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WEEKLY REPORT

For Week Ending September 8, 1973

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE PUBLIC HEALTH SERVICE

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FOLLOW-UP ON CHOLERA – Texas

Investigation of the single confirmed case of cholera in Port Lavaca, Texas, reported last week (MMWR, Vol. 22, No. 35) has revealed no spread of the disease. Multiple cultures taken from possible contacts and epidemiologically incriminated water and food products have not grown cholera organisms. *Vibrio cholerae* was recovered from the patient's septic tank, however, and non-cholera vibrios were found in the septic tank of a motel adjacent to the patient's home. Water from the motel's well also supplies the patient's home, and fluorescein dye placed in the motel's sewage system appeared in the well water. An investigation is currently in progress to locate recent motel guests and to obtain histories, rectal swabs, and serum specimens from them. Local health officials have been advised of the presence of these possible contacts or carriers in their counties. The motel has been closed, and both septic tanks have been sealed.

(Reported by J. C. McGuire, M.D., Health Director, Clayton Toalson, Sanitarian, Calhoun County Health Department; M. S. Dickerson, M.D., State Epidemiologist, J. E. Peavy, M.D., State Health Officer, Texas State Department of Health; the Enterobacteriology Section, Bacteriology Branch, Bureau of Laboratories, the Bacterial Diseases Branch, Bureau of Epidemiology, CDC; and an EIS Officer.)

TABLE I. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

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

DISEASE	36th WEEK ENDING		MEDIAN	CUMULATIVE, FIRST 36 WEEKS		
	September 8, 1973	September 9, 1972	1968-1972	1973	1972	MEDIAN 1968-1972
Aseptic meningitis	142	199	192	2,804	2,272	2,356
Brucellosis	2	4	4	132	125	144
Chickenpox	164	284	– – –	144,896	113,953	– – –
Diphtheria	–	–	4	118	71	110
Encephalitis, primary:						
Arthropod-borne and unspecified	37	27	40	954	679	793
Encephalitis, post-infectious	4	2	3	212	212	278
Hepatitis, serum (Hepatitis B)	116	116	111	5,496	6,304	4,947
Hepatitis, infectious (Hepatitis A)	749	835	845	34,654	37,828	37,829
Malaria	3	5	51	163	678	1,932
Measles (rubeola)	67	95	122	24,160	26,845	26,845
Meningococcal infections, total	12	13	23	1,035	999	1,845
Civilian	12	12	19	1,011	960	1,657
Military	–	1	1	24	39	188
Mumps	253	283	494	55,086	56,561	75,549
Rubella (German measles)	77	128	208	25,927	20,813	43,594
Tetanus	–	–	4	60	77	81
Tuberculosis, new active	500	524	– – –	21,732	23,202	– – –
Tularemia	–	3	3	114	99	103
Typhoid fever	13	1	11	481	235	234
Typhus, tick-borne (Rky. Mt. spotted fever)	22	10	11	533	411	337
Venereal Diseases:						
Gonorrhea	14,280	15,358	– – –	559,644	505,621	– – –
Syphilis, primary and secondary	404	507	– – –	17,882	16,975	– – –
Rabies in animals	31	67	58	2,540	3,002	2,498

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:	1	Poliomyelitis, total:	3
Botulism:	13	Paralytic:	3
Congenital rubella syndrome:	19	Psittacosis:	16
Leprosy: Hawaii-2, Tex.-2	90	Rabies in man:	–
Leptospirosis:	22	Trichinosis: Md.-3	69
Plague:	2	Typhus, murine: *	26

*Delayed reports: Typhus, Murine: Tex.-1

SHIGELLOSIS – Minnesota

Beginning in late March, a slightly increased number of culture-proven cases of shigellosis in Minnesota was noted by the State Laboratory. This small increase continued until late June, when a sharp upsurge began; cases peaked in the week ending August 11, when 65 were reported. This brought the number of cases reported for the first 32 weeks of 1973 to 447, compared with a total of 72 for 1972 and 201 for 1971. Almost all isolates were *Shigella sonnei*, resistant *in vitro* to ampicillin and tetracycline, but sensitive to sulfasoxazole and chloramphenicol among other antibiotics.

An estimated 15% of those ill were hospitalized; most initially had high fever and abdominal pain, with diarrhea often occurring somewhat later. Most of those hospitalized responded well to fluid and electrolyte management and routine supportive care.

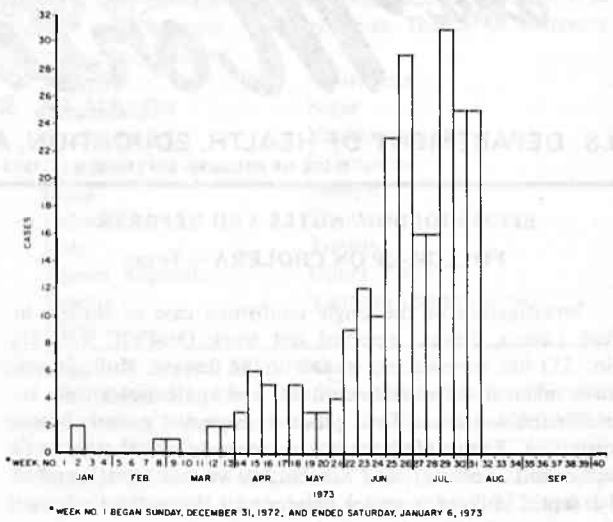
Preliminary investigation in July revealed that approximately half of the reported cases were in Minneapolis, and about half of these were clustered in a 3.4 square-mile, low-income area on the north side of the city. No common source of infection was apparent. Almost 50% of all persons affected were under age 10, but many were adults who had presented with acute abdominal pain suggestive of surgical, gynecologic, or other types of problems.

