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# EPIDEMIOLOGIC NOTES AND REPORTS BOTULISM – Alaska

On July 18, 1971, a 29-year-old Eskimo housewife from Bethel, Alaska, had onset of nausea, vomiting, and diarrhea. She also noted "tired eyes" which felt like they were "going to cross," a dry mouth, and hoarseness. She was admitted to a local hospital the following day. On admission, she was alert, afebrile, and hypotensive, with tachycardia, tachypnea, and dilated, poorly reactive pupils. Eight hours later, the patient suddenly became apneic but was resuscitated. She was then sent by air to a hospital in Anchorage, Alaska. She remained alert but had dilated pupils, absent gag reflex, nystagmus on right lateral gaze, symmetrical proximal muscle weakness, and inadequate breathing which required ventilatory assistance. Laboratory studies of cerebrospinal fluid (CSF) showed it to be normal. Because her clinical presentation was compatible with botulism, treatment was started with trivalent botulinum antitoxin on July 21. When type E botulism toxin was reported in a pre-treatment serum speci-

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men, therapy was changed to monovalent type E antitoxin. The patient's condition gradually improved, and she was discharged from the hospital on August 18 with mild orthostatic hypotension and persistently dilated pupils.

On July 20, the patient's 15-year-old nephew from Kasigluk, Alaska, also experienced a dry mouth, abdominal (Continued on page 372)

197 4,13 12 12 1,20	71 37 27 28	1970 4,649 165 353	MEDIAN 1966 - 1970 2,686 183 153
4,13 12 12 1,20	37 4 27 28	4,649 165 353	2,686 183 153
28 6,76 47,86 2,33 70,66 1,66 20 102,7 <sup>7</sup> 39,55 4 11 33	00         1           64         5           64         44           79         2           43         40           61         1           61         1           70         75           72         8           56         50           56         50           56         50           56         50           56         50           56         50           56         50	1,216 337 5,666 4,194 2,652 0,437 1,983 1,785 198 9,440 22 22 0,793 99 126 260	1,216 401 3,500 35,328 1,834 40,437 2,135 1,951 198 27 23 44,889 138 143 305
	1,8 1,6 2 102,7 39,5 1 3 3 3,2	1,861 1,661 200 102,770 7 12 8 39,556 86 156 306 376 3,240	$ \begin{array}{c ccccc} 1,861 & 1.983 \\ 1,661 & 1,785 \\ 200 & 198 \\ 102,770 & 79,440 \\ 12 & 22 \\ 8 & 22 \\ 39,556 & 50,793 \\ 86 & 99 \\ 156 & 126 \\ 306 & 260 \\ 376 & 321 \\ 3,240 & 2,439 \\ \end{array} $

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

#### TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

A hademan in the state of the state of the law in the state of the sta	Cum.		Cum.
Anthrax:	4	Psittacosis:	30
Botulism:	15	Rabies in Man:	1
Leprosy:	96	Rubella congenital syndrome: Colo1	44
Leptospirosis: Tenn1	26	Trichinosis: N.J5	73
Plague:	1	Typhus, murine:	18

# BOTULISM - (Continued from front page)

cramps, vomiting, and dizziness. He was admitted to a hospital in Bethel, where he was found to be alert and afebrile, with dilated pupils that reacted sluggishly to light. Physical examination was otherwise unremarkable, and his CSF was normal. Because of possible exposure to botulism, he was treated with trivalent botulinum antitoxin. Laboratory studies later revealed type E botulinum toxin in his pre-treatment serum. The boy's gastrointestinal symptoms persisted over the next 48 hours, but he did not experience further neurological symptoms. He was discharged on July 30.

An epidemiologic investigation revealed that just prior to her illness, the first patient had returned from a visit to her father's home in Kasigluk, Alaska, where she, her nephew, and other family members had eaten various meals of native, prepared foods. Analysis of foods found in the father's home revealed *Clostridium botulinum* toxin, type E, in a sample of frozen raw, or lightly smoked, whitefish. Samples of other foods were negative for toxin or *C. botulinum*. The whitefish had been frozen at home after partial smoking 1 month earlier. It was eaten partly thawed and was refrozen after each meal for later use. Both hospitalized patients had eaten the whitefish 30 and 72 hours prior to the onset of their symptoms. Other family members had eaten from the same supply of whitefish on July 17 and 18 and probably earlier, but did not become ill. Serum samples from the seven other family members were free of toxin, and rectal swabs were negative for *C. botulinum*. The family members and the village health aid were informed of the nature of the illness and of the need for careful handling of home prepared foods.

(Reported by the Division of Public Health, Alaska Department of Health and Social Services; the Alaska Area Native Health Service, Indian Health Service, Anchorage; the Bacteriology Unit, Infectious Diseases Section, Biomedical Sciences Branch, Arctic Health Research Center, Anchorage; the Enterobacteriology Unit, Bacteriology Section, Microbiology Branch, Laboratory Division, and Alaska Activities, Ecological Investigations Program, CDC.)

### SURVEILLANCE SUMMARY MENINGOCOCCAL DISEASE – United States, EY\* 1971

In the meningococcal epidemiologic year (EY) 1971, 2,386 cases of meningococcal disease were reported in the United States. In the same period, meningococcal isolates from 306 cases were submitted to CDC by state laboratories for serogrouping and antibiotic sensitivity testing.

The attack rates for the United States population have been relatively constant for the last 5 years (Figure 1). In EY 1971, meningococcal disease continued to occur with greatest frequency in late winter and early spring. The agespecific attack rate for meningococcal disease was highest for children under 1 year of age, with a secondary peak in the 15-24 year age group (Figure 2), reflecting in part the high incidence of the disease in military recruits. Geographic clustering was not marked (Figure 3). New Hampshire had





the highest civilian attack rate (2.03 cases per 100,000 population per year), while Vermont had the lowest (0.23 cases per 100,000 population per year).

Isolates from 253 civilian patients and 53 military patients were submitted to CDC in EY 1971. Isolates were obtained from specimens of spinal fluid (208 cases), blood (85 cases), conjunctivae and autopsy tissue (5 each), and joint fluid (3). Throat and sputum isolates were not included in this analysis.

