CENTER FOR DISEASE CONTROL

Morbidity and Mortality

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WEEKLY REPORT

For Week Ending April 21, 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

SYPHILIS – West Virginia

An 18-year-old male reported to a large private company in West Virginia for a routine preemployment physical examination. As is the practice with the company, a VDRL test for syphilis was included in the examination. The serology results were returned with a reactive titer of 1:64, and reexamination established a diagnosis of secondary syphilis. Public health officials were notified and asked to conduct an epidemiologic follow-up of the patient.

A confidential interview for recent sexual contacts produced the names of 6 persons who had been exposed to this patient during the time he could have acquired or spread his disease. These 6 were located and examined, and 2 new cases of syphilis were discovered. From the interviews with these 2 individuals, an additional 41 contacts were brought to examination, and 11 were diagnosed as having syphilis.

CONTENTS

In all, 137 persons have been examined, and 18 new cases of syphilis have been identified. Both heterosexual and homosexual behavior has played a part, and 1 case of early congenital syphilis is directly related to this outbreak. There have been 25 out-of-state investigations which brought 5 of the cases to treatment.

TABLE I. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

(Cumulative totals include revised and delayed reports through previous weeks)

DISEASE	16th WEEK ENDING		MEDIAN 1968-1972	CUMULATIVE, FIRST 16 WEEKS		
	April 21, 1973	April 22, 1972		1973	1972	MEDIAN 1968-1972
Aseptic meningitis	31	41	28	587	524	454
Brucellosis	2	2	3	30	36	38
Chickenpox	5,752	5,925	– – –	90,488	65,660	– – –
Diphtheria	–	3	3	65	33	48
Encephalitis, primary:						
Arthropod-borne and unspecified	23	15	17	294	249	309
Encephalitis, post-infectious	8	10	10	67	84	94
Hepatitis, serum (Hepatitis B)	146	168	137	2,282	2,959	2,084
Hepatitis, infectious (Hepatitis A)	927	999	1,006	15,680	17,651	17,387
Malaria	7	13	38	70	433	746
Measles (rubeola)	1,099	1,301	1,301	13,006	14,145	14,145
Meningococcal infections, total	36	32	66	541	548	1,109
Civilian	36	30	58	526	523	989
Military	–	2	8	15	25	117
Mumps	2,150	2,261	2,745	31,945	33,979	43,127
Rubella (German measles)	1,419	998	2,000	14,177	11,481	20,917
Tetanus	4	1	3	19	24	27
Tuberculosis, new active	694	738	– – –	9,553	9,874	– – –
Tularemia	1	2	1	20	34	30
Typhoid fever	8	5	4	289	78	74
Typhus, tick-borne (Rky. Mt. spotted fever)	2	2	2	13	21	6
Venereal Diseases:						
Gonorrhea	13,635	13,038	– – –	230,981	207,146	– – –
Syphilis, primary and secondary	483	497	– – –	8,309	7,192	– – –
Rabies in animals	77	123	90	1,071	1,369	1,243

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:	1	Poliomyelitis, total:	–
Botulism:	–	Paralytic:	–
Congenital rubella syndrome:	7	Psittacosis:	3
Leprosy: Ill. – 1	38	Rabies in man:	–
Leptospirosis:	10	Trichinosis:	31
Plague:	–	Typhus, murine: Hawaii – 1	6

SYPHILIS – Continued

Another smaller outbreak in the same area of West Virginia involving 5 new cases and 47 contacts has also been reported and is thought to be linked to the earlier outbreak.

The section of the state where these outbreaks occurred is sparsely populated. There is no public VD clinic, and private physicians' services are limited. A public health team, made up of 1 physician, a nurse, and 3 VD field representatives, was sent into this area during the epidemic situation to conduct special clinics.

As a result of this outbreak, a renewed interest and a higher "index of suspicion" have been generated, and the local health department and private physicians have assumed responsibility for VD control activities.

(Reported by N. H. Dyer, M.D., State Director of Health, and William L. Cooke, Director, Division of Disease Control, West Virginia Department of Health.)

Editorial Note

A disease surveillance system coupled with responsive epidemic assistance is essential in the national program to reduce the threat of syphilis.

SURVEILLANCE SUMMARY
INFLUENZA – 1972-73

UNITED STATES

The 1972-73 influenza season saw the emergence of a moderately distinctive but not altogether new variant of the prototype Hong Kong virus. A/England/42/72 became the prevalent type A influenzavirus throughout the world during this past year.

The 1st outbreaks of the season in the United States were reported in military installations in the western United States. The 1st occurred between October 21, 1972, and November 4, 1972, at the United States Air Force Academy in Colorado Springs, Colorado. The clinical attack rate for the 2-week period was 221 per 1,000 cadets; a total of 870 cadets reported to sick call during the outbreak. Subsequently, during the week ending November 4, 1972, an outbreak of influenza-like disease occurred at Lowry Air Force Base near Denver. In late November and early December, 2 other military outbreaks were reported from Fort Huachuca in southeastern Arizona and Ent Air Force Base near Colorado Springs.

During the last week of November, the 1st major civilian outbreak was noted in Baltimore, Maryland. It was heralded by a 20% to 30% increase in emergency room visits at 2 local hospitals. The outbreak was confirmed by isolations of influenzavirus both at CDC and in Maryland. During the last week of November and the 1st 2 weeks of December, CDC received reports of isolated outbreaks of influenza-like disease from Pueblo, Colorado, 2 colleges in Massachusetts, and a job corps training center in Pennsylvania. By December 23, 1972, influenzavirus had been isolated from 14 states, and there were significant ongoing outbreaks in New York City, Baltimore, and the San Francisco Bay area. By the end of the 1st week in January, the virus had been isolated in 18 states (Arizona, Connecticut, Massachusetts, New Jersey, New York, Georgia, North Carolina, Colorado, Kansas, Texas, Pennsylvania, Maryland, Washington, Illinois, California, Tennessee, Hawaii, and Iowa), and outbreaks of influenza were being reported in New York, Boston, Chicago, Memphis, the Baltimore-Washington, D.C., area, and the San Francisco Bay area. In addition, pneumonia-influenza deaths reported to CDC from 122 U.S. Cities exceeded expected levels for the 1st time in the current influenza season that week; by January 13, 1973, these deaths had exceeded the epidemic threshold for 2 consecutive weeks and were, therefore, considered significant. Analysis of mortality data on a regional basis showed that the Mid-Atlantic states (New York, New Jersey, and Pennsylvania) and the Pacific area (Washington, Oregon, and California) also showed mortality exceeding the epidemic threshold for 2 or more consecutive weeks. At that time, influenza or influenza-like disease had been reported from 24 states in each major geographic area of the country, with major outbreaks continuing in the metropolitan areas of Boston, Chicago, New York, Pittsburgh, San Francisco, and Washington, D.C.

By the end of January 1973, morbidity from influenza was decreasing in the Northeast, but states in the Southeast and Midwest were reporting an increasing number of cases of influenza. Pneumonia-influenza related mortality reported from 122 U.S. Cities reached a peak in the week ending February 3, 1973, and continued to decline, dipping below the epidemic threshold for the 1st time in the week ending March 17, 1973 (Figures 1, 2). This season, approximately 2,200 excess deaths due to pneumonia and influenza were reported to CDC from 122 U.S. Cities. This year's excess mortality was the greatest since the appearance of the Hong Kong virus in 1968-69. Influenza B activity in the United States was minimal.