By mid-August 233 cases had been reported in Minneapolis (Figure 1). The sharp rise in weekly cases from late June to mid-August paralleled the experience for the entire state. Although initially cases were clustered in the north of the city, by early August more new cases were appearing on the south side than on the north. Hospitalizations continued, but no shigellosis-associated deaths were reported.

Interviews with physicians, nurses, and others familiar with the outbreak suggested that person-to-person, fecal-oral transmission was likely and that no single source was responsible. Several members of the same family were usually affected, and many gave a history of direct or indirect contact with children in summer camps and in day-care and community centers.

A total of 55 Minneapolis households experiencing illness within the previous month were surveyed. Information on dates of onset, symptoms, treatment, personal contacts, and potential means of transmission was obtained from 51. Analysis of the data showed that 155 (65%) of the 239 residents were ill with symptoms compatible with shigellosis, of whom 56 (23%) were culture-positive; however, few of the others were cultured. Secondary attack rates in families averaged 54%.

Figure 1
SHIGELLA SONNEI CASES BY WEEK OF CULTURE
MINNEAPOLIS, MINNESOTA
FIRST 31 WEEKS, 1973



*WEEK NO. 1 BEGAN SUNDAY, DECEMBER 31, 1972, AND ENDED SATURDAY, JANUARY 6, 1973

Local health officers throughout the state, physicians, nurses, and other health-care providers have been notified of the epidemic and advised of current recommendations regarding hygiene, isolation, and antibiotic use. Additional studies to determine the virulence of the *S. sonnei* organism in this epidemic based on data from hospitalized patients' charts and from laboratory investigations are in progress. In the 2 weeks since the investigation began only 30 and 13 new cases, respectively, were reported statewide. Concurrent investigation of Minneapolis day-care centers is also under way to determine the specific role of these facilities in transmission of disease.

(Reported by C. A. Smith, M.D., Commissioner, Minneapolis Health Department; D. S. Fleming, M.D., Chief, Disease Prevention and Control Section, Henry Bauer, Ph.D., Director, Division of Medical Laboratories, Minnesota State Department of Health; and 2 EIS Officers.)

FOOD POISONING DUE TO *SALMONELLA CHESTER* – Massachusetts

Between April 10 and 25, 1973, 57 persons in Massachusetts became ill with fever, headache, nausea, vomiting, cramps, and diarrhea after eating at a roadside sandwich bar. The interval between eating at the sandwich bar and onset of illness ranged from 6 to 60 hours (average 19 hours). Sixteen persons were hospitalized. Stool specimens from 40 of the 57 ill persons were positive for *Salmonella chester*.

Epidemiologic investigation by the Division of Communicable Diseases, Massachusetts Department of Public Health, revealed that most cases occurred in travelers who lived throughout the state. Food history questionnaires showed that all 57 persons who became ill had eaten roast beef sandwiches from the implicated sandwich bar; 7 companions who had eaten roast beef sandwiches, and 4 who had eaten other kinds of sandwiches remained well.

Inspection of the sandwich bar revealed inadequate sanitation. Specifically, in early April sewage had backed up into a sink in the food preparation area. *S. chester* was isolated from samples of roast beef and environmental swabs taken from the holding pans, the meat slicer, and a scrub brush. In addition, stool specimens from all 3 foodhandlers were positive for the organism.

The sandwich bar was closed on April 23. Four additional cases were reported in 3 family members of previous cases and in a child of the owner of the sandwich bar.

(Reported by Nicholas J. Fiumara, M.D., Director, Joseph Kowal, Epidemiologist, Division of Communicable Diseases, Massachusetts Department of Public Health; and an EIS Officer.)