The majority of isolates from civilian and military cases submitted in EY 1971 were serogroup C (Table 1), continuing the trend which began in 1967 of an increasing proportion



of serogroup C isolates and a decreasing proportion of serogroup B. Meningococcal isolates from four serogroup A cases were received; two were from Washington, one from New Hampshire, and one from Massachusetts. Serogroup A, the type associated with country-wide epidemics in the United States up to 1945, has become less common in the last few years. No more than two such isolates per year have been received at CDC since 1965. The two reported serogroup A cases in EY 1970 occurred in Washington. Since serogroup A isolates from meningococcal cases have recently been submitted from states near the Canadian border, it is interesting to note that in EY 1971, Canada submitted serogroup A isolates from 8 cases.

The majority of the serogroup C isolates were resistant to the sulfonamides (Table 2). More isolates of each type from military cases were resistant to sulfadiazine than were isolates of the corresponding type from civilians, perhaps reflecting the past and present use of mass sulfadiazine prophylaxis in some recruit training centers. All strains from both civilian and military cases were inhibited by 0.25 mcg/ml of rifampin. This concentration is reached in saliva of adults taking the recommended dose of 600 mg daily (1).

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

# **Editorial Note**

The emergence in the mid-1960's of sulfonamide-resistant meningococcal isolates made prophylaxis of meningococcal case contacts fruitless in most instances. The recent licensing of minocycline and rifampin makes available two anti-

Table 1 Meningococcal Isolates from Cases United States – EY 1971

				Grou	ıp			T-4-1
	Α	В	С	Y	135	A 4317	Ungroupable	Total
Civilian	4	75	155	15	1	1	2	253
Military	0	12	39	2	0	0	0	53

 Table 2

 Sulfadiazine Resistance of Meningococcal Isolates

 United States – EY 1971

Serogroup	Source	Number Tested	No. Resistant to 10 mcg/ml	Percent Resistant
A	Civilian	4	1	25
В	Civilian	73	13	18
	Military	12	5	42
С	Civilian	152	135	89
	Military	39	37	95
Y	Civilian	15	1	7
	Military	2	1	50

biotics which have been shown in adults to be effective in eradicating the meningococcal carrier state (2,3). These antibiotics may, therefore, be effective for meningococcal chemoprophylaxis; however, neither drug has been licensed for this purpose. Minocycline is not yet licensed for the eradication of the meningococcal carrier state. The recommended doses of minocycline and rifampin for children (under 13 and 5 years, respectively) have not been determined, reflecting lack of experience with the drugs in those age groups. Nevertheless, minocycline or rifampin should be strongly considered for use when prophylaxis of contacts of civilian cases of meningococcal disease is indicated. Sulfonamides should be used as a prophylactic agent only when outbreaks known to be caused by sulfonamide-sensitive meningococci occur. Rifampin-resistant strains have promptly emerged when this drug was widely used in closed populations (2), but no strain resistant to minocycline has yet been identified.

#### References

1. Devine LF, et al: Rifampin: Levels in serum and saliva and effect on the meningococcal carrier state. JAMA 214:1055-1059, 1970

2. Beam WE, et al: The effect of rifampin on the nasopharyngeal carriage of *Neisseria meningitidis* in a military population. J Infect Dis 124:39-46, 1971

3. Devine LF, et al: The effect of minocycline on meningococcal nasopharyngeal carrier state in naval personnel. Am J Epidemiol 93:337-345, 1971

\*The 1971 meningococcal epidemiologic year (EY) began with calendar week 35 of 1970 and ended with week 34 of 1971.

## EPIDEMIOLOGIC NOTES AND REPORTS DIPHTHERIA – Arizona

Between Aug. 31 and Sept. 30, 1971, four cases of diphtheria with two deaths occurred at the San Carlos Apache Indian Reservation and Fort Thomas, Arizona. Three of the cases were confirmed by culture; confirmation of the fourth awaits autopsy results. None of the patients had been vaccinated with diphtheria toxoid. The first patient, a 2 1/2-year-old Apache boy, became ill on August 31 and was hospitalized that day with membranous pharyngitis, fever, and respiratory distress. He was treated with penicillin and 60,000 units of diphtheria antitoxin and underwent a tracheostomy. He recovered unevent-(Continued on page 374)

#### **DIPHTHERIA** – (Continued from page 373)

fully. Toxigenic Corynebacterium diphtheriae, intermedius type, was cultured from a throat sample on September 10.

The second patient, a 35-year-old Apache woman, was hospitalized on September 17 with severe tonsillitis and pharyngitis. She was treated with penicillin and 80,000 units of diphtheria antitoxin and recovered without further incident. On culture, a throat sample grew *C. diphtheriae*, gravis type.

The third patient was a 3-year-old white boy who was hospitalized on September 29 with membranous pharyngitis and advanced heart block. He was treated with penicillin and 80,000 units of diphtheria antitoxin, and received an intracardiac pacemaker. In spite of therapy, however, he died on October 2. C. diphtheriae, intermedius type, was reported from a preliminary culture.

The 1-year-old male sibling of the third patient died on September 29 before receiving medical care. He had a 2-day history of sore throat and fever. Autopsy results are pending.

Specimens from contacts of the first two patients were cultured. One of 32 contacts of the second patient was a carrier. Of 46 contacts of the first patient, four were carriers, including the patient's 11-year-old sister. All four were pupils at a school attended by the siblings of patients 3 and 4, and all four had been vaccinated. The contact investigation of the last two patients has not been completed.

A total of 3,200 persons on the San Carlos Reservation were vaccinated and from October 2 to 5, 21,000 persons were vaccinated in Graham and Gila Counties, Arizona. The carriers have been treated with 7-day courses of erythromycin. (Reported by Dale Kaye, Public Health Advisor, the Laboratory Division, Philip M. Hotchkiss, D.V.M., State Epidemiologist, Arizona State Department of Health; and the Phoenix Laboratories, Ecological Investigations Program, CDC.)

### SURVEILLANCE SUMMARY SALMONELLOSIS – United States, 1970

In 1970, 24,216 isolations of salmonellae from humans were reported, representing a 13.1 percent increase from the 21,413 reported for 1969 and a 22.7 percent increase from the 19,740 reported in 1968. As in previous years, *Salmonella typhi-murium* and *S. typhi-murium var. copenhagen* were the most common serotypes, accounting for 24.4 percent of all isolations. A total of 11,653 isolations of salmonellae from nonhuman sources were recorded for 1970, an increase of 23.3 percent over 1969 and 31.3 percent over 1968.