WORLDWIDE

Worldwide, influenza appears to have been widespread throughout Western Europe and the Soviet Union; in the United Kingdom during the month of December, total deaths and new bed claims (a function of morbidity) exceeded last year's levels. In the Soviet Union, Moscow and Leningrad were the 2 cities most heavily affected; during the peak of the influenza season, they were reporting 30,000 to 70,000 new cases daily. France, Germany, Holland, and some countries in Eastern Europe also reported widespread influenza during the 1972-73 season.

(Reported by the World Health Organization: Weekly Epidemiological Record, Vol. 47, Nos. 41-44, 46, 47, 50, and Vol. 48, Nos. 1-10, 12, 13; the International Influenza Center for the Americas, and the Viral Diseases Branch, Epidemiology Program, CDC.)

Figure 1
PNEUMONIA-INFLUENZA DEATHS IN 122 UNITED STATES CITIES

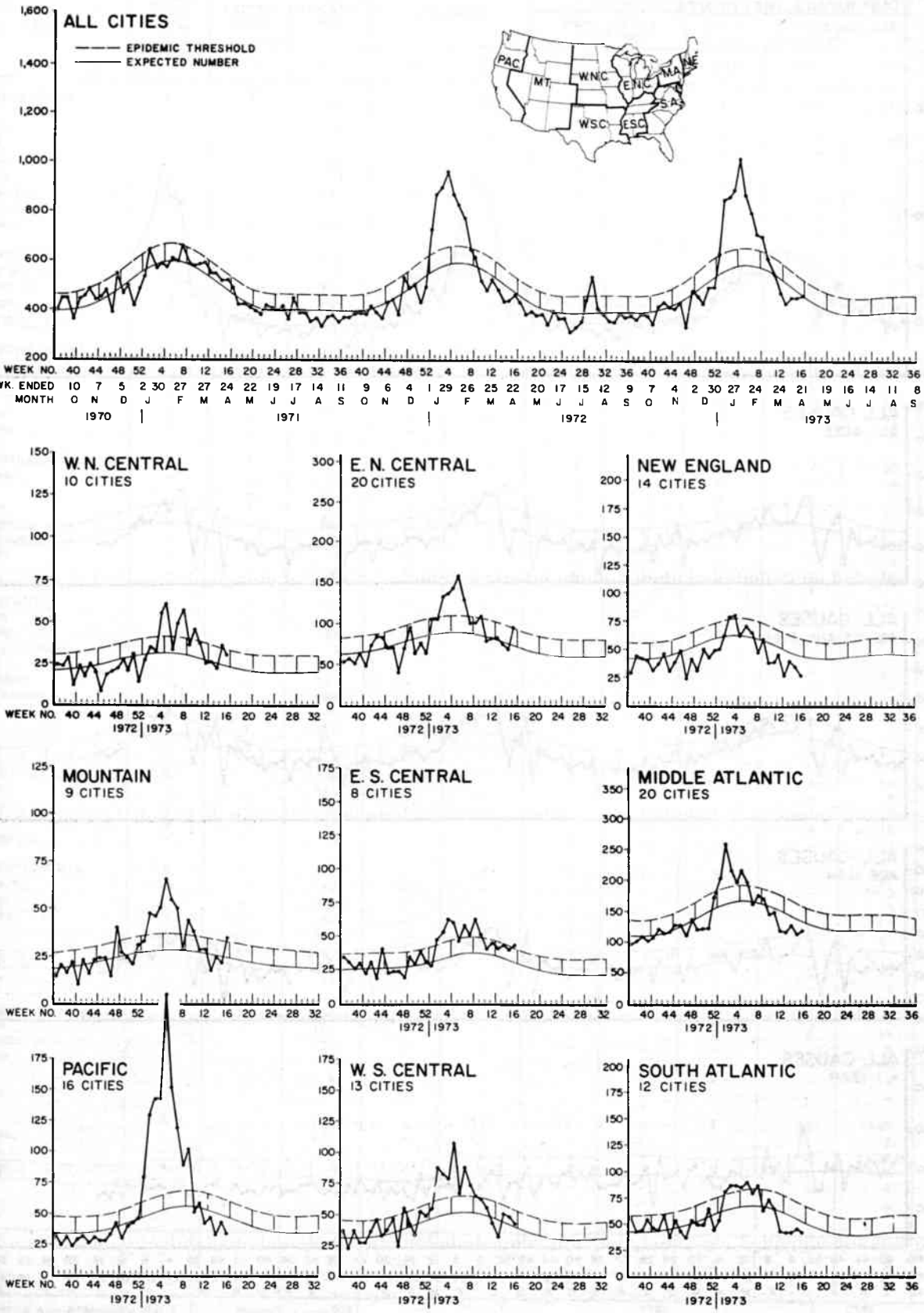


Figure 2
MORTALITY IN 122 UNITED STATES CITIES

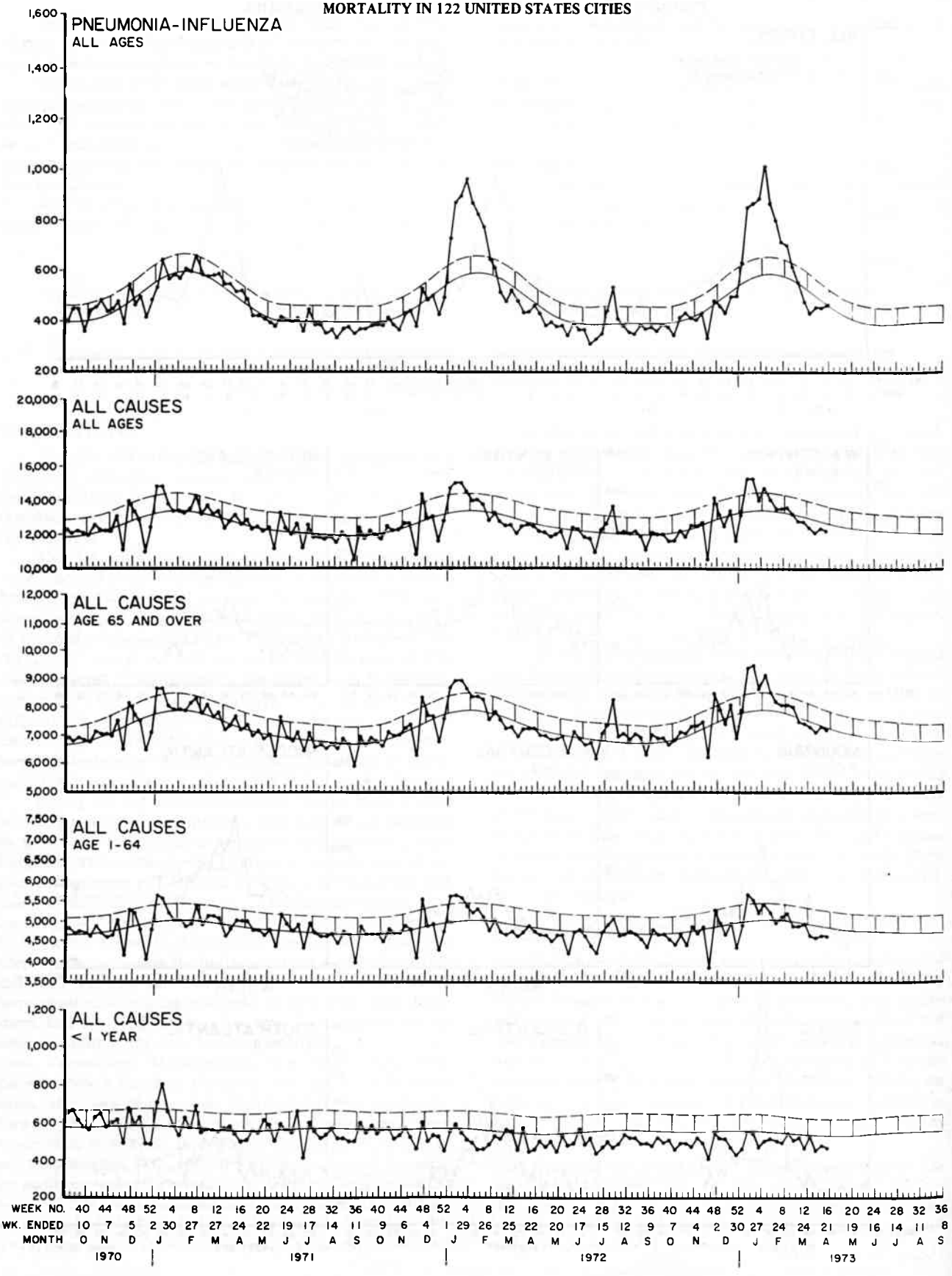


TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDING APRIL 21, 1973 AND APRIL 22, 1972 (16th WEEK)

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	31	2	5,752	–	65	23	15	8	146	927	999
NEW ENGLAND	1	–	714	–	2	1	1	–	5	58	79
Maine*	–	–	–	–	–	–	–	–	–	–	9
New Hampshire*	–	–	23	–	–	–	–	–	–	4	3
Vermont	–	–	37	–	–	–	–	–	1	2	8
Massachusetts	–	–	333	–	–	1	1	–	1	29	28
Rhode Island	1	–	111	–	2	–	–	–	1	10	10
Connecticut	–	–	210	–	–	–	–	–	2	13	21
MIDDLE ATLANTIC	4	–	472	–	–	4	–	–	29	167	135
Upstate New York	–	–	3	–	–	–	–	–	4	60	30
New York City	–	–	167	–	–	2	–	–	10	24	32
New Jersey	3	–	NN	–	–	–	–	–	6	37	55
Pennsylvania	1	–	302	–	–	2	–	–	9	46	18
EAST NORTH CENTRAL	5	–	2,590	–	–	4	5	2	16	160	167
Ohio	–	–	553	–	–	1	1	–	2	19	49
Indiana	–	–	163	–	–	–	–	–	–	4	10
Illinois	–	–	–	–	–	1	4	2	7	63	49