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDING SEPTEMBER 8, 1973 AND SEPTEMBER 9, 1972 (36th 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	142	2	164	–	118	37	27	4	116	749	835
NEW ENGLAND	38	–	15	–	3	5	1	–	1	73	57
Maine	2	–	–	–	–	–	–	–	–	3	13
New Hampshire*	1	–	–	–	–	–	–	–	1	4	10
Vermont	–	–	–	–	–	–	–	–	–	–	1
Massachusetts	17	–	12	–	1	3	1	–	–	29	15
Rhode Island	18	–	1	–	2	–	–	–	–	13	5
Connecticut	–	–	2	–	–	2	–	–	–	24	13
MIDDLE ATLANTIC	18	–	15	–	–	5	6	2	21	104	143
Upstate New York	1	–	–	–	–	–	4	1	1	31	40
New York City	–	–	15	–	–	–	–	–	3	11	28
New Jersey	15	–	NN	–	–	1	–	–	10	31	46
Pennsylvania	2	–	–	–	–	4	2	1	7	31	29
EAST NORTH CENTRAL	27	–	70	–	–	14	7	2	31	107	82
Ohio	12	–	5	–	–	10	5	–	15	28	24
Indiana	–	–	4	–	–	–	–	–	–	6	12
Illinois	–	–	–	–	–	1	–	1	9	9	22
Michigan	15	–	–	–	–	3	2	1	7	60	22
Wisconsin	–	–	61	–	–	–	–	–	–	4	2
WEST NORTH CENTRAL	2	–	13	–	7	7	1	–	6	35	38
Minnesota	2	–	1	–	–	5	–	–	2	10	3
Iowa	–	–	10	–	–	–	–	–	1	1	9
Missouri	–	–	–	–	–	2	1	–	2	10	15
North Dakota	–	–	2	–	–	–	–	–	–	–	2
South Dakota	–	–	–	–	7	–	–	–	–	1	1
Nebraska	–	–	–	–	–	–	–	–	1	1	–
Kansas	–	–	–	–	–	–	–	–	–	12	8
SOUTH ATLANTIC	27	1	9	–	–	3	6	–	16	178	110
Delaware	–	–	–	–	–	–	–	–	–	1	6
Maryland	3	–	–	–	–	–	2	–	2	16	15
District of Columbia	1	–	1	–	–	–	–	–	–	4	4
Virginia	8	–	–	–	–	2	2	–	4	26	13
West Virginia	3	–	3	–	–	–	–	–	–	2	3
North Carolina	4	–	NN	–	–	1	1	–	1	13	22
South Carolina	1	–	5	–	–	–	–	–	1	21	6
Georgia	–	–	–	–	–	–	–	–	–	15	8
Florida	7	1	–	–	–	–	1	–	8	80	33
EAST SOUTH CENTRAL	13	1	7	–	–	–	–	–	15	63	61
Kentucky	–	–	5	–	–	–	–	–	8	10	27
Tennessee	4	1	NN	–	–	–	–	–	5	38	26
Alabama	8	–	–	–	–	–	–	–	–	13	6
Mississippi	1	–	2	–	–	–	–	–	2	2	2
WEST SOUTH CENTRAL	10	–	8	–	14	3	1	–	13	117	128
Arkansas*	–	–	–	–	–	–	–	–	1	1	31
Louisiana	4	–	NN	–	–	–	–	–	6	26	28
Oklahoma	3	–	–	–	–	1	–	–	2	14	20
Texas*	3	–	8	–	14	2	1	–	4	76	69
MOUNTAIN	2	–	6	–	14	–	–	–	–	33	42
Montana	2	–	1	–	–	–	–	–	–	2	2
Idaho	–	–	–	–	–	–	–	–	–	5	6
Wyoming	–	–	3	–	–	–	–	–	–	–	–
Colorado	–	–	–	–	–	–	–	–	–	11	–
New Mexico	–	–	–	–	6	–	–	–	–	7	2
Arizona*	–	–	–	–	8	–	–	–	–	–	15
Utah	–	–	2	–	–	–	–	–	–	1	10
Nevada	–	–	–	–	–	–	–	–	–	7	7
PACIFIC	5	–	21	–	80	–	5	–	13	39	174
Washington	4	–	5	–	72	–	–	–	10	21	18
Oregon	1	–	1	–	3	–	–	–	3	13	18
California	---	---	---	---	3	---	5	---	---	---	134
Alaska	–	–	1	–	2	–	–	–	–	1	–
Hawaii	–	–	14	–	–	–	–	–	–	4	4
Guam*	–	–	–	–	–	–	–	–	–	–	–
Puerto Rico	–	–	4	–	–	–	–	–	–	8	6
Virgin Islands	–	–	–	–	–	–	–	–	–	–	–

*Delayed reports: Aseptic meningitis: Tex. 7
Chickenpox: Tex. 19
Encephalitis, primary: N. H. 1
Hepatitis B: Tex. 4, Ariz. 1
Hepatitis A: Ark. 6, Tex. 77, Ariz. 13, Guam 3