Since the first full year of operation of the present salmonella surveillance system (1963), the incidence of reported isolations of salmonellae has remained relatively constant. A slight upward trend has been evident in the past 2 years (Figure 4). The seasonal distribution of salmonella isolations from



humans from 1965 through 1970 shows a consistent pattern, with the greatest number of isolations being reported from July through October and the lowest number from January through April (Figure 5).

There were 171 different salmonella serotypes reported in 1970, compared with 165 in 1969. This number (171) represents approximately 12 percent of the more than 1,400 known salmonella serotypes. The 10 most frequently reported serotypes are shown in Table 3. They accounted for 16,832 (69.5 percent) of the 24,216 isolations reported. The frequency of isolations of *S. derby* showed the greatest increase, with a rise of 46 percent over 1969. *S. derby* was the only new serotype to appear on the list. This table demonstrates the close correlation between human and nonhuman sources of salmonellae, with six serotypes appearing on both lists. The similarities demonstrate the importance of the nonhuman reservoirs of salmonellae in the epidemiology of human salmonellosis.

California reported the largest number of salmonella isolations, 2,631. Other states reporting over 1,000 isolations were New York, Pennsylvania, Illinois, Texas, Florida, Massachusetts, and Michigan. The incidence of salmonella infection for the entire country was 12.0 per 100,000 population. As in past years, Hawaii recorded the highest incidence, with 94.6 isolations per 100,000. Other areas reporting incidence rates higher than 20 per 100,000 were New Mexico, Maryland, Georgia, Massachusetts, and Alaska.

Several serotypes continued to exhibit definite regional patterns which have been remarkably consistent in recent years. For example, Hawaii, which accounted for only 3.1 percent of the national salmonella isolations, reported 89 percent (93 of 104) of all *S. weltevreden* isolations. Florida, Texas, Louisiana, and Georgia accounted for 74 percent of the 420 total *S. javiana* isolations. Missouri reported all 10 *S. irumu* isolations, and California recorded all eight *S. dublin* isolations. Texas reported 14 of the 15 *S. saphra* isolations. Appropriately, 50 (70 percent) of 71 *S. miami* isolations and all eight *S. tallahassee* isolations were from Florida, and 15 of 17 *S. atlanta* isolations were made in Georgia.



 Table 3

 The Ten Most Frequently Isolated Serotypes From Human and Nonhuman Sources – 1970

1.1.1	Huma	an		10000	Nonhuman				
Rank in 1970	Serotype	Number	Percent	Rank in 1969	Serotype	Number	Percent		
1	typhi-murium*	5,917	24.4	1	typhi-murium*	1,893	16.2		
2	enteritidis	2,504	10.3	2	anatum	919	7.9		
3	newport	1,700	7.0	3	derby	884	7.6		
4	heidelberg	1,699	7.0	4	heidelberg	871	7.5		
5	infantis	1,214	5.0	5	saint-paul	532	4.6		
6	saint-paul	1,157	4.8	7	infantis	434	3.7		
7	thompson	958	4.0	6	montevideo	337	2.9		
8	blockley	660	2.7	9	worthington	323	2.8		
9	typhi	533	2.2	8	senftenberg	320	2.7		
10	derby	490	2.0	10	thompson	319	2.7		
1	Total	.16,832	69.5		Total	6,832	58.6		
	Total (all serotypes)	24,216			Total (all serotypes)	11,653			
	*Includes var. copenhagen	277	1.1	(1) 11 - 1	*Includes var. copenhagen	242	2.1		

In 1970, 49 outbreaks involving 3,852 persons were reported to CDC. Of 31 foodborne outbreaks, 25 were traced to specific contaminated foods, including six caused by turkey, four by pork products, three by ice cream, three by chicken, two by potato salad, one by pork and turkey, one by beef and ham, and one each by beef, Cornish hen, lemon tarts, bread puddings, and spaghetti with sauce. Multiple foods were found to be contaminated in three outbreaks. The specific food vehicle could not be identified in the three remaining outbreaks.

Contaminated water was incriminated as the vehicle of infection in an outbreak of *S. typhi* which involved four persons. Another *S. typhi* outbreak (two cases) was traced to a bacteriology laboratory accident. Person-to-person contact was the primary mode of spread in eight outbreaks involving 208 individuals. The mode of transmission in three outbreaks was not determined. Five outbreaks involving seven persons were traced to household pets infected with the same serotypes, including a pet dog (one outbreak), pet parakeet (1), pet goslings (1), and pet turtles (2).

Although the etiology of all outbreaks was confirmed bacteriologically, many of the 3,852 ill persons never submitted specimens for culture and are therefore not included as reported isolations in the national surveillance data. Thus only a very small fraction of the total of 24,216 isolations of salmonellae in 1970 were from reported outbreaks.

Of the 17,912 individuals reported by age, 12,073 (67.4 percent) were less than 20 years of age. This is almost the same proportion as in 1969. The number of isolations per *(Continued on page 376)* 

## **SALMONELLOSIS** – (Continued from page 375)

100,000 population in various age groups in 1970 closely approximates those for the years 1963 through 1969. However, the rates in the age group less than 10 appear to have increased over the past 7 years. This is particularly true in the less-than-1-year-age group where the rates per 100,000 have been 43, 53, 63, 69, 74, 84, 97, 121, respectively, for the years 1963 through 1970.

Of the 23,982 individuals on whom sex was reported, 12,264 (51.1 percent) were males, and 11,718 (48.9 percent) were females. Although there was no significant overall sex predilection, it is interesting to note that for the age groups under 20 years, there was a preponderance of males, while the opposite was true for age groups over 20 years. The same distribution has been seen for the past 7 years and has been noted with certain other bacterial enteric diseases. It is thought to be related to an inherent increased susceptibility of males, especially in infancy, and a higher degree of exposure of adult females because of their more intimate contact with sick children.

In 1970, 11,653 salmonella isolations from nonhuman sources were reported, representing a 23.3 percent increase over the 9,453 isolations reported in 1969. The number of nonhuman isolations has increased each year since 1963, but this probably reflects increasing surveillance. Turkey, chicken, and eggs and egg products, which together were responsible for 39 percent of the foodborne outbreaks reported in 1970, accounted for 34.6 percent of all nonhuman isolations. Swine and cattle accounted for 13.9 percent of all nonhuman recoveries, and dried milk and other human food for 24.3 percent. Isolations from animal feedstuffs accounted for 17.4 percent of nonhuman isolations. This reflects continued interest in the surveillance of animal feeds.