Michigan	5	–	735	–	–	2	–	–	7	71	53
Wisconsin	–	–	1,139	–	–	–	–	–	–	3	6
WEST NORTH CENTRAL	–	1	428	–	7	5	2	1	6	53	51
Minnesota	–	–	11	–	–	–	–	1	–	4	9
Iowa	–	–	323	–	–	3	2	–	1	6	7
Missouri	–	1	17	–	–	1	–	–	1	19	15
North Dakota	–	–	35	–	–	–	–	–	–	–	2
South Dakota	–	–	2	–	7	–	–	–	–	6	2
Nebraska	–	–	5	–	–	–	–	–	–	2	7
Kansas	–	–	35	–	–	1	–	–	4	16	15
SOUTH ATLANTIC	6	1	472	–	–	–	1	–	22	128	152
Delaware	–	–	34	–	–	–	–	–	–	1	–
Maryland	–	–	48	–	–	–	–	–	1	17	22
District of Columbia	–	–	7	–	–	–	–	–	2	2	2
Virginia	1	–	95	–	–	–	1	–	6	27	11
West Virginia	–	–	248	–	–	–	–	–	–	–	13
North Carolina	–	–	NN	–	–	–	–	–	7	19	27
South Carolina	–	–	40	–	–	–	–	–	–	9	6
Georgia	–	1	–	–	–	–	–	–	–	4	11
Florida	5	–	–	–	–	–	–	–	6	49	60
EAST SOUTH CENTRAL	6	–	136	–	–	2	2	–	5	60	48
Kentucky	–	–	114	–	–	1	–	–	–	9	13
Tennessee	–	–	NN	–	–	–	–	–	1	34	19
Alabama	6	–	6	–	–	–	2	–	4	10	9
Mississippi	–	–	16	–	–	1	–	–	–	7	7
WEST SOUTH CENTRAL	5	–	466	–	2	1	1	3	–	90	85
Arkansas*	–	–	12	–	–	–	–	–	–	3	1
Louisiana	–	–	NN	–	–	–	–	–	–	5	16
Oklahoma	3	–	45	–	–	–	–	–	–	13	10
Texas	2	–	409	–	2	1	1	3	–	69	58
MOUNTAIN	–	–	176	–	2	–	–	–	5	23	43
Montana	–	–	11	–	–	–	–	–	–	2	4
Idaho	–	–	–	–	–	–	–	–	1	5	5
Wyoming	–	–	30	–	–	–	–	–	–	2	1
Colorado	–	–	101	–	–	–	–	–	4	11	11
New Mexico	–	–	30	–	2	–	–	–	–	3	9
Arizona*	–	–	–	–	–	–	–	–	–	–	11
Utah	–	–	4	–	–	–	–	–	–	–	2
Nevada	–	–	–	–	–	–	–	–	–	–	–
PACIFIC	4	–	298	–	52	6	3	2	58	188	239
Washington	–	–	284	–	47	–	1	–	3	22	5
Oregon	–	–	2	–	3	–	–	–	2	18	35
California	4	–	–	–	2	6	2	2	49	140	192
Alaska	–	–	9	–	–	–	–	–	4	4	–
Hawaii	–	–	3	–	–	–	–	–	–	4	7
Guam	–	–	–	–	–	–	–	–	–	–	5
Puerto Rico	–	–	7	–	–	–	–	–	1	6	13
Virgin Islands	–	–	–	–	–	–	–	–	–	–	–

*Delayed reports: Aseptic meningitis: N.H. 1
Chickenpox: Ark. 7
Hepatitis B: Ariz. 2
Hepatitis A: Me. 2, N.H. 1, Ark. 2, Ariz. 10

