, 1973

Week No.  
13

(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	
<b>NEW ENGLAND</b>	701	440	26	29	<b>SOUTH ATLANTIC</b>	1,183	619	91	42
Boston, Mass.	216	114	19	8	Atlanta, Ga.	103	56	3	2
Bridgeport, Conn.	41	34	—	2	Baltimore, Md.	186	97	4	—
Cambridge, Mass.	34	25	3	5	Charlotte, N. C.	67	33	8	—
Fall River, Mass.	25	18	—	1	Jacksonville, Fla.	71	40	3	3
Hartford, Conn.	57	29	—	—	Miami, Fla.	109	61	2	4
Lowell, Mass.	40	24	1	—	Norfolk, Va.	60	33	4	7
Lynn, Mass.	12	11	—	2	Richmond, Va.	119	59	10	8
New Bedford, Mass.	28	23	1	2	Savannah, Ga.	41	25	3	1
New Haven, Conn.	43	26	1	—	St. Petersburg, Fla.	92	70	2	6
Providence, R. I.	55	32	1	2	Tampa, Fla.	83	50	1	5
Somerville, Mass.	14	11	—	—	Washington, D. C.	208	78	47	5
Springfield, Mass.	45	31	—	4	Wilmington, Del.	44	17	4	1
Waterbury, Conn.	39	32	—	1	<b>EAST SOUTH CENTRAL</b>	723	400	26	40
Worcester, Mass.	52	30	—	2	Birmingham, Ala.	138	78	4	3
<b>MIDDLE ATLANTIC</b>	3,267	1,908	119	125	Chattanooga, Tenn.	64	39	3	10
Albany, N. Y.	62	37	7	1	Knoxville, Tenn.	50	33	1	1
Allentown, Pa.	32	18	2	2	Louisville, Ky.	98	48	5	8
Buffalo, N. Y.	129	78	4	11	Memphis, Tenn.	159	80	7	3
Camden, N. J.	45	25	2	—	Mobile, Ala.	45	29	—	4
Elizabeth, N. J.	27	15	—	—	Montgomery, Ala.	35	22	2	1
Erie, Pa.	30	20	—	3	Nashville, Tenn.	134	71	4	10
Jersey City, N. J.	61	42	3	5	<b>WEST SOUTH CENTRAL</b>	1,343	747	66	34
Newark, N. J.	86	40	13	3	Austin, Tex.	42	29	—	2
New York City, N. Y. †	1,655	935	53	63	Baton Rouge, La.	48	30	1	2
Paterson, N. J.	48	26	3	2	Corpus Christi, Tex.	25	13	4	—
Philadelphia, Pa.	499	312	18	4	Dallas, Tex.	213	129	6	5
Pittsburgh, Pa.	186	114	9	15	El Paso, Tex.	50	18	12	2
Reading, Pa.	37	26	—	2	Fort Worth, Tex.	113	63	10	7
Rochester, N. Y.	100	63	—	4	Houston, Tex.	260	135	12	2
Schenectady, N. Y.	31	16	2	2	Little Rock, Ark.	59	30	1	1
Scranton, Pa.	45	26	1	1	New Orleans, La.	148	78	3	1
Syracuse, N. Y.	79	45	—	2	Oklahoma City, Okla. *	94	56	5	2
Trenton, N. J.	45	26	—	1	San Antonio, Tex.	170	92	11	3
Utica, N. Y.	30	21	1	2	Shreveport, La.	68	42	—	3
Yonkers, N. Y.	40	23	1	2	Tulsa, Okla.	53	32	1	4
<b>EAST NORTH CENTRAL</b>	2,489	1,426	102	86	<b>MOUNTAIN</b>	544	314	30	18
Akron, Ohio	67	42	5	—	Albuquerque, N. Mex.	37	18	4	5
Canton, Ohio	30	19	1	—	Colorado Springs, Colo.	31	19	—	2
Chicago, Ill.	623	346	25	15	Denver, Colo.	136	80	8	4
Cincinnati, Ohio	173	98	8	5	Las Vegas, Nev.	18	8	—	—
Cleveland, Ohio	220	113	10	6	Ogden, Utah	23	10	2	4
Columbus, Ohio	139	89	9	7	Phoenix, Ariz.	150	86	11	1
Dayton, Ohio	104	58	4	2	Pueblo, Colo.	24	17	—	1
Detroit, Mich.	327	164	11	9	Salt Lake City, Utah	62	40	5	1
Evansville, Ind.	51	27	1	—	Tucson, Ariz.	63	36	—	—
Fort Wayne, Ind.	50	34	2	6	<b>PACIFIC</b>	1,676	1,045	57	46
Gary, Ind.	39	17	3	4	Berkeley, Calif.	31	22	—	1
Grand Rapids, Mich.	47	38	—	4	Fresno, Calif.	55	34	3	4
Indianapolis, Ind.	154	75	6	4	Glendale, Calif.	30	20	—	1
Madison, Wis.	26	17	2	3	Honolulu, Hawaii	51	28	4	2
Milwaukee, Wis.	125	93	4	4	Long Beach, Calif.	99	67	1	5
Peoria, Ill.	28	20	1	5	Los Angeles, Calif.	504	313	11	10
Rockford, Ill.	41	27	2	4	Oakland, Calif.	110	66	6	—
South Bend, Ind.	41	30	1	3	Pasadena, Calif.	29	16	2	—
Toledo, Ohio	131	73	7	3	Portland, Oreg.	141	89	7	6
Youngstown, Ohio	73	46	—	2	Sacramento, Calif.	55	30	5	1
<b>WEST NORTH CENTRAL</b>	780	497	25	26	San Diego, Calif.	102	53	1	3
Des Moines, Iowa	59	35	—	2	San Francisco, Calif.	156	98	6	4
Duluth, Minn.	29	19	2	3	San Jose, Calif.	61	39	1	1
Kansas City, Kans.	34	15	3	1	Seattle, Wash.	167	113	10	2
Kansas City, Mo.	135	95	5	2	Spokane, Wash.	48	32	—	2
Lincoln, Nebr.	34	28	—	2	Tacoma, Wash.	37	25	—	4
Minneapolis, Minn.	100	65	4	1	<b>Total</b>	12,706	7,396	542	446
Omaha, Nebr.	80	47	3	—	<b>Expected Number</b>	13,088	7,605	536	526
St. Louis, Mo.	211	126	7	6	<b>Cumulative Total (includes reported corrections for previous weeks)</b>	182,753	109,309	6,625	9,506
St. Paul, Minn.	77	55	—	3					
Wichita, Kans.	21	12	1	6					