In 1970, there were 3,701 isolations (31.8 percent of nonhuman isolations) from domestic fowl and 334 isolations (2.9 percent) from eggs and egg products. *S. typhi-murium* including *var. copenhagen* was the most common serotype isolated from chickens, with 233 isolations (14.3 percent of the isolations from that source), and was followed by *S. thompson* with 160 (9.8 percent), *S. infantis* with 142 (8.7 percent), and *S. heidelberg* and *S. worthington* with 133 each (8.1 percent).

The five most common serotypes isolated from turkeys were S. heidelberg with 502 isolations (24.3 percent), S. saintpaul with 315 (15.2 percent), S. typhi-murium including var. copenhagen with 231 (11.2 percent), S. san-diego with 172 (8.3 percent), and S. senftenberg with 113 (5.5 percent). The five most common serotypes isolated from eggs and egg products were S. thompson with 58 isolations (17.4 percent), S. infantis and S. montevideo with 27 isolations each (8.1 percent), and S. cerro and S. indiana with 23 isolations each (6.9 percent). The most common serotype isolated from swine was S. cholerae-suis var. kunzendorf with 289 isolations (38.6 percent). S. typhi-murium var. copenhagen was the most commonly isolated serotype from cattle, accounting for 557 isolations (64.0 percent.)

There were 254 salmonella isolations (2.2 percent of nonhuman isolations) from reptiles and their environment. Turtles and turtle water, which accounted for 223 (87.8 percent) of the reptile recoveries, constituted a significant source of infection to children keeping these animals as pets. The most common serotypes isolated from turtles were *S. newport* with 30 isolations (13.5 percent), *S. java* with 27 isolations (12.1 percent), *S. urbana* with 21 isolations (9.4 percent), and *S. saint-paul* with 15 (6.7 percent).

A total of 2,026 salmonella isolations (17.4 percent of nonhuman isolations) were recorded from animal feed and feed ingredients, as compared with 1,953 isolations (20.7 percent) in 1969. Of the 2,026 isolations, only five were obtained from vegetable protein supplements. The most common serotypes isolated from animal feeds were *S. anatum* with 198 isolations (9.8 percent), *S. tennessee* with 174 (8.6 percent), and *S. eimsbuettel* with 151 (7.5 percent).

In the 7-year period 1964-1970, 297 different salmonella serotypes were recovered from humans. Several interesting patterns are apparent. S. enteritidis isolations steadily increased in frequency from 801 in 1964 to 2,504 in 1970. The number of S. newport isolations increased from 1,036 to 1,700 in the same period. Likewise, the frequency of S. saintpaul isolations increased from 645 in 1964 to 1,157 in 1970. In contrast, the frequency of S. derby isolations, despite the increase in 1970, has remained at relatively low levels since reaching a peak of 2,360 in 1964.

(Reported by the Salmonella Surveillance Activity, Bacterial Diseases Branch, Epidemiology Program, CDC.)

A copy of the report from which these data were derived is available on request from Center for Disease Control Attn: Salmonellosis Surveillance Activity Epidemiology Program Atlanta, Georgia 30333

#### EPIDEMIOLOGIC NOTES AND REPORTS ANIMAL BOTULISM DUE TO HOME-CANNED CORN – Ohio

On July 4, 1971, a housewife from Holmes County, Ohio, noticed that her home-canned corn had apparently spoiled. Two quart jars of the corn were mixed into food for her hogs and two jars were emptied onto the ground in the nearby woods. The following day, 11 8-week-old pigs and a sow were found lying on their sides with flaccid paralysis and labored breathing. The sow and one pig recovered. Several days later, approximately six chickens were found dead in the area of the woods where the corn had been emptied. On approximately July 25, two more quarts of the corn

were mixed into the hog food. The next day, the sow, boar, and pig exhibited symptoms similar to those of the pigs in the first episode. The sow and pig died the next day; the boar recovered. A veterinarian was called and diagnosed botulism.

Laboratory examination of the suspect corn revealed *Clostridium botulinum* toxin, type B. An investigation into the canning process used by the woman revealed that the corn had been processed in boiling water for only 30 minutes. (*Reported by John Rehm, D.V.M., private practitioner, Millersburg, Ohio; George Bear, D.V.M., Veterinary Officer, and* 

## John H. Ackerman, M.D., Chief, Bureau of Preventive Medicine, Ohio Department of Health.) **Editorial Note**

This outbreak illustrates the varied range of hosts susceptible to botulinum toxin. It also emphasizes the importance of home-processed foods as a source of botulism. Boiling such food is not sufficient to kill C. botulinum spores (1).

Proper home canning often requires temperatures that can be obtained only in a pressure cooker. The actual temperature and duration of heat treatment necessary depends upon the type of food and size of containers used.

## Reference

1. Riemann H (ed): Foodborne Infections and Intoxications. New York, Academic Press, 1969, p 295

# SUMMARY OF REPORTED CASES OF INFECTIOUS SYPHILIS

CASES OF PRIMARY AND SECONDARY SYPHILIS: By Reporting Areas, September 1970 and September 1971 - Provisional Data

