

Morbidity and Mortality



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

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EPIDEMIOLOGIC NOTES AND REPORTS
TUBERCULOSIS - California

Between September 1972 and February 1973, 7 cases of active tuberculosis and 2 tuberculin-positive reactors were identified among family members of 4 households in Alameda County, California. Case 1 occurred in a 20-month-old boy who was hospitalized with fever of unknown origin and subsequently diagnosed as having active primary tuberculosis. Investigation of household members and other contacts between September 1972 and February 1973 revealed 3 cases of active tuberculosis in the patient's 10-year-old stepsister (Case 2) living in the same household, his 16-year-old stepsister (Case 3) living in the neighborhood, and the 3-year-old nephew (Case 4) of Case 3 living nearby in a different household. The parents of Case 1 had positive skin-test reactions.

Also in September in a different household in the same district, an 18-year-old woman (Case 5) was diagnosed as

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having active tuberculosis. Skin tests on her 2 children, aged 1 and 3, were positive. Both were placed on isoniazid chemoprophylaxis immediately but did not receive their medication as directed; in December, they were hospitalized with active disease (Cases 6 and 7).

These episodes were not suspected of being connected until further investigation of the contacts of Case 1 and his family revealed that a 22-year-old friend (Case 8) of his

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

DISEASE	37th WEEK ENDING		MEDIAN 1968-1972	CUMULATIVE, FIRST 37 WEEKS		
	September 15, 1973	September 16, 1972		1973	1972	MEDIAN 1968-1972
Aseptic meningitis	193	189	199	3,039	2,461	2,572
Brucellosis	1	8	5	133	133	148
Chickenpox	285	307	---	145,181	114,260	---
Diphtheria	1	1	1	124	72	72
Encephalitis, primary:						
Arthropod-borne and unspecified	42	26	36	1,013	705	869
Encephalitis, post-infectious	6	5	4	221	217	279
Hepatitis, serum (Hepatitis B)	134	198	138	5,673	6,502	5,085
Hepatitis, infectious (Hepatitis A)	1,008	1,104	1,104	35,789	38,932	38,933
Malaria	11	12	49	174	690	2,012
Measles (rubeola)	63	96	130	24,227	26,941	26,941
Meningococcal infections, total	17	17	28	1,063	1,016	1,883
Civilian	17	16	28	1,039	976	1,694
Military	---	1	1	24	40	189
Mumps	301	342	570	55,436	56,903	76,119
Rubella (German measles)	95	71	232	26,032	20,884	43,912
Tetanus	1	5	5	61	82	84
Tuberculosis, new active	573	598	---	22,355	23,800	---
Tularemia	3	3	3	119	102	101
Typhoid fever	13	6	10	495	241	240
Typhus, tick-borne (Rky. Mt. spotted fever)	14	22	9	547	433	348
Veneral Diseases:						
Gonorrhoea	16,130	15,006	---	577,320	520,627	---
Syphilis, primary and secondary	468	465	---	18,416	17,440	---
Rabies in animals	41	89	60	2,594	3,091	2,558

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:	1	Poliomyelitis, total:	3
Botulism: Wash.-1	14	Paralytic:	3
Congenital rubella syndrome:	19	Psittacosis: * Fla.-1	18
Leprosy:	90	Rabies in man:	---
Leptospirosis: * Calif.-1, Md.-1, Tex.-1	26	Trichinosis: Ohio-1	70
Plague:	2	Typhus, murine: Tex.-1	27

* Delayed reports: Leptospirosis: Ark. 1
 Psittacosis: Calif. 1

TUBERCULOSIS — Continued

father had far advanced pulmonary disease. Case 8 had lived intermittently in a household where 2 cases of active disease had been diagnosed several years previously. He had been examined as a contact in 1969 but had not received preventive treatment. Cases 5, 6, and 7 were relatives of one of the cases in this household.