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDING APRIL 21, 1973 AND APRIL 22, 1972 (16th 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	70	1,099	13,006	14,145	36	541	548	2,150	31,945	1,419	14,177
NEW ENGLAND	–	5	341	4,610	1,119	1	26	24	83	1,358	211	1,672
Maine *	–	–	–	14	154	–	–	3	–	67	–	34
New Hampshire *	–	–	20	600	98	1	4	–	9	133	27	201
Vermont	–	2	2	79	70	–	2	–	2	163	–	11
Massachusetts	–	1	257	2,593	161	–	10	13	33	501	142	960
Rhode Island	–	–	16	300	154	–	1	6	7	132	–	58
Connecticut	–	2	46	1,024	482	–	9	2	32	362	42	408
MIDDLE ATLANTIC	1	10	73	1,017	651	8	79	57	416	3,626	189	1,829
Upstate New York	1	5	19	247	70	4	30	15	NN	NN	10	157
New York City	–	1	35	554	127	2	15	12	208	2,207	30	184
New Jersey *	–	1	15	116	429	1	18	16	158	764	148	1,320
Pennsylvania	–	3	4	100	25	1	16	14	50	655	1	168
EAST NORTH CENTRAL	2	9	475	4,260	5,523	2	56	72	561	8,818	347	3,090
Ohio	–	2	10	178	175	1	28	26	118	1,498	23	317
Indiana	–	1	10	336	843	–	1	9	18	672	22	616
Illinois	2	4	67	988	2,008	–	10	15	113	1,645	75	388
Michigan	–	2	319	2,125	925	1	17	19	193	2,356	168	846
Wisconsin	–	–	69	633	1,572	–	–	3	119	2,647	59	923
WEST NORTH CENTRAL	1	3	23	262	483	4	43	46	144	3,228	33	756
Minnesota	–	–	–	14	14	–	–	10	1	60	5	137
Iowa	–	–	23	183	263	–	5	–	92	2,167	–	143
Missouri	1	1	–	13	135	3	23	13	10	344	16	224
North Dakota	–	1	–	28	36	–	3	–	11	46	1	43
South Dakota	–	–	–	–	4	–	3	2	–	7	–	4
Nebraska	–	–	–	1	13	–	4	7	–	74	1	114
Kansas	–	1	–	23	18	1	5	14	30	530	10	91
SOUTH ATLANTIC	1	8	45	685	1,273	5	92	122	287	3,745	131	1,220
Delaware	–	–	–	4	6	–	–	1	7	184	–	3
Maryland	–	–	–	–	10	–	15	22	33	406	–	8
District of Columbia	–	–	–	–	–	–	1	4	1	15	–	2
Virginia	–	4	5	337	34	4	15	30	40	339	43	333
West Virginia	–	–	3	113	137	–	1	6	81	1,319	7	124
North Carolina	–	1	–	6	25	1	19	19	NN	NN	25	137
South Carolina	–	1	4	33	162	–	7	10	36	240	1	59
Georgia	–	–	5	18	122	–	16	2	1	11	–	6
Florida	1	2	28	174	777	–	18	28	88	1,231	55	548
EAST SOUTH CENTRAL	1	2	34	413	819	7	55	45	52	2,085	38	722
Kentucky	–	–	32	302	446	1	23	12	9	696	4	321
Tennessee	–	–	1	84	140	1	19	18	42	738	20	259
Alabama	1	2	–	–	101	5	9	9	–	235	2	47
Mississippi	–	–	1	27	132	–	4	6	1	416	12	95
WEST SOUTH CENTRAL	–	7	21	421	861	3	84	69	119	2,155	76	990
Arkansas *	–	–	–	25	7	–	8	7	7	152	2	92
Louisiana	–	1	4	53	37	1	17	19	2	47	–	67
Oklahoma	–	1	–	17	6	–	7	6	26	211	5	104
Texas	–	5	17	326	811	2	52	37	84	1,745	69	727
MOUNTAIN	1	7	24	356	962	–	11	11	118	1,673	199	1,738
Montana	–	1	–	12	12	–	2	2	7	142	23	363
Idaho	–	–	4	153	7	–	1	2	–	99	2	13
Wyoming	–	–	–	10	–	–	–	1	40	363	–	5
Colorado	1	1	16	84	323	–	2	2	27	198	171	1,159
New Mexico	–	1	4	86	64	–	1	1	44	672	2	122
Arizona *	–	4	–	10	428	–	2	1	–	140	–	14
Utah	–	–	–	1	128	–	1	1	–	52	–	59
Nevada	–	–	–	–	–	–	2	1	–	7	1	3
PACIFIC	–	19	63	982	2,454	6	95	102	370	5,257	195	2,160
Washington	–	–	33	391	506	–	7	11	32	635	18	340
Oregon	–	1	17	256	25	–	7	6	120	1,057	26	262
California	–	15	13	328	1,849	6	78	82	178	3,039	148	1,544
Alaska	–	2	–	–	5	–	3	–	23	403	–	1
Hawaii	–	1	–	7	69	–	–	3	17	123	3	13
Guam	–	–	–	3	2	–	–	6	–	1	–	2
Puerto Rico	–	–	74	844	245	–	4	2	9	289	–	16
Virgin Islands	–	–	–	1	1	–	–	2	–	7	–	1

*Delayed reports: Measles: N.H. 11, N.J. delete 1, Ark. 2, Ariz. 1
Mumps: Me. 11, Ark. 13
Rubella: N.H. 1, N.J. 297, Ark. 1