Reporting Area	Sept	ember	Cumulative JanSept.		Reporting Area	Sep	tember	Cumul Jan	lative Sept.
	1971	1970	1971	1970		1971	1970	1971	1970
NEW ENGLAND	39	56	445	409	EAST SOUTH CENTRAL	108	75	911	582
Maine	1	1	9	11	Kentucky.	26	20	245	156
New Hampshire	-		3	3	Tennessee	41	17	275	133
Vermont	-	1	5	2	Alabama	8	13	118	118
Massachusetts	21	22	230	218	Mississippi	33	25	273	175
Rhode Island		9	31	47					
Connecticut	16	23	167	128	WEST SOUTH CENTRAL	284	393	2.742	2,957
					Arkansas	22	38	191	217
MIDDLE ATLANTIC	491	496	4 340	4.105	Louisiana	90	80	559	569
Unstate New York	51	34	351	294	Oklahoma	10	15	77	78
New York City	337	333	2 937	2 923	Taxas	162	260	1,915	2.093
Pa (Evcl Phila)	9	17	107	115	10,400	101	200		
Philadelphia	16	10	173	154	MOUNTATH	52	39	441	442
New Janson	79	0.3	772	610	Mantana			1.1	6
new Jersey	70	,,,	1 112	015	Tdaha	-		8	i i
FAST NODTH CENTRAL	261	197	2 010	1 975	Unanting	-	-	2	3
Chi-	204	107	2,019	1,025	Colorado	0		51	32
Vaddaaa	41	23	200	270	Colorado.	15		112	97
Inglana.	27	21	252	324	New Mexico.	13	1 15	165	179
Downstate IIIInois	14	12	107	91	Arizona	22		105	1/9
Chicago	84	74	639	632	ocan.	1	1 1	11	115
Michigan	93	50	607	438	Nevada.	2	1 11	°′	113
Wisconsin	5		4/	70		200	017		1 0.00
and the second		22		201	PACIFIC	329	247	2,404	1,939
WEST NORTH CENTRAL	37	35	324	98F	Washington	11	, ,	112	57
Minnesota	6	8	49	62	Oregon.	212	0.01	0.000	1 000
Iowa	4			9	California	313	235	2,303	1,000
Missouri	21	17	186	208	Alaska	-	2	22	11
North Dakota	55	1	5	4	Hawaii	د	-	16	9
South Dakota	1	-	1 7	13					
Nebraska	1	1	20	16	U. S. TOTAL	2,158	1,985	17,925	16,382
Kansas	4	8	40	74	TERRITORIES	62	81	652	720
			1		Bierto Pico	60	79	628	696
SOUTH ATLANTIC	554	45/	4,239	3,/1/	Virgin Telande	2	1 2	26	26
Delaware	4		26	90	virgin Islands	-	1		24
Maryland	91	40	452	319			1		
District of Columbia	62	51	458	419					
Virginia	30	20	262	197					
West Virginia	5	1	25	20					
North Carolina	26	30	323	356	Note: Cumulative Totals	include	revised a	and delayed	d reports
South Carolina	39	37	264	2/3	through previous	months.			
Georgia	1/8	137	1,170	1,032					
Florida	119	134	1,259	1,011					

#### **INTERNATIONAL NOTES** QUARANTINE MEASURES

Changes in the "Supplement – United States Designated Yellow Fever Vaccination Centers," MMWR, Vol. 20, No. 9

The following changes should be made in the list of United States Designated Yellow Fever Vaccination Centers.

CALIFORNIA Hollywood World Wide Immunization Center, 90028 Add to clinic hours: Sat., 10 a.m. MICHIGAN Burns Steamship Company, 90731 San Pedro Change name to: Seafarer's Medical Center **NEW YORK** DISTRICT OF COLUMBIA Freedmen's Hospital, 20001 Change telephone no. to: 202, 483-1500

LOUISIANA Morgan City

**Traverse City** 

Brooklyn

U.S. Public Health Service Contract Physician Clinic, 70380 Change name to: Family Medical Center Change clinic hours to: Tues. & Wed., 12 noon-1 p.m., Sat., 9-10 a.m.

Thirlby Clinic, 49684 Add after clinic: P. C.

Farrell Lines, Inc., 11201 Change clinic hours to: By appointment Change to: Fee charged (Continued on page 382)

# TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

## FOR WEEKS ENDED

OCTOBER 16, 1971 AND OCTOBER 17, 1970 (41st WEEK)

Gettin I. A.	ASEPTIC MENIN-	EPTIC BRUCEL- DIF	DIDU	ENCEPHALITIS			- BA	HEPATITIS			
AREA	MENIN- GITIS	LOSIS	THERIA	Primary unsp.	including cases	Post In- fectious	Serum	Infect	tious	MALAI	
20.1	1971	1971	1971	1971	1970	1971	1971	1971	1970	1971	Cum. 1971
UNITED STATES	186	3	4	56	51	1	164	1,208	1,077	24	2,379
NEW ENGLAND	41				1	_	11	102	103	3	63
Maine.			_	_	_		_	2	2		1
Vermont		-	_	_	_	-	_	5	7		l i
Massachusetts	3		-	-	1	-	5	33	50	3	47
Rhode Island.	38	-	-	-	_ ·	-	4	22	24	_	6
Connecticut	-	-	-		-		2	23	13	_	9
MIDDLE ATLANTIC	16	-	-	4	10		62	214	188	6	242
New York City	7		-	-	7	-	30	71	22	-	23
New York, Up-State	10	-		3	1	_	13	34	43	3	68
New Jersey Pennsylvania.*	1	_	-		9		5	46	50	-	52
FACT NODTH CENTRAL	26			16	18		21	1.85	166	4	156
Obio *	4	- L	_	3	12		3	44	43	1	20
Indiana.*	3	-		1	1	_		16	4	1	14
Illinois.	4	-	-	1	1	-	7	28	23	1	46
Michigan	15		_	-	4	-	11	93	87	1	51
Wisconsin		-	-	11	-	-	_	4	9	2 J.C	25
WEST NORTH CENTRAL	6	1	2	19	7	-	4	47	40	1	221
Minnesota	2		-	-	5	-	_	3	6	-	23
Iowa	-	1	-	_	-	-	-	1	7	- <b>-</b>	26
Missouri		_	-	-	-	_		18	4		2/
North Dakota	1.1.4		2	1 - 1	_			6	1		2
Nebraska	2	-		-	_	_	_	6	2		14
Kansas		-		19	2		4	12	20		126
SOUTH ATLANTIC	41	1		6	9	-	25	171	128	2	382
Delaware	-	-	-	1	-	_	1	2	5	-	1
Maryland	2		-	-	-	-	4	23	9	-	51
Dist. of Columbia	1	-		-	-			1	1	_	4
Virginia	6	-	-	-	4	-	3	23	21	2	64
West Virginia.		_		2		_	3	21	18	_	130
South Carolina	5	_		1	_	_	1	10	7	_	18
Georgia.	3	1		_	-		_	15	20		67
Florida	24	0.00		2	4	-	13	76	45	-	40
EAST SOUTH CENTRAL	21	1		7	_	1	4	46	60	1	165
Kentucky	3	-	-	-	-		-	9	29	1	138
Tennessee	12	1	-	1	_	1	2	24	19	_	21
Alabama	-	_	_	6	-	_	-	6	1	-	6
UEST COUTH CENTRAL	6	_	2	2	-	_	8	126	62	2	488
Arkansas	_	-			-	-	2	5	5	_	19
Louisiana.	1	-	_		111210	100-10	2	17	8	-	38
Oklahoma	2 - 3	1	2	2	in Énér	-	2 2	24 80	4	2	69 362
			- 6 M - 6	4	1.1.2						
MOUNTAIN	1	_	-	-	1	-	8	63	45	3	143
Montana	-	_	-	-	-	-	-	1	5		1
Idaho	1			1		_		2	5		1 3
Wyoming.	- I I			1.	1		7	16		2	110
New Mexico			_	_	<u> </u>	_	-	12	15	-	10
Arizona	1			-	-	-	-	28	12	1	9
Utah.	-	-	-	-	- 1	-	1	2	2	—	3
Nevada	<i>#</i>		<del></del>	÷-)	-	-				-	2
PACIFIC	28	-		2	5	-	21	254	285	2	514
Washington	2		100	-	1	-	-	40	43	-	2
Oregon	1	- 1	-	-	_	-	-	40	41	1	20
California	24	-		2	3	-	21	1/4	187		434
Alaska	1	1 201 14-22-2	10-07		1	-		_	11		52
nawall.					-			77	17	_	21
Virgin Islands.*					_			33			-