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDING SEPTEMBER 8, 1973 AND SEPTEMBER 9, 1972 (36th 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	3	163	67	24,160	26,845	12	1,035	999	253	55,086	77	25,927
NEW ENGLAND	–	12	4	7,372	3,109	–	46	41	25	2,844	5	3,629
Maine	–	–	–	64	244	–	1	3	1	325	–	68
New Hampshire	–	–	–	857	229	–	6	3	2	190	–	375
Vermont	–	2	–	118	125	–	3	–	1	245	1	47
Massachusetts	–	6	2	3,927	694	–	12	19	12	836	1	2,041
Rhode Island	–	–	1	604	523	–	3	10	3	335	1	213
Connecticut	–	4	1	1,802	1,294	–	21	6	6	913	2	885
MIDDLE ATLANTIC	–	25	17	2,446	996	–	140	122	26	7,198	9	4,181
Upstate New York	–	13	3	798	125	–	48	32	NN	NN	4	421
New York City	–	2	6	894	327	–	29	37	20	4,516	3	465
New Jersey	–	4	6	407	486	–	33	24	2	1,491	–	3,004
Pennsylvania	–	6	2	347	58	–	30	29	4	1,191	2	291
EAST NORTH CENTRAL	1	22	24	8,474	11,009	1	128	145	43	14,150	20	5,922
Ohio	–	4	1	281	245	–	55	57	1	2,666	1	685
Indiana	–	3	2	631	1,238	–	4	11	6	1,183	4	937
Illinois	–	11	8	2,052	4,096	–	24	32	3	2,386	5	941
Michigan	1	4	5	4,358	1,980	1	40	39	8	3,901	–	1,823
Wisconsin	–	–	8	1,152	3,450	–	5	6	25	4,014	10	1,536
WEST NORTH CENTRAL	–	7	–	439	938	1	80	70	19	4,610	1	1,206
Minnesota	–	1	–	19	20	1	8	21	–	80	–	221
Iowa	–	1	–	277	652	–	19	2	17	2,809	1	188
Missouri	–	1	–	52	163	–	32	20	2	673	–	263
North Dakota	–	1	–	58	52	–	3	–	–	66	–	276
South Dakota	–	–	–	–	6	–	4	2	–	18	–	23
Nebraska	–	1	–	6	18	–	7	9	–	128	–	140
Kansas	–	2	–	27	27	–	7	16	–	836	–	95
SOUTH ATLANTIC	–	24	10	1,206	2,147	5	176	224	50	6,510	24	2,108
Delaware	–	–	–	8	50	–	–	1	–	264	–	13
Maryland	–	3	–	12	15	–	23	34	1	628	–	10
District of Columbia	–	1	–	5	2	–	4	9	5	110	–	3
Virginia	–	5	2	416	60	3	34	49	6	693	–	620
West Virginia*	–	–	5	204	271	–	3	7	–	2,231	6	293
North Carolina	–	7	–	4	33	–	37	27	NN	NN	–	201
South Carolina	–	1	1	59	215	–	12	20	–	352	–	84
Georgia	–	3	1	152	166	–	21	15	–	31	–	12
Florida	–	4	1	346	1,335	2	42	62	38	2,201	18	872
EAST SOUTH CENTRAL	2	8	–	598	1,040	2	93	79	28	4,520	8	1,306
Kentucky	2	3	–	367	521	–	32	25	11	1,324	1	391
Tennessee	–	–	–	165	191	2	39	28	15	2,089	4	523
Alabama	–	5	–	9	146	–	15	16	2	650	–	186
Mississippi	–	–	–	57	182	–	7	10	–	457	3	206
WEST SOUTH CENTRAL	–	9	5	674	1,471	2	164	124	32	3,696	4	1,439
Arkansas	–	–	–	69	13	–	13	9	1	354	–	112
Louisiana	–	2	–	84	84	2	38	36	8	85	–	99
Oklahoma	–	1	–	53	10	–	29	6	1	431	1	178
Texas*	–	6	5	468	1,364	–	84	73	22	2,826	3	1,050
MOUNTAIN	–	9	3	722	1,821	–	31	21	11	2,445	5	2,375
Montana	–	1	1	17	16	–	6	4	1	233	–	502
Idaho	–	–	1	253	82	–	4	5	–	110	4	39
Wyoming	–	–	–	80	51	–	–	1	1	421	–	6
Colorado	–	2	–	105	522	–	11	5	5	442	–	1,541
New Mexico	–	2	1	121	121	–	3	2	2	963	1	192
Arizona	–	4	–	17	874	–	3	1	–	140	–	18
Utah *	–	–	–	128	155	–	2	2	2	128	–	74
Nevada	–	–	–	1	–	–	2	1	–	8	–	3
PACIFIC	–	47	4	2,229	4,314	1	177	173	19	9,113	1	3,761
Washington	–	3	2	1,012	977	1	19	15	1	1,410	–	660
Oregon	–	3	2	456	130	–	12	14	11	1,697	1	784
California	---	38	---	677	3,099	---	140	133	---	5,054	---	2,282
Alaska	–	2	–	65	12	–	6	8	2	693	–	9
Hawaii	–	1	–	19	96	–	–	3	5	259	–	26
Guam*	–	–	–	49	12	–	–	11	–	19	–	12
Puerto Rico	–	–	9	1,790	633	–	8	4	4	687	1	27
Virgin Islands	–	–	–	1	2	–	–	2	1	23	–	2

*Delayed reports: Measles: Tex. 16, Utah 126, Guam 1; Mumps: Tex. 23, Guam 1
Meningococcal infections: W. Va. 1; Rubella: Utah 5