Examination of family contacts of Case 8 revealed 2 additional cases of active tuberculosis in his stepfather (Case 9) and his 16-year-old half-brother (Case 10). His mother and 3 other siblings had positive tuberculin skin tests. In addition, a 20-year-old friend (Case 11) was found to have active tuberculosis when he reported for his military induction physical in November.

Clinical data on Case 10 showed that he became ill with a persistent cough and lost almost 30 pounds while attending high school. He left school in early February 1973 and was hospitalized in March. In April, 519 of 1,435 pupils in the school were skin-tested, 3 more cases (Cases 12, 13, and 14) and 26 positive skin-test reactors were identified.

By June 1973, the 9-month investigation had uncovered a total of 21 cases of active tuberculosis and 24 positive reactors (excluding high school contacts) in epidemiologically associated households. A repeat testing program for classroom contacts is being conducted this summer and will be carried out in the entire high school when it reopens in September.

(Reported by Herbert A. Lints, M.D., District Health Officer, Ted Montgomery, M.D., Chief, Division of Disease Control, Olga Kempton, P.H.N., Toby Berger, F.N.P., Alameda County Health Care Services Agency; Henry A. Renteln, M.D., Medical Epidemiologist, Infectious Disease Section, James Chin, M.D., State Epidemiologist, California State Department of Health.)

Editorial Note

This unusual outbreak demonstrates that apparently unrelated episodes of tuberculosis transmission may actually be linked. Thorough epidemiologic investigation of household members and other contacts of newly diagnosed tuberculosis cases is the most productive tuberculosis case-finding method.

SURVEILLANCE SUMMARY
MEASLES — United States, First 36 Weeks, 1973

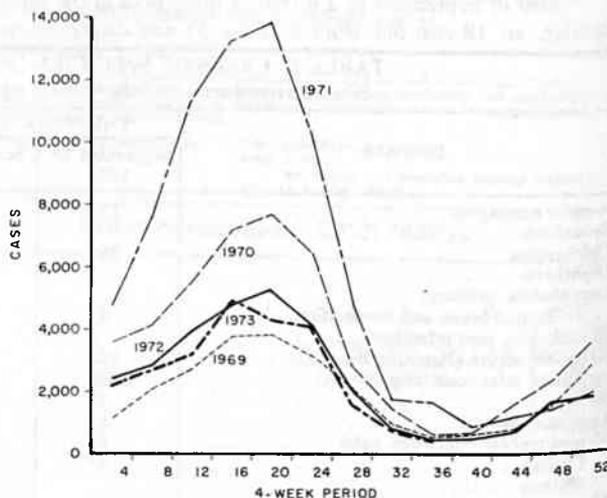
A total of 24,160 cases of measles were reported nationwide in the first 36 weeks of 1973, a 10% decrease from the number of cases reported for the comparable period in 1972 (Figure 1). For the past 4-week reporting period, measles cases have been at their lowest level since reporting began in 1912.

Despite this current low level of measles in the United States as a whole, large numbers of cases have occurred this year in 3 major regions—the New England, Middle Atlantic, and East North Central Regions. In the New England Region measles increased by 137% and in the Middle Atlantic Region by 145%; in the East North Central Region measles decreased by 23%, but the level of cases remains high. The 8,474 cases in the East North Central Region are 41% of the total measles cases reported in the United States, but the population of this region accounts for 20% of the total U.S. population. In all other regions measles cases decreased by at least 40% compared with a similar period in 1972.

Twenty-one states have more measles so far this year than in 1972 (MMWR, Vol. 22, No. 36, Table III, p. 304). Those states with the highest measles rates per 100,000 persons <18 years of age are New Hampshire, Massachusetts, Rhode Island, Connecticut, and Michigan. Those areas showing an increase in measles and contributing more than 500 cases of measles so far this year include New Hampshire, Massachusetts, Rhode Island, Connecticut, New York State, New York City, Michigan, Washington State, and Puerto Rico. Those states showing a decrease in measles cases this year but still contributing 500 or more cases include Indiana, Illinois, Wisconsin, and California.