\*Delayed reports: Aseptic meningitis: Pa. delete 1, Ohio delete 1 Hepatitis serum: Me. 3 Hepatitis, infectious: Ind. delete 1, P.R. 2, V.I. 1

# TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

# FOR WEEKS ENDED

# OCTOBER 16, 1971 AND OCTOBER 17, 1970 (41st WEEK) - CONTINUED

	MEA	SLES (Rube	ola)	MENINGOO	MENINGOCOCCAL INFECTIONS, TOTAL		MUMPS		POLIOMYELITIS		s
AREA		Cumul	ative		Cumula	ative		Cum,	Total Paralytic		ytic
1.7	1971	1971	1970	1971	1971	1970	1971	1971	1971	1971	Cum. 1971
UNITED STATES	260	70,643	40,437	36	1,861	1,983	971	102,770			8
NEW ENGLAND	3	3,469	906	1	82	84	34	6,228	-	-	_ 51
Maine *		1,466	225		8	3	1	1,213		>+++(1) = (??	-
New Hampshire	-	211	58		14	8	1	659	-		-
Vermont	- 1	261	×02	-		27	14	1 516	-	_	-
Rassachusetts	<u>'</u>	238	120		3	5/	2	1,207			1.19 1.96
Connecticut.	2	1,176	93	1	25	23	15	1,256		2017 A 100	1000
MIDDLE ATLANTIC	13	7,562	4,952	3	257	362	33	6,375	_	_	_
New York City	5	3,773	925	-	55	84	21	1,829	2 – E		
New York, Up-State	6	675	311	2	77	72	NN	NN	-	-	
New Jersey	2	1,197	1,710	1	56	138	3	1,693	1 34		state to a
rennsylvania		1,217	2,000	· ·	0,7		,	2,055	1.1		( the set
EAST NORTH CENTRAL	55	15,562	9,905	7	213	228	261	41,382			ALC: NO.
Ohio	3	2 748	273	2	67	20	15	5 159		_	Constant of the
Indiana.	6	3,010	3.084		59	56	43	4,400			The Local Division in which the
Michigan	7	2,361	1,767	1	55	57	48	9,655			1000
Wisconsin.	34	3,441	966	1	15	10	131	14,374		-	100-01
WEST NORTH CENTRAL	58	6,915	3,878	1	134	103	231	7,141	_	_	15 <b>4</b> ( <i>e</i>
Minnesota	_	55	38	_	22	15	30	1,148			
Iowa	54	2,343	1,152	-	10	13	178	3,424	-		-
Missouri	-	2,603	1,276	1	47	56	-	1,039			
North Dakota	_	237	320	-	6	5	2	338	_		
South Dakota	-	217	96		15		2	127		_	and a second
Kansas	4	1,394	68		28	6	14	817			1-1-1-1 <u></u> 1-3-0
SOUTH ATLANTIC	71	8,560	7.261	13	336	394	69	7.444			1
Delavare	2	41	262	-	2	3	2	174			COM NOT
Maryland	9	550	1,376	_	49	41	14	692	-		
Dist. of Columbia	-	15	343	-	13	3		91	_	1.000	111- <u>2</u> 11-2
Virginia	2	1,595	2,008	1	38	41	3	987			1.5
West Virginia	4	519	319		10	10	40	1,974		-	-
North Carolina		011	880		20	82	NN A	870			the strength
Georgia	23	1.128	14	1	24	35		11			1
Florida	26	1,865	1,462	9	123	134	6	2,645		1.00	per la presidente de la companya de
FAST COUTU ODUTDAT	13	8,263	1 388	4	167	147	59	7,901	1	10 LE	1.1
Kentucky		3,936	798	1	46	52	4	2,368			1
Tennessee	2	1,022	385	_	66	60	41	4,476			
Alabama	11	1,892	115	-	29	24	13	910			Contraction of the
Mississippi	-	1,413	90	3	26	11	1	147			
WEST SOUTH CENTRAL	15	12,516	7,793		155	263	69	8,344	-	-	3
Arkansas	-	778	30	1.1	5	22	-	90			And Proved
Louisiana		1,6/5	146	-	25	54	-	180		_	
Texas.	14	9,307	7,085	-	88	157	69	7,936			3
MOINTATN	6	3,275	1,578	1	56	46	30	4,145		_	2
Montana	_	925	67		6	1	1	404	- 100		
Idaho.		271	57	1	11	6	_	138	_ ×	_	100200
Wyoming.	-	85	11	-	2	2	6	295	-	-	1.1.1.2.5
Colorado *	1	834	183	-	7	16	18	1,363			1
New Mexico		388	228		4	1	1	644	-178		States and
Arizona	5	433	976	-	8	16	4	1,138		-	Property limit
Utah Nevada	12	332	21	<u> </u>	3	1		- 163			1
PACIFIC	26	4.521	2 776	6	461	356	185	13,810			2
Washington.	20	1,037	542	-	26	44	105	5,519		м Т. <b>Б</b> -Ти	114
Oregon.	-	375	280	2	36	28	10	1,384			1
California	9	2,637	1,626	4	391	281	67	5,924		_	
Alaska	1 5	617	141		9	-		8/			Alexan
navaii.		417	107		0		3	1 070			_
Virgin Islands.*		17	- 6	17	y _	5 1		63			174 - A. A.