†Delayed report for week ending March 24, 1973

\*Estimate based on average percent of divisional total

**RUBELLA — Continued**

centered in 2 dormitories in Greeley, and 35 of the cases were confirmed serologically. The United States Air Force Academy in Colorado Springs (3,836 cadets) reported 225 cases of an illness clinically compatible with rubella. Twelve of the cases were proven by the rubella HAI test. The epidemic began on January 8, and cases were reported through March 15. No data is yet available on the incidence of rubella in the communities adjacent to these universities.

(Reported by Thomas Vernon, M.D., State Epidemiologist, Colorado State Department of Public Health; Col. Charles Upp, MC, USAF, Director, Base Medical Services, and Col. Ronald Costin, MC, USAF, Director, Cadet Clinic, United States Air Force Academy, Colorado Springs; Charles Dowd-

ing, M.D., Director, Boulder City Health Department; Reta Long, Director, Nursing Services, Weld County Health Department; and an EIS Officer.)

**Editorial Note**

Prior to the availability of vaccine, rubella occurred in young adults, particularly in institutional settings. When rubella vaccine was licensed, it was expected that rubella might continue to occur among adolescents. However, the potential for spread from this group to pregnant women was felt to be low.

As outbreaks such as these among young adults are recognized, intensified surveillance is required to determine the potential risks rubella poses both to university coeds and to women of child-bearing age in the surrounding community.