Several states and territories have reported major decreases in measles this year over last year. South Dakota, Delaware, North Carolina, Alabama, Arizona, and Utah all have less than 1/6 of their last year's reported cases. In addition, South Dakota, Nebraska, District of Columbia, North Carolina, Alabama, Nevada, and the Virgin Islands have all reported less than 10 cases this year.

Figure 1
REPORTED CASES OF MEASLES
BY 4-WEEK PERIOD, UNITED STATES, 1969-1973



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

Editorial Note

Because of the persisting problems with measles and the fact that 5 million preschool-age children have not received measles vaccine or been adequately protected against poliomyelitis, the Center for Disease Control is coordinating a collaborative effort, Immunization Action Month (IAM), in October 1973. This intensive motivational campaign will urge parents to become aware of their children's immunization status and physicians and health departments to be certain all children under their care are adequately protected.

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDING SEPTEMBER 15, 1973 AND SEPTEMBER 16, 1972 (37th WEEK)

AREA	ASEPTIC MENINGITIS	BRUCellosIS	CHICKEN-POX	DIPHTHERIA		ENCEPHALITIS			HEPATITIS		
						Primary including unspec. cases		Post In- fectious	Serum (Hepatitis B)	Infectious (Hepatitis A)	
						1973	1972	1973	1973	1973	1972
UNITED STATES	193	1	285	1	124	42	26	6	134	1,008	1,104
NEW ENGLAND	29	-	56	-	3	5	3	-	-	66	73
Maine*	-	-	-	-	-	-	-	-	-	5	9
New Hampshire *	2	-	-	-	-	3	-	-	-	5	4
Vermont	-	-	9	-	-	1	-	-	-	2	4
Massachusetts	-	-	30	-	1	1	1	-	-	21	39
Rhode Island	8	-	13	-	2	-	-	-	-	6	7
Connecticut	19	-	4	-	-	-	2	-	-	27	10
MIDDLE ATLANTIC	37	-	39	-	-	8	7	-	35	116	159
Upstate New York	14	-	-	-	-	-	2	-	5	33	37
New York City	-	-	37	-	-	1	-	-	11	23	42
New Jersey	20	-	NN	-	-	3	2	-	9	33	47