\*Delayed reports: Mumps: Me. 1, V.I. 3 Poliomyelitis, paralytic: Colo. 1

# TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

# FOR WEEKS ENDED

OCTOBER 16, 1971 AND OCTOBER 17, 1970 (41st WEEK) - CONTINUED

AREA	RUBE	LLA	TETA	NUS	TULAR	EMIA	TYPH FEV	OID ER	TYPHUS TICK- (Rky. Mt.	FEVER BORNE Spotted)	RABIE ANIM	S IN ALS
	1971	Cum. 1971	1971	Cum. 1971	1971	Cum. 1971	1971	Cum. 1971	1971	Cum. 1971	1971	Cum. 1971
UNITED STATES	309	39,556	-	86	4	156	10	306	8	376	51	3,240
NEW ENGLAND Maine New Hampshire Vermont	11 - - 1	1,757 265 46 99 835		6  2  1		1 - - -	1 - - -	16 1 - 11	3	5 - - 3	2 - - 1 1	196 172 3 12 8
Rhode Island Connecticut	10	98 414	_	3	1	1	-1	4	-	2	-	1
MIDDLE ATLANTIC New York City New York, Up-State New Jersey Pennsylvania	19 5 2 8 4	2,583 569 423 586 1,005		7 5 1 1 -			1 - - -	65 14 13 7 31		35 1 17 8 9	1 - 1 -	140 
EAST NORTH CENTRAL Ohio Indiana Illinois Michigan Wisconsin.	93 12 3 16 33 29	8,652 986 2,071 1,293 2,705 1,597		11 1 2 6 2 -		5 1 - 1 1 2	2 1 - - 1	44 19 7 11 6 1		19 14 - 3 2 -	3 - 1 - 2	336 97 70 66 41 62
WEST NORTH CENTRAL Minnesota Nova Missouri North Dakota South Dakota Nebraska Kansas	11 	3,240 277 689 1,369 95 97 92 621		6 3 1 2 - - -		18 - 14 - 1 - 3	1 - - - - -	4 - 4 - - -		7 	17 5 8 2 1  1	898 190 205 126 153 120 5 99
SOUTH ATLANTIC Delaware Maryland Dist. of Columbia Virginia Virginia West Virginia North Carolina South Carolina Georgia Florida	26  17  9	3,166 49 158 8 215 670 46 438 1 1,581		20 - 1 - 3 - 1 1 2 12	2 1 - - - 1	23 - - 9 - 4 - 4 - 4 2		45 1 15 4 3 1 2 14	3 	197 2 31 - 32 4 103 14 11 -	9  1 2 1 - 5 -	359 - 1 - 69 113 7 - 121 48
EAST SOUTH CENTRAL Kentucky.*. Tennessee Alabama Mississippi	25 2 22 1 -	3,290 1,129 1,883 205 73	- - - -	13 2 6 4 1	1 1 -	11 2 6 2 1	1 - 1 -	37 8 21 8 -	2 - - 2 -	61 13 33 9 6	6  2 4 	295 149 94 48 4
WEST SOUTH CENTRAL Arkansas Louisiana Oklahoma Texas.	32 - 2 3 27	4,798 337 283 72 4,106		13 1 2 1 9	1 - - 1 -	55 23 7 17 8	1 - - 1 -	28 9 6 3 10		40 5 1 26 8	7 1  3 3	640 83 27 258 272
MOUNTAIN. Montana. Idaho. Wyoming. Colorado. New Mexico. Arizona. Utah. Nevada.	4 - 1 1 1 1	1,948 114 39 859 286 224 348 63 15		2 - - - 1 - - - - - -		38 1 - - 36 -		9 		12 3 4 - 2 1 - 1 1	2   1 1 1	65 - 11 11 9 22 9 3
PACIFIC Washington Oregon California Alaska. Hawaii. Puerto Rico.	88 13 2 71  2	10,122 1,372 756 7,782 49 163 62		8 1 6 - - 7		5 - 3 2 - - -	3 -  	58 - 53 1 4 3			4	311 - 9 268 34 - 65

\*Delayed reports: Rubella: V.I. 1

Rabies in animals: Ky. 1

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# TABLE IV. DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED OCTOBER 16, 1971