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDING APRIL 21, 1973 AND APRIL 22, 1972 (16th 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	19	694	9,553	20	8	289	2	13	13,635	483	77	1,071
NEW ENGLAND	1	28	323	–	–	3	–	1	366	11	2	64
Maine	–	2	26	–	–	–	–	–	18	–	–	40
New Hampshire	–	1	19	–	–	–	–	–	21	–	2	22
Vermont	–	–	8	–	–	–	–	–	1	–	–	1
Massachusetts	–	16	175	–	–	3	–	1	187	10	–	1
Rhode Island	1	3	26	–	–	–	–	–	25	–	–	–
Connecticut	–	6	69	–	–	–	–	–	114	1	–	–
MIDDLE ATLANTIC	4	163	2,027	–	–	20	–	1	1,512	98	1	6
Upstate New York	–	27	379	–	–	3	–	–	256	9	1	3
New York City	2	69	752	–	–	7	–	–	792	64	–	–
New Jersey	2	25	373	–	–	6	–	–	91	20	–	–
Pennsylvania	–	42	523	–	–	4	–	1	373	5	–	3
EAST NORTH CENTRAL	3	106	1,476	–	–	11	–	–	1,514	19	5	107
Ohio*	1	16	472	–	–	5	–	–	490	5	–	15
Indiana	–	7	199	–	–	–	–	–	69	3	2	32
Illinois	1	56	433	–	–	1	–	–	258	2	3	30
Michigan	–	27	315	–	–	3	–	–	542	8	–	1
Wisconsin	1	–	57	–	–	2	–	–	155	1	–	29
WEST NORTH CENTRAL	3	34	362	2	1	8	–	1	898	14	32	302
Minnesota	–	4	45	–	1	3	–	–	108	6	13	96
Iowa	–	2	39	–	–	–	–	–	178	1	8	78
Missouri	3	18	176	2	–	3	–	1	340	6	3	28
North Dakota	–	1	10	–	–	–	–	–	16	–	1	47
South Dakota *	–	4	25	–	–	1	–	–	43	–	1	29
Nebraska	–	3	28	–	–	1	–	–	124	–	–	1
Kansas *	–	2	39	–	–	–	–	–	89	1	6	23
SOUTH ATLANTIC	4	114	1,818	5	5	208	–	5	3,719	178	7	93
Delaware	–	3	20	–	–	–	–	1	21	2	–	–
Maryland	–	11	182	–	1	2	–	–	302	16	–	4
District of Columbia	–	8	100	–	–	–	–	–	326	13	–	–
Virginia	–	13	240	2	–	–	–	–	432	55	1	35
West Virginia	–	7	100	–	–	–	–	–	31	–	1	10
North Carolina *	–	12	297	1	–	2	–	2	770	9	–	–
South Carolina	–	8	184	–	–	1	–	–	253	16	–	–
Georgia	–	19	309	2	–	1	–	2	715	19	3	30
Florida	4	33	386	–	4	202	–	–	869	48	2	14
EAST SOUTH CENTRAL	2	46	826	5	–	2	–	3	868	36	5	236
Kentucky	–	17	215	1	–	1	–	–	146	21	–	119
Tennessee	1	5	233	3	–	–	–	1	213	6	5	87
Alabama	1	11	225	–	–	1	–	2	261	2	–	30
Mississippi	–	13	153	1	–	–	–	–	248	7	–	–
WEST SOUTH CENTRAL	1	76	963	8	–	4	2	2	1,955	47	23	184
Arkansas	–	6	102	2	–	–	–	–	171	1	–	43
Louisiana	1	7	180	–	–	–	–	–	395	13	–	12
Oklahoma	–	10	85	4	–	1	2	2	405	6	12	57
Texas	–	53	596	2	–	3	–	–	984	27	11	72
MOUNTAIN	–	16	297	–	–	2	–	–	543	25	–	5
Montana	–	–	7	–	–	–	–	–	20	–	–	–
Idaho	–	–	10	–	–	–	–	–	34	–	–	–
Wyoming	–	–	10	–	–	–	–	–	5	–	–	–
Colorado	–	4	58	–	–	–	–	–	140	5	–	–
New Mexico	–	2	73	–	–	1	–	–	67	–	–	–
Arizona *	–	–	105	–	–	1	–	–	171	4	–	5
Utah	–	–	10	–	–	–	–	–	20	1	–	–
Nevada	–	10	24	–	–	–	–	–	86	15	–	–
PACIFIC	1	111	1,461	–	2	31	–	–	2,260	55	2	74
Washington	–	5	122	–	–	–	–	–	185	1	–	–
Oregon	–	8	73	–	–	2	–	–	93	–	–	–
California	1	82	1,139	–	2	29	–	–	1,914	51	2	71
Alaska	–	–	36	–	–	–	–	–	51	1	–	3
Hawaii	–	16	91	–	–	–	–	–	17	2	–	–
Guam	–	–	5	–	–	–	–	–	–	–	–	–
Puerto Rico	3	10	161	–	–	1	–	–	48	5	–	13
Virgin Islands	–	–	–	–	–	–	–	–	1	–	–	–

*Delayed reports: TB: Ohio delete 1, Kans. delete 3, N.C. delete 3
Gonorrhea: Ariz. 97
Syphilis: Ohio delete 1, Ariz. 3
Rabies: S. Dak. 25, Ariz. 1

TABLE IV. DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDING APRIL 21, 1973

Week No. 16

(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	663	430	23	29	SOUTH ATLANTIC	1,257	682	47	42
Boston, Mass.	207	117	12	13	Atlanta, Ga.	160	77	2	8
Bridgeport, Conn.	46	25	2	2	Baltimore, Md.	218	120	11	3
Cambridge, Mass.	23	16	1	1	Charlotte, N. C.	62	27	2	–
Fall River, Mass.	34	22	–	–	Jacksonville, Fla.	90	53	5	2
Hartford, Conn.	53	33	2	–	Miami, Fla.	121	71	4	1
Lowell, Mass.	22	16	–	–	Norfolk, Va.	51	19	1	6
Lynn, Mass.	18	12	–	–	Richmond, Va.	99	48	4	6
New Bedford, Mass.	24	21	1	–	Savannah, Ga.	43	22	5	–
New Haven, Conn.	35	22	1	–	St. Petersburg, Fla.	84	67	1	2
Providence, R. I.	56	33	3	3	Tampa, Fla.	75	50	3	5
Somerville, Mass.	10	7	–	–	Washington, D. C.	206	101	6	8
Springfield, Mass.	56	45	1	7	Wilmington, Del.	48	27	3	1
Waterbury, Conn.	25	18	–	–					
Worcester, Mass.	54	43	–	3	EAST SOUTH CENTRAL	837	455	37	43
					Birmingham, Ala.	132	71	6	3
MIDDLE ATLANTIC	2,883	1,763	79	114	Chattanooga, Tenn.	61	41	–	7
Albany, N. Y.	60	36	3	–	Knoxville, Tenn.	30	17	–	2
Allentown, Pa.	33	24	1	3	Louisville, Ky.	216	115	14	14
Buffalo, N. Y.	128	68	4	11	Memphis, Tenn.	154	87	10	3
Camden, N. J.	46	26	2	1	Mobile, Ala.	70	33	2	–
Elizabeth, N. J.	34	16	–	1	Montgomery, Ala.	57	29	3	5
Erie, Pa.	36	20	1	3	Nashville, Tenn.	117	62	2	9
Jersey City, N. J.	50	31	–	–					
Newark, N. J.	77	49	1	8	WEST SOUTH CENTRAL	1,118	604	55	44
New York City, N. Y. †	1,524	943	37	47	Austin, Tex.	44	26	1	3
Paterson, N. J.	32	16	3	2	Baton Rouge, La.	34	23	1	1
Philadelphia, Pa.	296	169	14	3	Corpus Christi, Tex.	30	17	–	1
Pittsburgh, Pa.	192	101	7	16	Dallas, Tex.	147	73	3	4
Reading, Pa.	39	32	–	3	El Paso, Tex.	42	16	4	4
Rochester, N. Y.	125	90	1	7	Fort Worth, Tex.	79	46	5	2
Schenectady, N. Y.	23	15	1	–	Houston, Tex.	224	110	10	6
Scranton, Pa.	34	24	1	–	Little Rock, Ark.	65	25	9	7
Syracuse, N. Y.	73	49	2	1	New Orleans, La.	118	58	5	1
Trenton, N. J.	24	14	–	3	Oklahoma City, Okla. *	78	45	4	2
Utica, N. Y.	21	16	–	2	San Antonio, Tex.	150	97	6	3
Yonkers, N. Y.	36	24	1	3	Shreveport, La.	53	33	2	1
					Tulsa, Okla.	54	35	5	9
EAST NORTH CENTRAL	2,631	1,488	111	98					
Akron, Ohio	74	46	3	–	MOUNTAIN	563	328	29	35
Canton, Ohio	50	28	2	2	Albuquerque, N. Mex.	58	31	2	10
Chicago, Ill.	752	405	35	21	Colorado Springs, Colo.	23	16	–	2
Cincinnati, Ohio	178	104	7	4	Denver, Colo.	147	91	10	13
Cleveland, Ohio	158	82	3	1	Las Vegas, Nev.	31	14	5	1
Columbus, Ohio	129	72	4	8	Ogden, Utah	20	9	–	–
Dayton, Ohio	72	38	3	2	Phoenix, Ariz.	119	67	4	4
Detroit, Mich.	342	206	10	10	Pueblo, Colo.	27	15	3	1
Evansville, Ind.	47	34	1	–	Salt Lake City, Utah	66	42	4	1
Fort Wayne, Ind.	43	21	5	4	Tucson, Ariz.	72	43	1	3
Gary, Ind.	35	16	2	2					
Grand Rapids, Mich.	54	32	2	5	PACIFIC	1,631	994	45	34
Indianapolis, Ind.	154	81	10	6	Berkeley, Calif.	16	14	–	–
Madison, Wis.	54	25	8	6	Fresno, Calif.	50	31	3	–
Milwaukee, Wis.	155	94	–	4	Glendale, Calif.	33	24	1	–
Peoria, Ill.	38	24	2	4	Honolulu, Hawaii	45	26	1	2
Rockford, Ill.	39	18	2	6	Long Beach, Calif.	100	55	3	3
South Bend, Ind.	41	25	4	6	Los Angeles, Calif.	503	307	11	9
Toledo, Ohio	153	96	6	5	Oakland, Calif.	77	42	5	3
Youngstown, Ohio	63	41	2	2	Pasadena, Calif.	34	23	1	1
					Portland, Oreg.	140	98	4	–
WEST NORTH CENTRAL	801	516	38	31	Sacramento, Calif.	59	35	1	–
Des Moines, Iowa	80	52	1	1	San Diego, Calif.	124	74	2	4
Duluth, Minn.	33	23	1	3	San Francisco, Calif.	176	96	5	5
Kansas City, Kans.	35	22	1	1	San Jose, Calif.	54	34	2	–
Kansas City, Mo.	113	78	3	1	Seattle, Wash.	135	76	2	6
Lincoln, Nebr.	27	14	1	1	Spokane, Wash.	53	40	3	1
Minneapolis, Minn.	82	48	8	–	Tacoma, Wash.	32	19	1	–
Omaha, Nebr.	78	45	8	2					
St. Louis, Mo.	230	144	9	12	Total	12,384	7,260	464	470
St. Paul, Minn.	56	40	2	–					
Wichita, Kans.	67	50	4	10	Expected Number	12,795	7,380	533	473
					Cumulative Total (includes reported corrections for previous weeks)	219,900	131,190	7,999	10,887