Pennsylvania	3	-	2	-	-	4	3	-	10	27	33
EAST NORTH CENTRAL	33	-	90	-	-	14	7	2	13	197	264
Ohio *	9	-	8	-	-	8	5	-	7	53	86
Indiana	3	-	10	-	-	-	-	-	-	23	15
Illinois	-	-	-	-	-	-	-	2	3	48	57
Michigan	20	-	17	-	-	4	2	-	3	64	101
Wisconsin*	1	-	55	-	-	2	-	-	-	9	5
WEST NORTH CENTRAL	3	1	25	-	7	2	2	1	5	47	52
Minnesota	2	-	2	-	-	-	1	1	-	3	4
Iowa *	-	-	18	-	-	1	-	-	2	4	6
Missouri	-	-	-	-	-	-	1	-	-	-	-
North Dakota	-	-	3	-	-	1	-	-	-	28	27
South Dakota	1	-	-	-	7	-	-	-	-	6	-
Nebraska *	-	1	2	-	-	-	-	-	-	3	1
Kansas	-	-	-	-	-	-	-	-	-	3	14
SOUTH ATLANTIC	23	-	15	-	-	6	2	1	14	148	106
Delaware	-	-	1	-	-	-	1	-	-	5	4
Maryland	2	-	1	-	-	2	-	-	2	15	19
District of Columbia	2	-	-	-	-	-	-	-	-	-	-
Virginia	3	-	-	-	-	-	1	-	-	15	7
West Virginia	1	-	13	-	-	-	-	-	-	5	6
North Carolina *	8	-	NN	-	-	1	-	1	1	29	30
South Carolina	-	-	-	-	-	-	-	-	-	12	7
Georgia	-	-	-	-	-	-	-	-	-	16	12
Florida	7	-	-	-	-	3	-	-	11	51	21
EAST SOUTH CENTRAL	7	-	3	-	-	3	-	1	6	58	44
Kentucky	2	-	2	-	-	1	-	-	1	20	12
Tennessee	3	-	NN	-	-	2	-	1	1	30	14
Alabama	-	-	-	-	-	-	-	-	2	3	14
Mississippi	2	-	1	-	-	-	-	-	2	5	4
WEST SOUTH CENTRAL	14	-	10	-	14	3	1	-	17	147	99
Arkansas *	1	-	-	-	-	-	-	-	-	-	6
Louisiana *	-	-	NN	-	-	-	-	-	1	4	9
Oklahoma	-	-	1	-	-	-	-	-	1	23	8
Texas	13	-	9	-	14	3	1	-	15	120	76
MOUNTAIN	-	-	11	-	19	1	2	-	1	23	78
Montana	-	-	-	-	-	1	1	-	-	4	7
Idaho	-	-	-	-	-	-	-	-	-	4	6
Wyoming	-	-	3	-	-	-	-	-	-	1	1
Colorado	-	-	7	-	-	-	-	-	-	8	22
New Mexico	-	-	1	-	6	-	1	-	-	2	11
Arizona *	-	-	-	-	13	-	-	-	-	-	15
Utah	-	-	-	-	-	-	-	-	1	3	14
Nevada	-	-	-	-	-	-	-	-	-	1	2
PACIFIC	47	-	36	1	81	-	2	1	43	206	229
Washington	19	-	19	1	73	-	-	1	6	30	24
Oregon	-	-	-	-	3	-	-	-	10	32	27
California*	28	-	-	-	3	-	2	-	27	138	159
Alaska	-	-	8	-	2	-	-	-	-	-	4
Hawaii	-	-	9	-	-	-	-	-	-	6	15
Guam *	-	-	-	-	-	-	-	-	-	-	-
Puerto Rico	-	-	10	-	-	-	-	-	-	9	7
Virgin Islands	-	-	-	-	-	-	-	-	-	-	-