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES FOR WEEKS ENDING SEPTEMBER 8, 1973 AND SEPTEMBER 9, 1972 (36th 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	60	500	21,732	114	13	481	22	533	14,280	404	31	2,540
NEW ENGLAND	2	17	785	–	2	11	–	1	244	8	–	99
Maine	–	5	66	–	–	–	–	–	29	–	–	55
New Hampshire	–	–	42	–	–	–	–	–	23	1	–	35
Vermont	–	–	22	–	–	–	–	–	5	–	–	3
Massachusetts	–	4	414	–	2	11	–	1	–	–	–	5
Rhode Island	1	3	63	–	–	–	–	–	40	2	–	–
Connecticut	1	5	178	–	–	–	–	–	147	5	–	1
MIDDLE ATLANTIC	7	110	4,246	–	4	47	–	30	2,315	113	3	36
Upstate New York	1	16	753	–	1	7	–	13	440	8	3	17
New York City	3	40	1,586	–	1	16	–	4	918	59	–	–
New Jersey	2	15	744	–	2	15	–	5	505	22	–	–
Pennsylvania	1	39	1,163	–	–	9	–	8	452	24	–	19
EAST NORTH CENTRAL	10	111	3,328	3	3	30	–	19	1,873	33	6	251
Ohio *	3	39	987	–	1	12	–	14	376	6	3	32
Indiana	1	19	442	–	–	–	–	–	351	7	–	51
Illinois	3	32	992	1	1	7	–	5	283	2	1	65
Michigan	1	21	830	2	1	9	–	–	512	13	2	7
Wisconsin	2	–	77	–	–	2	–	–	351	5	–	96
WEST NORTH CENTRAL	5	35	894	12	–	21	–	18	955	5	11	807
Minnesota	–	2	106	–	–	4	–	–	137	2	6	288
Iowa	–	–	89	–	–	–	–	7	57	1	4	165
Missouri	4	24	420	11	–	12	–	7	500	–	1	79
North Dakota	1	1	31	–	–	–	–	–	21	1	–	129
South Dakota	–	3	66	–	–	1	–	–	34	–	–	77
Nebraska	–	3	62	–	–	1	–	2	75	–	–	3
Kansas	–	2	120	1	–	3	–	2	131	1	–	66
SOUTH ATLANTIC	12	94	4,307	9	1	233	12	271	4,528	163	6	221
Delaware	–	5	66	–	–	–	–	7	120	2	–	3
Maryland	–	14	465	–	–	6	1	13	429	13	–	13
District of Columbia *	–	1	195	–	–	–	–	–	402	31	–	–
Virginia	2	15	562	3	–	3	1	54	330	14	–	63
West Virginia *	–	5	203	–	–	2	–	4	60	–	1	22
North Carolina	–	14	709	1	–	5	5	122	598	15	–	1
South Carolina	1	–	346	–	–	4	–	29	802	26	–	5
Georgia	2	22	717	3	–	1	5	41	949	20	3	75
Florida	7	18	1,044	2	1	212	–	1	838	42	2	39
EAST SOUTH CENTRAL	7	38	1,937	10	2	31	8	86	1,222	21	4	362
Kentucky	1	6	453	1	–	4	–	–	102	2	1	196
Tennessee	4	11	593	7	2	11	3	42	543	10	3	126
Alabama	2	16	528	–	–	10	5	17	253	6	–	39
Mississippi	–	5	363	2	–	6	–	27	324	3	–	1
WEST SOUTH CENTRAL	10	54	2,236	76	–	21	2	92	2,047	49	1	455
Arkansas *	–	4	265	53	–	3	1	17	205	2	–	99
Louisiana	3	7	348	–	–	6	–	–	286	13	–	36
Oklahoma	4	7	190	17	–	2	1	68	177	3	–	137
Texas *	3	36	1,433	6	–	10	–	7	1,379	31	1	183
MOUNTAIN	–	28	722	3	–	8	–	8	520	9	–	34
Montana	–	–	33	–	–	–	–	1	34	–	–	9
Idaho	–	–	26	–	–	–	–	2	–	–	–	–
Wyoming	–	–	19	–	–	1	–	1	13	–	–	–
Colorado	–	10	130	–	–	1	–	1	167	2	–	–
New Mexico	–	4	150	1	–	2	–	3	113	4	–	4
Arizona	–	14	287	–	–	4	–	–	163	3	–	20
Utah	–	–	33	2	–	–	–	–	30	–	–	1
Nevada	–	–	44	–	–	–	–	–	–	–	–	–
PACIFIC	7	13	3,277	1	1	79	–	8	576	3	–	275
Washington	2	6	266	–	1	7	–	5	287	2	–	6
Oregon	1	1	177	–	–	2	–	2	181	–	–	7
California	4	---	2,559	1	---	67	---	1	---	---	---	254
Alaska *	–	–	76	–	–	2	–	–	56	1	–	8
Hawaii	–	6	199	–	–	1	–	–	52	–	–	–
Guam *	–	–	35	–	–	–	–	–	–	–	–	–
Puerto Rico	4	4	332	–	–	7	–	–	58	15	2	38
Virgin Islands	–	–	2	–	–	–	–	–	10	–	–	–

*Delayed reports: TB: Ohio delete 1, Tex. 42, Alaska 9, Guam 4
Tularemia: Tex. 1
Typhoid: Alaska 1
RMSF: Ark. 1
Gonorrhea: Tex. 1,432, Guam 19
Syphilis: D.C. 32, Tex. 30
Rabies: W. Va. 1, Tex. 2