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

	All Ca	uses	Pneumonia	Under		All Ca	uses	Pneumonia	Under
Area	All Ages	65 years and over	and Influenza All Ages	l year All Causes	Area	All Ages	65 years and over	and Influenza All Ages	l year All Causes
	712	/30	53	25					
NEW ENGLAND:	208	123	15	9	SOUTH ATLANTIC:	1,044	552	43	45
Bridgeport Copp	59	32		2	Atlanta, Ga	188	105	5	5
Cambridge, Mass	36	23	6	1	Charlotte N C	57	26		2
Fall River, Mass	32	21	1	1	Jacksonville, Fla	108	49	1	8
Hartford, Conn	57	39	1	-	Miami, Fla	126	67	5	5
Lowell, Mass	27	20	4	-	Norfolk, Va	50	26	4	4
Lynn, Mass	22	17		-	Richmond, Va	94	46	3	6
New Bedford, Mass	56	32	2	~	Savannah, Ga	26	19	5	
New Haven, Conn	55	33	6	5	St. Petersburg, Fla	74	61	5	-
Somervillo Mass	14	5	2	-	Tampa, Fla.	69	38		5
Springfield Mass	37	21	3	2	Wilmington, D. C	56	30	1	2
Waterbury, Conn	37	23	-	-	willington, bel.	50	1 10		
Worcester, Mass	61	41	2	1	EAST SOUTH CENTRAL:	612	324	22	29 1
MIDDLE ATLANTIC:	3,237	1,891	116	120	Chattanooga, Tenn	52	33	3	
Albany, N. Y	58	29	2	5	Knoxville, Tenn	35	25	-	-
Allentown, Pa	38	24	2	2	Louisville, Ky	135	69	12	8
Buffalo, N. Y	164	92		8	Memphis, Tenn	118	57	1	5
Camden, N. J	39	12	-	4	Mobile, Ala	54	27		5
Elizabeth, N. J	52	34	5	1	Montgomery, Ala	38	23	2	3
Jersey City N L	57	33	3	2	Nashviile, lenn	90	42	2	0
Newark, N. J.	80	35	1	5	WEST SOUTH CENTRAL!	1.167	601	33	90
New York City, N. Y.t	1,721	1,033	64	49	Austin, Tex	38	27	4	1
Paterson, N. J	53	39	4	1	Baton Rouge, La	54	28	5	11
Philadelphia, Pa	397	212	4	19	Corpus Christi, Tex	46	22	-	3
Pittsburgh, Pa	125	63	7	5	Dallas, Tex	159	75	4	13
Reading, Pa	105	20	-		El Paso, Tex	36	17	3	5
Rochester, N. Y	30	17	2	_	Fort Worth, Tex	83	48		9
Schenectady, N. Y	37	23	2	1	Houston, Tex.	224	110	2	15
Syracuse N V	84	50	3	8	New Orleans La	154	85	3	
Trenton, N. J	52	28	-	1	Oklahoma City, Okla,	72	39	-	5
Utica, N. Y	26	22	4	1	San Antonio, Tex	125	59	3	9
Yonkers, N. Y	49	34	2	2	Shreveport, La	48	26	2	2
FACT NORTH CONTRACT.	2.547	1.422	78	132	Tulsa, Okla	59	33	6	2
Aknon Obio	67	42		3	MOUNTAIN	5//	205	1.5	41
Canton, Ohiossesses	28	15	-	2	Albuquerque, N. Mex	73	295	15	41
Chicago, Ill	728	400	27	42	Colorado Springs, Colo.	35	19	2	2
Cincinnati, Ohio	120	74	4	4	Denver, Colo	156	90	3	14
Cleveland, Ohio	207	111	5	9	Ogden, Utah	10	7	2	-
Columbus, Ohio	137	17	-	6	Phoenix, Ariz	125	67	-	10
Dayten, Ohio	336	176		22	Pueblo, Colo	28	16	2	4
Detroit, Mich	46	35	4	2	Salt Lake City, Utan	69	39	1	a
Flint Mich	61	28	1	2	Ideson, Ariz	40	30		-
Fort Wayne, Ind	51	25	1	2	PACIFIC:	1,404	842	27	60
Gary, Ind	28	8	2	4	Berkeley, Calif	19	13	111 - 141	-
Grand Rapids, Mich	53	38	3	5	Fresno, Calif	50	27	5	4
Indianapolis, Ind	142	67	2	7	Glendale, Calif	12	8	1.1	· · · ·
Madison, Wis	38	19	3	4	Honolulu, Hawaii	36	15	-	2
Milwaukee, Wis	129	19		4	Long Beach, Calif	101	57	2	2
Peoria, Ill	38	17	1 1	1	Los Angeles, Calif	397	237	10	12
Rockford, III	38	30	3	1	Dakland, Calif	5/	42		5
Toledo Obionness	95	60	3	1	Portland Oreg	135	82	1	13
Youngstown Objo	59	34	1	3	Sacramento, Calif	60	29	i i	2
					San Diego, Calif	82	47	-	3
WEST NORTH CENTRAL:	727	448	18	29	San Francisco, Calif	174	92	2	7
Des Moines, Iowa	60	41	2	2	San Jose, Calif	33	24	-	
Duluth, Minn	19	14	1		Seattle, Wash	120	79	5	3
Kansas City, Kans	106	60	1 1	4	Spokane, Wash	52	36	-	4
Kansas City, Mo	30	24			Tacoma, Wash	48	32	( <del>, , ,</del> )	
Minnegaolia Minnega	98	57	1	4	Total	11,994	6 91/	405	571
Omaha Nebr	68	43	-	4					
St. Louis. Mo	213	129	2	6	Expected Number	12,294	6.974	418	572
St. Paul, Minn	50	30	3	-	Cumulative Total				1.2000
Wichita, Kans	45	28	3	2	(includes reported corrections for previous weeks)	522,637	299,724	19,074	23,528
Las Vegas, Nev.*	15	6	1		*Mortality data are being collected table, however, for statistical reaso the total expected explore a current	from Las Vega ons, these data	s, Nev., for p will be listed	ossible inclusi only and not in	on in this ncluded in

<sup>†</sup>Delayed Report for Week ended Oct. 9, 1971

**OCTOBER 16, 1971** 

		( <b>100</b>	
NORTH CAROLIN	NA	(CINCINNATI)	
Wilmington	U.S. Public Health Service Contract Physician Clinic, 28401		Change telephone no. to: 513, 421-5700, ext. 765
	Change name to: Maritime Industrial Clinic		Change clinic hours to: 9:30 a.m. by appointment
OHIO		OREGON	
Cincinnati	Muhlberg Health Center, 45223 Change name to: City Health Depart-	Portland	U.S. Public Health Service Outpatient Clinic, 97205
	ment, Yellow Fever Clinic		Change telephone no. to: 503,
	Change address to: 3101 Burnet Ave., 45229		226-3361, ext. 1501

Changes in the "Supplement – Vaccination Certificate Requirements for International Travel," MMWR, Vol. 19, No. 21 ·

The following changes should be made in the Vaccination Certificate Requirements for International Travel: Botswana

Insert: Cholera – II.

Greece

Insert: Cholera – Certificate required from all arrivals from Spain.\*

Ireland

Insert: Cholera - II.

Saudi Arabia

Delete the note concerning cholera, and insert: From 26 February to 18 November 1971: Cholera – And from all countries any parts of which are infected.\*

## United Arab Republic

Insert: Smallpox - And from countries in Africa, Asia, South America, and all countries any parts of which are infected.

The Morbidity and Mortality Weekly Report, circulation 24,600, is published by the Center for Disease Control, Atlanta, Ga.

Director, Center for Disease Control Director, Epidemiology Program, CDC Editor, MMWR Managing Editor David J. Sencer, M.D. Philip S. Brachman, M.D. Michael B. Gregg, M.D. Susan J. Dillon

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.

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION CENTER FOR DISEASE CONTROL ATLANTA, GEORGIA 30333

OFFICIAL BUSINESS

3-G-19-08 Mrs Mary F Jackson, Library Center for Disease Control 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.

Address all correspondence to: Center for Disease Control

Attn: Editor Morbidity and Mortality Weekly Report Atlanta, Georgia 30333

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POSTAGE AND FEES PA U.S. DEPARTMENT OF H.

QUARANTINE MEASURES - (Continued from page 377)