†Delayed report for week ending April 14, 1973.

*Estimate based on average percent of divisional total.

EPIDEMIOLOGIC NOTES AND REPORTS
STAPHYLOCOCCAL FOODBORNE DISEASE – Tennessee

On March 2, 1973, 2 cases of probable foodborne illness were reported to the Chattanooga-Hamilton County Health Department from the emergency room of a local hospital. The patients were employed by a local news publisher and had eaten lunch in the publisher's cafeteria. Subsequent investigation revealed that 96 of 137 persons eating lunch in the cafeteria became ill; 49 visited local hospitals or clinics, and 9 consulted private physicians. Eight were hospitalized for 1-3 days. Predominant symptoms were nausea (75%), abdominal cramps (72%), diarrhea (70%), vomiting (60%), and fever (50%). The median incubation period was 3 1/2 hours, range 1/2–5 1/2 hours (Figure 3).

The noon meal had consisted of hamburgers, baked beans, potato salad, and assorted beverages. Frankfurters were available, but none were consumed until the supply of hamburgers ran out at approximately 1:30 p.m. Food history questionnaires implicated the potato salad as the probable vehicle of infection (Table 1).

Laboratory analysis on available food revealed the following: potato salad–4.3 x 10^7 coagulase-positive staphylococci per gm; frankfurters–7,500 coagulase-positive staphylococci per gm. Baked beans and mayonnaise were negative. None of the hamburger remained for examination.

Figure 3
48 CASES OF GASTROENTERITIS, BY INCUBATION PERIOD
CHATTANOOGA, TENNESSEE – MARCH 2, 1973

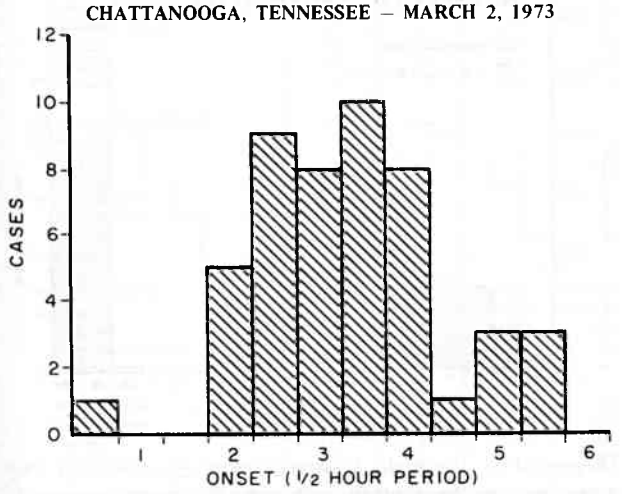


Table 1
Food-Specific Attack Rates
Chattanooga, Tennessee – March 2, 1973

Food Item	Ate				Did Not Eat			
	Ill	Not Ill	Total	Attack Rate (Percent)	Ill	Not Ill	Total	Attack Rate (Percent)
Potato Salad	88	12	100	88	5	28	33	15*
Hamburger	90	36	126	71	16	15	31	51
Baked Beans	76	23	99	77	5	5	10	50
Milk	34	21	55	62	48	23	71	68

*significant, $p < .001$ by Chi Square

Further investigation revealed that the potatoes used in the incriminated potato salad had been peeled and boiled the day before the outbreak by a cook who had a suppurative cut on her right forefinger. The potatoes were then stored at room temperature overnight.

(Reported by R. L. Jensen, M.D., Memorial Hospital, Chattanooga; H. G. Lewis, Environmentalist, H. V. Yinger, Jr., Director, Division of Health Statistics, F. W. Failing, D.V.M., Director, Division of Environmental Health, J. M. Foley, M.D., Deputy Director, and M. M. Young, M.D., Director, Chattanooga-Hamilton County Health Department; Lester Smith, Director, Branch Laboratory, and Robert H. Hutcheson, Jr., M.D., State Epidemiologist, Tennessee Department of Public Health; and an EIS Officer.)

Editorial Note

The clinical and epidemiologic features of this outbreak were compatible with staphylococcal foodborne disease. As in most outbreaks of this illness, the incriminated vehicle, in this instance, potato salad, was held at an improper storage temperature for a long period of time, permitting the multiplication of staphylococcal organisms and the elaboration of enterotoxin. Phage typing, quantification of staphylococci, and detection of enterotoxin in food are the best laboratory tests for confirmation of staphylococcal foodborne disease.