Week No. 36

TABLE IV. DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDING SEPTEMBER 8, 1973

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

Area	All Causes			Pneumonia and Influenza	Area	All Causes			Pneumonia and Influenza
	All Ages	65 years and over	Under 1 year	All Ages		All Ages	65 years and over	Under 1 year	All Ages
NEW ENGLAND	706	466	13	34	SOUTH ATLANTIC	954	527	26	34
Boston, Mass.	175	113	1	10	Atlanta, Ga.	111	57	1	4
Bridgeport, Conn.	42	25	1	3	Baltimore, Md.	148	79	4	3
Cambridge, Mass.	26	20	–	3	Charlotte, N. C.	41	24	1	–
Fall River, Mass.	24	16	–	2	Jacksonville, Fla.	66	33	2	4
Hartford, Conn.	60	37	3	1	Miami, Fla.	84	46	3	–
Lowell, Mass.	30	14	–	3	Norfolk, Va.	53	25	3	1
Lynn, Mass.	23	15	1	2	Richmond, Va.	87	56	–	8
New Bedford, Mass.	37	26	–	2	Savannah, Ga.	34	20	2	3
New Haven, Conn.	69	50	3	–	St. Petersburg, Fla.	83	65	3	4
Providence, R. I.	63	35	2	3	Tampa, Fla.	71	37	7	4
Somerville, Mass.	11	11	–	–	Washington, D. C.	146	65	–	2
Springfield, Mass.	46	35	–	5	Wilmington, Del.	30	20	–	1
Waterbury, Conn.	41	24	2	–					
Worcester, Mass.	59	45	–	–	EAST SOUTH CENTRAL	565	291	31	25
					Birmingham, Ala.	84	33	5	–
MIDDLE ATLANTIC	3,152	1,970	91	197	Chattanooga, Tenn.	34	20	5	3
Albany, N. Y.	48	34	3	3	Knoxville, Tenn.	28	23	–	–
Allentown, Pa.	41	29	–	3	Louisville, Ky.	107	56	1	7
Buffalo, N. Y.	152	88	5	26	Memphis, Tenn.	131	67	9	3
Camden, N. J.	52	29	7	2	Mobile, Ala.	50	27	4	–
Elizabeth, N. J.	22	16	–	1	Montgomery, Ala.	33	17	1	1
Erie, Pa.	31	22	–	2	Nashville, Tenn.	98	48	6	11
Jersey City, N. J.	66	44	–	7					
Newark, N. J.	74	38	4	5	WEST SOUTH CENTRAL	958	517	46	19
New York City, N. Y. †	1,570	989	31	50	Austin, Tex.	29	14	–	1
Paterson, N. J.	53	31	4	2	Baton Rouge, La.	34	14	3	1
Philadelphia, Pa.	393	238	7	54	Corpus Christi, Tex.	16	8	–	–
Pittsburgh, Pa.	197	117	12	7	Dallas, Tex.	125	63	5	3
Reading, Pa.	36	24	–	3	El Paso, Tex.	34	23	–	3
Rochester, N. Y.	150	111	2	17	Fort Worth, Tex.	74	40	3	–
Schenectady, N. Y.	21	7	–	–	Houston, Tex.	194	95	14	1
Scranton, Pa.	33	23	1	1	Little Rock, Ark.	26	13	1	2
Syracuse, N. Y.	100	56	10	2	New Orleans, La.	143	72	5	–
Trenton, N. J.	42	23	5	7	Oklahoma City, Okla. *	67	39	3	1
Utica, N. Y.	20	16	–	–	San Antonio, Tex.	98	57	8	–
Yonkers, N. Y.	51	35	–	5	Shreveport, La.	56	34	1	5
					Tulsa, Okla.	62	45	3	2
EAST NORTH CENTRAL	2,466	1,439	98	74					
Akron, Ohio	66	35	6	–	MOUNTAIN	472	258	20	16
Canton, Ohio	39	23	2	1	Albuquerque, N. Mex.	67	31	1	7
Chicago, Ill.	676	363	30	22	Colorado Springs, Colo.	34	18	1	4
Cincinnati, Ohio	135	78	8	4	Denver, Colo.	83	46	2	1
Cleveland, Ohio	176	93	7	6	Las Vegas, Nev.	42	20	1	–
Columbus, Ohio	140	80	7	–	Ogden, Utah	15	11	1	1
Dayton, Ohio	103	64	4	1	Phoenix, Ariz.	102	53	8	2
Detroit, Mich.	361	210	9	12	Pueblo, Colo.	18	15	–	1
Evansville, Ind.	40	20	1	–	Salt Lake City, Utah	49	35	3	–
Fort Wayne, Ind.	39	23	3	3	Tucson, Ariz.	62	29	3	–
Gary, Ind.	33	9	2	3					
Grand Rapids, Mich.	77	52	2	9	PACIFIC	1,290	745	72	27
Indianapolis, Ind.	107	63	5	–	Berkeley, Calif.	16	11	–	1
Madison, Wis.	31	20	–	3	Fresno, Calif.	48	27	1	–
Milwaukee, Wis.	144	104	1	2	Glendale, Calif.	19	12	–	–
Peoria, Ill.	41	23	2	–	Honolulu, Hawaii	45	18	2	–
Rockford, Ill.	40	26	2	6	Long Beach, Calif.	80	48	–	1
South Bend, Ind.	44	30	3	2	Los Angeles, Calif.	279	166	12	6
Toledo, Ohio	103	69	–	–	Oakland, Calif.	68	43	3	1
Youngstown, Ohio	71	54	4	–	Pasadena, Calif.	21	16	–	–
					Portland, Oreg.	99	63	4	–
WEST NORTH CENTRAL	681	411	30	24	Sacramento, Calif.	56	33	2	1
Des Moines, Iowa	62	39	1	–	San Diego, Calif.	105	62	7	2
Duluth, Minn.	19	13	1	–	San Francisco, Calif.	174	106	11	4
Kansas City, Kans.	27	13	2	–	San Jose, Calif.	47	29	1	–
Kansas City, Mo.	125	72	8	1	Seattle, Wash.	131	55	22	2
Lincoln, Nebr.	16	11	–	1	Spokane, Wash.	70	39	6	5
Minneapolis, Minn.	93	68	3	6	Tacoma, Wash.	32	17	1	4
Omaha, Nebr.	57	31	8	–					
St. Louis, Mo.	204	110	7	9	Total	11,244	6,624	427	450
St. Paul, Minn.	43	29	–	3	Expected Number	12,063	6,815	546	391
Wichita, Kans.	35	25	–	4	Cumulative Total (includes reported corrections for previous weeks)	464,831	273,546	17,321	18,967