**BOTULINAL TOXIN IN COMMERCIALY CANNED MUSHROOMS — United States**

Preliminary tests at the Food and Drug Administration (FDA) Regional Laboratory, Atlanta, Georgia, have demonstrated contamination with type B botulinal toxin in 1 of 15 swollen cans of mushrooms distributed by Fran Mushroom Co., Ravena, N.Y. These are 8-oz cans, and the incriminated lot numbers are 2KC07 (on cans) and K072 (on cases). Unlabeled coded cans were distributed through at least 1 U.S. Army commissary. There have been no reports of illness associated with this product. FDA is continuing the investi-

gation.

(Reported by Lawrence W. Wood, Jr., M.D., Chief, Department of Medicine, U.S. Army General Hospital, Fort Gordon, Augusta, Georgia; the Regional Office, Atlanta, Georgia, and the Field Investigations Branch, Office of the Associate Commissioner for Compliance, Food and Drug Administration; and the Bacterial Diseases Branch, Epidemiology Program, CDC.)

**FOLLOW-UP ON TYPHOID FEVER — Florida**

As of Apr. 2, 1973, a total of 197 suspect and confirmed cases of *Salmonella typhi* infection had been reported in the waterborne outbreak of typhoid fever at the South Dade Migrant Farm Labor Camp, Homestead, Florida (MMWR, Vol. 22, No. 9 and 10). *S. typhi* has been isolated from 178 patients, 2 patients have demonstrated 4-fold rises in antibody titers to group D salmonella O antigen, and 17 additional patients have had 1 or more antibody titers of 1:160 or greater. The revised epidemic curve is consistent with a common source outbreak (Figure 1). Eighteen cases occurred in March, the most recent on March 16. In at least 15 instances these cases occurred in households where other members had earlier developed overt typhoid fever. The number of such possible secondary cases is small in relation to the total outbreak. No deaths have occurred. At least 9 cases were asymptomatic.

Only 4 instances of documented typhoid have occurred in persons who were not inhabitants of the camp, and each of these cases was exposed to the camp's water supply in early February. No documented transmission of typhoid outside the camp has been reported.

(Reported by Milton Saslaw, M.D., Director, Joel L. Nitzkin, M.D., Chief, Office of Consumer Protection, Diane Eisman, M.D., Acting Head, Disease Control Section, Dade County Department of Public Health; Ralph D. Hogan, M.D., State Epidemiologist, Florida Division of Health; and 2 EIS Officers.)

**FOLLOW-UP ON SEPTICEMIAS ASSOCIATED WITH CONTAMINATED INTRAVENOUS FLUIDS — United States**

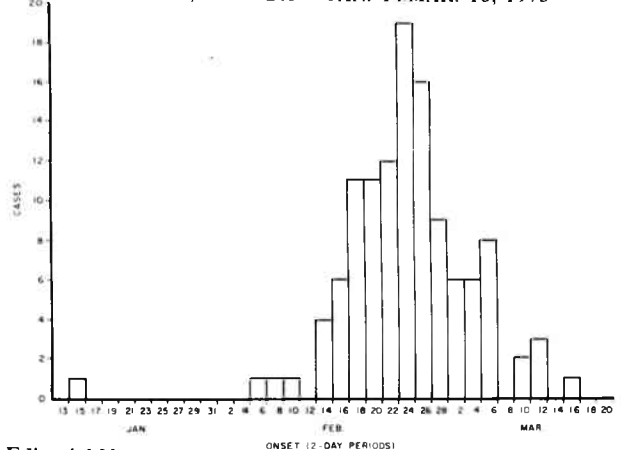
On Mar. 19, 1973, Cutter Laboratories, Inc., recalled all 1,000 cc bottles of 5% Dextrose in Lactated Ringers Injection (D5LR) produced at its Chattanooga, Tennessee plant since Sept. 13, 1972 (MMWR, Vol. 22, No. 11). This fluid had been manufactured using a modified time-temperature-pressure autoclave cycle.