SURVEILLANCE SUMMARY
ARTHROPOD-BORNE VIRUS DISEASES – California, 1972-73

Extensive surveillance to detect the possible introduction of Venezuelan equine encephalitis (VEE) virus into California and to monitor activity of the known endemic arboviruses, western encephalitis (WEE) and St. Louis encephalitis (SLE), was carried out in California in 1972. The Department of Public Health collaborated with physicians, veterinarians, mosquito abatement districts, and county, state, and federal agencies in this activity. At least 851 persons were screened serologically by the State Viral and Rickettsial Disease Laboratory or by the 4 county Public Health Laboratories which also perform arbovirus testing. There were 2 human cases of VEE: in a 22-year-old man from Santa Cruz (onset August 9) and an entomologist from Los Angeles (August 24), both exposed in Mexico. There were 5 cases of SLE: in a 25-year-old man from San Diego County (July 14) who could have been infected in California, Arizona, Peru, or Brazil; an 11-year-old boy from Tehama County (September 13); a 25-year-old man from Yolo County (September 14); a 55-year-old man from Tulare County (September 22); and a 17-year-old boy from Kern County (October 5). There were 3 cases of WEE: in a 4-month-old girl from Madera County (September 8) and a 14-year-old boy (September 8) and a 35-year-old man (September 10) from Fresno County. All cases recovered, and no serious sequelae were reported. Cases were confirmed serologically by complement fixation, hemagglutination inhibition, neutralization, and indirect fluorescent antibody tests. In addition, 3 cases of dengue were detected: in a 20-year-old woman from Santa Cruz, exposed in Samoa

ARTHROPOD-BORNE DISEASES – Continued

(January 13, 1972); a 50-year-old woman from Marin County, exposed in Haiti (January 19, 1972); and a 29-year-old woman from Los Angeles, exposed in Southeast Asia (July 27).

Sixty-eight clinically suspect cases of encephalitis in equines were reported in 1972, but definitive diagnosis by serologic tests was difficult because of the extensive immunization program in equines. Only 1 case of WEE could be confirmed. Brain or other tissue samples from 31 equines and over 115 other domestic or wild animals were tested for viruses with negative results. A total of 6,336 mosquito pools (over 194,737 mosquitoes) were tested and yielded 180 viruses. Collections were made from 30 counties throughout the year, but most were done between May and November. The viruses isolated included SLE (64), WEE (42), Turlock (48), and 26 others as yet unidentified. Although VEE virus activity spread northward up the west coast of Mexico in 1972, there was no evidence that it reached California in equines or wildlife.

A similar surveillance program is in progress during 1973 because the introduction of VEE remains a threat, WEE and SLE are still widely endemic, the human population is presumably highly susceptible, and excess water affording extensive mosquito breeding sites is expected for the spring and summer. Mosquito control continues to be hampered in many areas by the resistance of vectors to available insecticides. An efficient surveillance system, ecologically sound vector control methods, and a better understanding of how to predict and prevent arbovirus disease epidemics are continuing high priority needs.

(Reported by the Bureau of Communicable Disease Control, California Department of Public Health: California Morbidity, *No. 12, March 30, 1973.)*

CURRENT TRENDS

ZOSTER IMMUNE GLOBULIN PROGRAM – United States

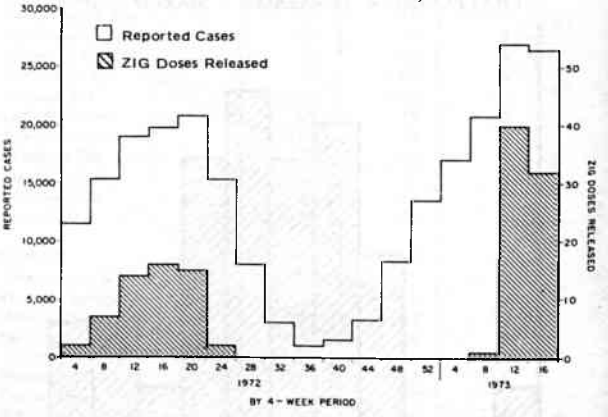
Since zoster immune globulin (ZIG) again became available from CDC in late February 1973 (MMWR, Vol. 22, No. 7), 73 high-risk children have received the drug after exposure to active varicella. A total of 56 children were treated in 1972 (Figure 4).

Varicella became a nationally notifiable disease in 1972, and a total of 140,627 cases were reported to CDC that year. In the 1st 15 weeks of 1973, 84,736 cases were reported, a 42% increase over the comparable period in 1972.

The requirements for release of ZIG for treatment include: 1) history of susceptibility to varicella, 2) close exposure to active varicella within preceding 72 hours, and 3) presence of high-risk disease or predisposing condition (leukemia or lymphoma, immunodeficiency syndrome, or treatment with immunosuppressive medication). Adults are not eligible for ZIG prophylaxis.

Although ZIG availability has been increased this year due to a larger supply of zoster immune plasma, the supply of ZIG is rapidly approaching exhaustion. Physicians with patients convalescing from varicella or herpes zoster who are willing to donate plasma to the ZIG program should contact the Immunization Branch, CDC, for further information.

Figure 4
REPORTED CASES OF VARICELLA AND DOSES OF ZIG RELEASED – UNITED STATES, 1972-73



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

EPIDEMIOLOGIC NOTES AND REPORTS

TRICHINOSIS – Vermont

Between February 4 and 19, 1973, 5 of 7 members of a southeast Vermont family experienced the onset of an illness characterized by weakness (5/5), generalized malaise and myalgias (5/5), fever (5/5), periorbital edema (4/5), edema of hands (3/5), skin rash (3/5), conjunctivitis (1/5), and dysphagia (1/5). Two persons were hospitalized. The diagnosis of trichinosis was made by muscle biopsy in 1 case. Other diagnostic tests which supported this diagnosis were elevated eosinophile counts (5/5), positive bentonite flocculation tests (4/5), and positive latex agglutination tests (3/5). All 5 family members recovered with conservative supportive therapy. Steroids and specific antiparasitic drugs were not used.

Food histories obtained from all 7 family members implicated 3 possible vehicles for this trichina outbreak: 1) homemade pork sausage purchased from an unlicensed vendor and eaten raw or inadequately cooked, 2) a commercially prepared Polish ring sausage eaten directly from the package without further cooking, and 3) home-ground hamburger eaten raw or rare. All 3 food items were eaten by the 5 affected persons during an appropriate time period for infection but were not eaten by the 2 unaffected family members. None of the affected persons gave a history of eating bear meat.

None of the 3 specific food items were available for testing. Neither pork contamination nor trichina larvae could

be demonstrated in several hamburger samples taken from the family freezer.

Further investigation has revealed no other related cases in Vermont or the New England area.

(Reported by Anthony Robbins, M.D., Commissioner, M. Geoffrey Smith, M.D., Director, Communicable Disease Control, Dymitry Pomar, D.V.M., Director of Laboratories, Vermont Department of Health; A. E. Janawicz, D.V.M., State Veterinarian, Vermont Department of Agriculture; Robert Greenberg, M.D., and Frederick Appleton, M.D., Dartmouth-Hitchcock Affiliated Hospitals, Hanover, New Hampshire; and 2 EIS Officers.)