†Delayed report for week ending Sept. 1, 1973
*Estimate based on average percent of divisional total

HYPERSENSITIVITY ANGIITIS DUE TO TRICHINELLOSIS – Maryland

On June 27, 1973, a 29-year-old man was admitted to a hospital in Baltimore, Maryland, with symptoms compatible with a cerebrovascular accident. His history included fever, periorbital edema, and weakness of the left side of his body but no associated headaches, visual symptoms, or sensory disturbances. He had no history of previous similar episodes or of transient visual, sensory, or motor disturbances. He was treated with ampicillin 1 week prior to admission to the hospital because of the febrile symptoms.

Physical examination on admission revealed splinter hemorrhages beneath all fingernails but not under the toenails. There was marked weakness of the left trapezius muscle and mild weakness of the left sternocleidomastoid muscle. The patient had left hemiparesis with greater involvement of the lower than upper extremity and was unable to move his toes. Oppenheim's sign was present on the left as were Babinski and Chaddock reflexes. Sensation was normal.

Laboratory findings included a white blood cell count of 11,200 with 52% eosinophils. The eosinophils remained elevated during the patient's hospitalization. The bentonite flocculation test for trichinosis was strongly positive (1:80). A brain scan was normal. The initial electroencephalogram obtained on the day of admission revealed a mild excess of fast activity which was felt to be possibly due to the administration of phenothiazine; however, a repeat tracing 13 days later revealed a dysrhythmic background. There was no consistent focal disturbance. The patient was treated with thiabendazole, prednisone, and a tranquilizer.

At the time of discharge, the patient had mild weakness of the left upper extremity. Although he also retained weakness of the left lower extremity, he was able to walk without assistance.

The patient's condition was diagnosed as a cerebrovascular accident secondary to angiitis associated with a hypersensitivity reaction to *Trichinella spiralis* infection.

Epidemiologic investigation revealed that the patient often eats raw hamburger which he purchases from several markets in Baltimore County. Further investigation is underway; adulterated ground beef is the suspect vehicle.

(Reported by Solomon Robbins, M.D., private physician, Baltimore; Michael L. Levin, M.D., Head, Division of Infectious Diseases, Sinai Hospital; Ron Nelson, R.S., Sanitarian, Division of Food Control, John D. Stafford, M.D., Chief, Division of Communicable Diseases, Maryland Department of Health and Mental Hygiene.)

CURRENT TRENDS
PRIMARY AND SECONDARY SYPHILIS, UNITED STATES, JULY 1973

In FY 1973*, an estimated 25,130 primary and secondary syphilis cases were reported in the United States, an increase of 4.2% over the number reported in FY 1972. Cases reported in the period April – June 1973 were up only 0.5% over the number reported in the same period a year ago; however, primary and secondary syphilis cases increased 3.8% in July 1973 compared with July 1972.

(Reported by the Venereal Disease Branch, Bureau of State Services, CDC.)

*FY is 12-month period ending June 30.