A total of 5 cases of clinical septicemia with *Enterococcus*

*bacter agglomerans*, *E. cloacae*, or *Citrobacter freundii* associated with administration of Cutter D5LR have been reported to CDC. The onset of cases was between Feb. 16 and Mar. 5, 1973; 3 patients were hospitalized in Milwaukee, Wisconsin, 1 in Washington, D.C., and 1 in Nashville, Tennessee. Three of the 5 patients died.

Fluid from 1 of 109 unopened bottles of the same lot

Figure 1  
118 TYPHOID FEVER CASES, BY DATE OF ONSET  
HOMESTEAD, FLORIDA — JAN. 14-MAR. 16, 1973

**Editorial Note**

This is the largest reported outbreak of typhoid fever in the United States since 1939. Its subsidence without resort to quarantine or mass immunization illustrates again that these measures are unnecessary in the control of typhoid in the United States. The small number of possible secondary cases probably were exposed before recognition of the outbreak; their disease could not have been prevented by vaccine.

## SEPTICEMIAS — Continued

(TK4596A) as administered to 1 of the patients grew *E. agglomerans*. In addition, 3 other unopened bottles of D5LR tested by the Food and Drug Administration (FDA) and CDC have been positive for microorganisms still under analysis; the lots involved are TK4617A, TK4623A, and TK4617C. One bottle of D5LR (TK4617A) was noted to be turbid as it was being prepared for administration at a hospital in Menomonee Falls, Wisconsin; the bottle was not used but was cultured, and a *C. freundii* of an identical biotype and antibiogram as that isolated from 3 of the patients with septicemia was grown from the fluid. All *C. freundii* isolated were characterized by the following markers: nitrate-negative, H<sub>2</sub>S-negative, and identical multiply sensitive antibiogram.

(Reported by Robert H. Hutcheson, Jr., M.D., State Epidemiologist, Tennessee Department of Public Health; George H. Handy, M.D., State Health Officer, Wisconsin Department of Health and Social Services; Donald K. Wallace, M.D., Chief, Communicable Disease Control Branch, CHHA, Washington, D.C.; Bacterial Diseases Branch, Epidemiology Program, the Microbiology Branch, Laboratory Division, CDC; Bureau of Drugs, Food and Drug Administration; and 4 EIS Officers.)

## Editorial Note

Septicemia may occur in any patient receiving intravenous (IV) therapy; however, rapid onset of severe clinical symptoms of septicemia in an otherwise not seriously ill patient who has received IV therapy for only a short period of time and has no other obvious site of infection should raise a strong suspicion of intrinsic contamination of the IV fluid. Currently the great majority of septicemias related to IV therapy are probably due to extrinsic or in-use contamination;

however, in the event that intrinsic contamination of IV fluid is suspected as the cause of a patient's symptoms, the following measures are recommended:

1. Discontinue the IV fluid system entirely, including the removal of cannulae or needles. This is the single most important therapeutic step. Indicate the nature of the fluid and the exact lot number on the patient's chart.
2. Draw 2 blood cultures from 2 independent sites.
3. Administer appropriate antibiotic therapy. Organisms that are often associated with intrinsic contamination are frequently resistant to cephalothin and ampicillin.
4. Place a sterile closure on the end of the delivery-set tubing, wrap the suspect IV system in a clean plastic bag, and send it to the laboratory for immediate culture: (a) Aseptically withdraw 20 cc of fluid from the IV line; use 1 cc to prepare a pour plate, and place the rest in a blood culture bottle; incubate the plate and the blood culture bottle aerobically at 35-37°C. (b) If the IV bottle or bag is more than half full of fluid, aseptically drain to no more than half full. Aseptically add to the bottle an equal volume of double strength brain-heart infusion broth enriched with 0.5% beef extract, and incubate the bottle aerobically at 35-37°C. (c) Perform all laboratory procedures in as clean an area as possible, preferably in a laminar-flow hood, and monitor the working area with settling plates.
5. The nature of the solution and the exact lot number should be recorded on the laboratory requisition or other permanent laboratory record.
6. Identify, segregate, and save all bottles of the implicated lot number.
7. Notify local or State health authorities and the FDA immediately.

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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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