SUMMARY OF REPORTED CASES OF INFECTIOUS SYPHILIS

CASES OF PRIMARY AND SECONDARY SYPHILIS: By Reporting Area – March 1973 and March 1972 – Provisional Data

Reporting Area	March		Cumulative Jan. – Mar.		Reporting Area	March		Cumulative Jan. – Mar.	
	1973	1972	1973	1972		1973	1972	1973	1972
NEW ENGLAND	97	79	309	220	EAST SOUTH CENTRAL	130	123	365	335
Maine	4	2	8	5	Kentucky	32	25	108	50
New Hampshire	1	3	5	3	Tennessee	44	36	104	138
Vermont	1	3	7	3	Alabama	10	11	32	39
Massachusetts	69	40	216	114	Mississippi	44	51	121	108
Rhode Island	3	6	7	10					
Connecticut	19	25	66	85	WEST SOUTH CENTRAL	196	267	661	771
					Arkansas	23	22	52	73
MIDDLE ATLANTIC	561	512	1,528	1,374	Louisiana	45	88	184	204
Upstate New York	33	41	106	111	Oklahoma	15	15	52	30
New York City	349	359	969	925	Texas	113	142	373	464
Pa. (Excl. Phila.)	28	18	74	46					
Philadelphia	46	32	119	87	MOUNTAIN	52	51	167	118
New Jersey	105	62	260	205	Montana	–	–	–	1
					Idaho	3	–	5	1
EAST NORTH CENTRAL	206	236	594	680	Wyoming	2	2	2	5
Ohio	25	44	72	92	Colorado	18	8	68	12
Indiana	22	19	74	44	New Mexico	8	9	23	29
Downstate Illinois	15	17	53	45	Arizona	12	20	49	49
Chicago	86	82	228	271	Utah	4	6	6	7
Michigan	50	71	141	219	Nevada	5	6	14	14
Wisconsin	8	3	26	9					
					PACIFIC	389	306	1,126	843
WEST NORTH CENTRAL	27	26	76	71	Washington	10	12	41	27
Minnesota	10	1	27	6	Oregon	6	3	16	11
Iowa	4	8	8	10	California	364	288	1,046	794
Missouri	10	10	26	38	Alaska	2	3	5	4
North Dakota	1	–	1	–	Hawaii	7	–	18	7
South Dakota	–	–	1	–					
Nebraska	–	2	1	5	U.S. TOTAL	2,270	2,157	6,490	5,957
Kansas	2	5	12	12					
					TERRITORIES	70	85	213	224
SOUTH ATLANTIC	612	557	1,664	1,545	Puerto Rico	68	76	204	203
Delaware	5	8	20	16	Virgin Islands	2	9	9	21
Maryland	53	87	196	226					
District of Columbia	64	72	191	199					
Virginia	71	37	183	103					
West Virginia	3	5	5	7					
North Carolina	52	55	163	138					
South Carolina	71	33	179	124					
Georgia	112	89	298	355					
Florida	181	171	429	377					

Note: Cumulative Totals include revised and delayed reports through previous months.

EPIDEMIOLOGIC NOTES AND REPORTS
PARALYTIC DISEASE – Puerto Rico

Between October 9, 1972, and January 6, 1973, 13 cases of paralytic disease were recognized in Puerto Rican children between the ages of 1 and 8. Almost half the patients became ill in November, and 11 were hospitalized. Seven cases occurred in residents of the greater San Juan area, 3 were from other towns in the northeastern region, and 3 were from the city of Ponce in the southern part of the island. The sex distribution showed a male to female case ratio of 7:6.

Fever lasting 1-8 (median 4) days was seen in all 13 cases and was the only associated complaint in 1 case. Severe pain in the paralyzed extremity was reported in 8 cases, half of whom also had pain in the contralateral extremity; sore throat and cough were noted in 7 cases. Sensory loss in the area affected by paralysis was recorded in 4 cases; in 3 it was temporary, while in 1 case, residual sensory loss was encountered on reexamination 60 days after onset. In 3 cases, a generalized macular rash was described.

Paralysis developed 0-5 (median 1) days after the onset of 1st symptoms and was asymmetric in 12 of the 13 cases. Isolated involvement of a single limb occurred in 8 cases, with 7 of these limited to a lower extremity. One of the latter also demonstrated motor incoordination.

Residual muscular atrophy of the affected extremity was observed in 6 cases, all 60 days or longer after onset. In 5 of these, atrophy was limited to a single lower extremity, while in the other both legs were affected. Residual neurologic dysfunction was observed in 9 cases.

Polio vaccination histories were obtained for all patients. Eleven of 12 gave a history of immunization with 1 or more doses of oral poliovaccine (OPV), and the other had received a single dose of inactivated poliovaccine. In 6 cases, a history

PARALYTIC DISEASE – Continued

of complete immunization with 3 or more doses of OPV was given. In 10 cases for whom the data was available, the median duration from last vaccination to onset of illness was 1.5 years (range 1 month-6 years).

Virus isolation was attempted in all cases of paralysis. Rectal swabs performed 8-90 (mean 47.3) days after onset of illness were all negative for enterovirus by tissue culture and mouse inoculation. Throat swabs and cerebrospinal fluid collected from 2 patients during the acute phase of illness also failed to yield enterovirus. Throat and rectal swabs collected from 3 family members of 1 case, 2 of whom had mild febrile illnesses at the time, were negative as well. Of the 9 sera tested for complement fixation (CF) antibody, titers to all 3 types of poliovirus were uniformly low or absent, with the highest 1:16. Almost half (5) had no detectable polio CF antibody at a 1:8 serum dilution. Polio neutralizing antibody titers were low to medium in all cases, consistent with the vaccination histories. The highest neutralizing antibody titer seen was 1:160 against polio types 1 and 3. In the case with no history of polio vaccination, neutralizing antibody titers were 1:20, 1:5, and <1:5 to poliovirus types 1, 2, and 3, respectively, with no demonstrable CF antibody.

Serologic studies for all 6 types of coxsackie B viruses and for group A and B arboviruses were also unremarkable. Results of serologic tests for measles, mumps, herpes simplex, and selected coxsackie A and echovirus types are pending.

No history of direct contact between cases was elicited. The only indirect relationship established was between 2 children who lived within a block of each other and who developed illness 22 days apart.

There was no history of ingestion of toxins or drugs other than commonly prescribed medications. There also was no preceding acute illness in any of the cases during the month prior to onset nor history of any unusual or unexplained neurologic illness in other family members.

(Reported by Luis E. Mainardi, M.D., Chief, Communicable Disease Control Program, Puerto Rico Health Department; the Hepatitis and Enteric Virology Section, and the Arbovirology Section, Virology Branch, Laboratory Division, CDC; and 2 EIS Officers.)

Editorial Note

Although the disease described in this outbreak was clinically indistinguishable from paralytic poliomyelitis, available evidence failed to incriminate any type of poliovirus, and the etiologic agent remains unidentified. The febrile illness associated with all cases strongly suggested an infectious process, and clinical and epidemiologic features were most compatible with a viral etiology. Various enteroviruses other than polio have been implicated in prior cases of sporadic acute paralysis, usually in context with outbreaks of a more characteristic clinical syndrome, particularly aseptic meningitis. Among these agents, coxsackievirus A7 has emerged as the leading cause of paralysis, and with the exception of the polioviruses, it is the only enterovirus documented to have caused epidemic paralytic disease involving more than 3 people *(1,2)*. The paralysis associated with these enteroviral infections is generally considered milder than that seen with the polioviruses, resulting in a lower frequency of neurologic sequelae. However, permanent residual impairment has been reported following infection with several of these agents.

Reporting to CDC of future similar cases of non-polio paralysis is encouraged as a means to define the extent of occurrence and clarify the nature of such phenomena.

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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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