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

Reporting Area	July		Cumulative Jan. – July	
	1973	1972	1973	1972
NEW ENGLAND	97	78	668	515
Maine	2	4	14	18
New Hampshire	–	–	5	5
Vermont	1	–	13	11
Massachusetts	71	42	459	285
Rhode Island	3	5	14	26
Connecticut	20	27	163	170
MIDDLE ATLANTIC	509	448	3,349	3,353
Upstate New York	34	33	233	248
New York City	322	308	2,092	2,342
Pa. (Excl. Phila.)	17	23	144	107
Philadelphia	50	23	283	179
New Jersey	86	61	597	477
EAST NORTH CENTRAL	157	204	1,314	1,487
Ohio	23	26	166	191
Indiana	12	17	176	116
Downstate Illinois	8	17	105	93
Chicago	71	76	526	597
Michigan	36	65	293	466
Wisconsin	7	3	48	24
WEST NORTH CENTRAL	32	27	183	163
Minnesota	8	7	62	26
Iowa	8	6	30	28
Missouri	12	8	68	72
North Dakota	–	–	1	–
South Dakota	1	–	3	1
Nebraska	3	3	5	14
Kansas	–	3	14	22
SOUTH ATLANTIC	561	482	3,975	3,602
Delaware	6	7	59	39
Maryland	65	78	484	556
District of Columbia	60	68	451	468
Virginia	53	30	427	247
West Virginia	3	2	11	15
North Carolina	46	33	369	310
South Carolina	60	33	383	279
Georgia	120	104	731	769
Florida	148	127	1,060	919
EAST SOUTH CENTRAL	64	119	782	806
Kentucky	22	27	218	158
Tennessee	26	40	249	295
Alabama	6	25	101	116
Mississippi	10	27	214	237
WEST SOUTH CENTRAL	242	234	1,580	1,771
Arkansas	15	16	92	129
Louisiana	74	66	489	512
Oklahoma	8	6	104	58
Texas	145	146	895	1,072
MOUNTAIN	24	40	325	290
Montana	–	1	1	5
Idaho	1	–	7	3
Wyoming	1	1	3	9
Colorado	7	12	121	42
New Mexico	2	5	41	52
Arizona	7	14	99	118
Utah	–	2	8	15
Nevada	6	5	45	36
PACIFIC	328	308	2,498	2,048
Washington	12	10	90	73
Oregon	6	3	30	26
California	304	291	2,331	1,922
Alaska	1	3	10	12
Hawaii	5	1	37	15
U.S. TOTAL	2,014	1,940	14,674	14,035
TERRITORIES	64	77	474	506
Puerto Rico	64	74	456	458
Virgin Islands	–	3	18	48

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

SURVEILLANCE SUMMARY
EASTERN EQUINE ENCEPHALOMYELITIS – New Hampshire

On August 18, 1973, a private veterinarian in Rockingham County, New Hampshire, reported an outbreak of suspect eastern equine encephalomyelitis (EEE) to the local health officer in Exeter; the veterinarian noted that 18 horses had been infected with an acute central nervous system disease and had died within the previous week. The health officer promptly contacted the Division of Public Health, New Hampshire State Department of Health and Welfare, and the State Veterinarian subsequently requested all veterinarians in the state who treated large animals to report any suspect EEE cases on a daily basis. In addition, mosquito surveillance activities were initiated by the Entomology Department of the University of New Hampshire in Durham and included the capture and identification of mosquitoes and attempts at viral isolation to determine the activity of the virus in the vector.

Within 2 days a surveillance system designed to detect human encephalitis cases was also established with the cooperation of 13 hospitals in Rockingham and 4 surrounding counties. Each hospital agreed to report daily any confirmed or suspect cases of aseptic meningitis or encephalitis to the State Division of Public Health. Date of onset and place of residence were listed for each patient, and proper stool, cerebrospinal fluid, throat swab, and serologic specimens were to be collected from each one. Final confirmation of suspect cases was made by a physician in the State Division of Public Health. Because of Rockingham County's proximity to Maine and Massachusetts, their state health departments were asked to aid New Hampshire by reporting any suspect EEE activity.

No human cases of EEE have been confirmed; however, this surveillance system uncovered 18 cases of aseptic meningitis and 3 suspect human cases of encephalitis in the last 2 weeks of August, representing approximately 5 times the normal number of cases of these diseases reported for the area surveyed.

To date, 41 suspect and 2 confirmed EEE cases have been reported in horses.

(Reported by Daniel Burbank, D.V.M., private veterinarian, Rockingham County, New Hampshire; Thomas Whitney, M.D., Health Officer, Exeter; Thomas Fisher, Ph.D., Professor of Entomology, University of New Hampshire, Durham; Clarence Dearborn, D.V.M., State Veterinarian, Vladas Kaupas, M.D., Director, Bureau of Communicable Disease Control, Hugh Wilkerson, M.D., Acting State Health Officer, Gerard Zeiller, Commissioner, New Hampshire State Department of Health and Welfare.)

Erratum, Vol. 22, No. 30, p. 249

In the article "Human Bubonic Plague – Arizona," the following persons were inadvertently omitted from the credits: Staff of the Bacteriology Laboratory, St. Joseph's Hospital and Medical Center, Phoenix, Arizona. This laboratory isolated the *Yersinia pestis* organism and identified it by biochemical reactions before it was sent to the State Laboratory for confirmation by bacteriophage typing.

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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.

Address all correspondence to: Center for Disease Control
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