*Delayed reports: Aseptic meningitis: Wis. 5, Ark. 1, Calif. 36
 Chickenpox: Guam 1
 Diphtheria: Ariz. 5
 Encephalitis, primary: Wis. 9, Iowa 3, Calif. 5
 Encephalitis, post-infectious: Calif. 3
 Hepatitis B: Ark. 1, Calif. 42, Guam 1
 Hepatitis A: Me. 4, N. H. 1, Ohio delete 1, Neb. 1, N. C. delete 1,
 Ark. 3, La. delete 1, Ariz. 2, Calif. 119, Guam 4

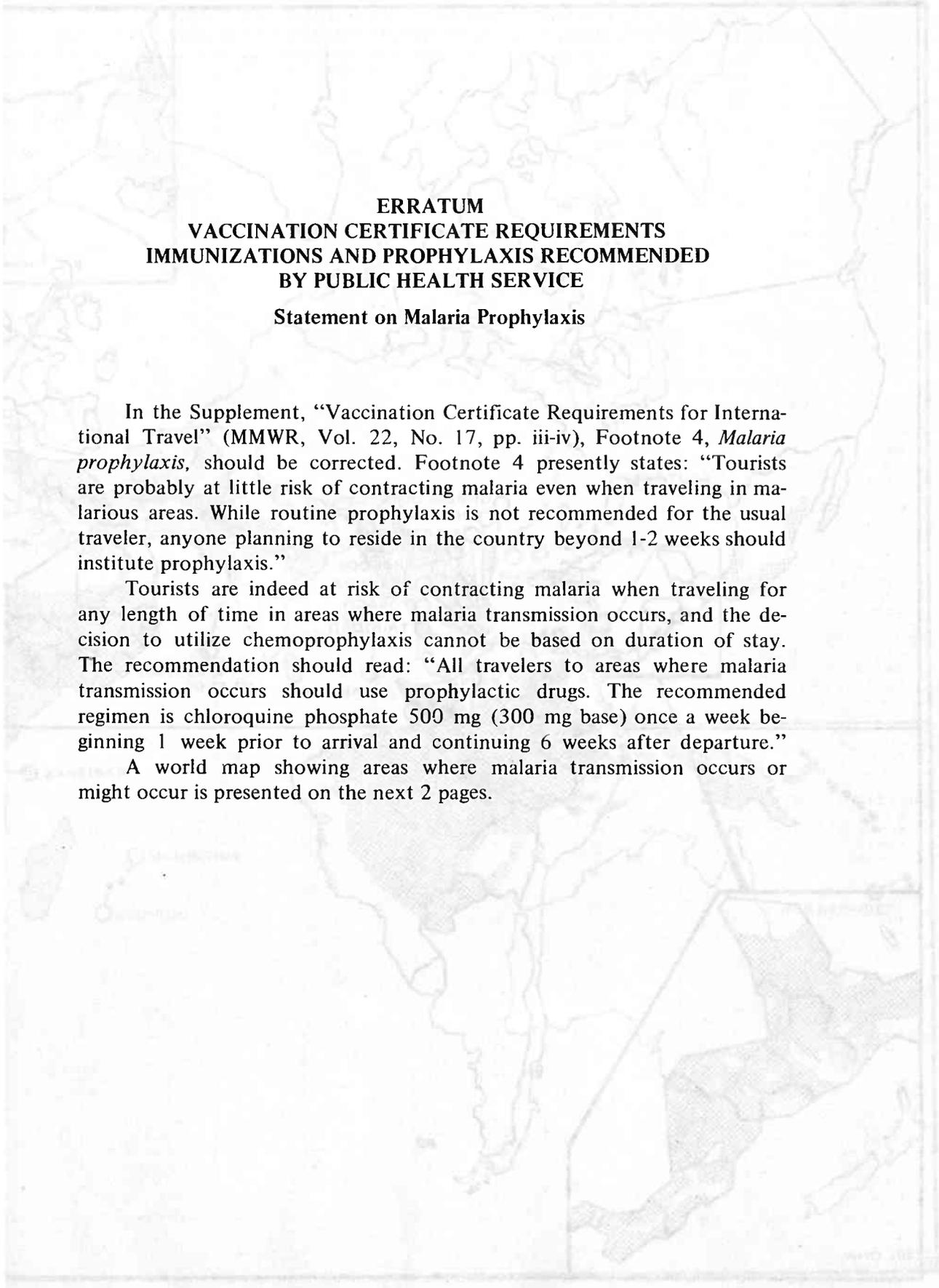
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TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDING SEPTEMBER 15, 1973 AND SEPTEMBER 16, 1972 (37th WEEK) - Continued

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	11	174	63	24,227	26,941	17	1,063	1,016	301	55,436	95	26,032
NEW ENGLAND	2	14	3	7,375	3,124	-	46	42	38	2,886	6	3,635
Maine *	-	-	1	65	244	-	1	3	1	330	-	68
New Hampshire	-	-	-	857	234	-	6	3	1	191	-	375
Vermont	-	2	1	119	127	-	3	-	12	257	-	47
Massachusetts	-	6	1	3,928	700	-	12	20	5	841	3	2,044
Rhode Island	-	-	-	604	523	-	3	10	5	340	-	213
Connecticut	2	6	-	1,802	1,296	-	21	6	14	927	3	888
MIDDLE ATLANTIC	3	28	18	2,464	999	5	145	123	32	7,230	9	4,190
Upstate New York	1	14	4	802	125	3	51	32	NN	NN	1	422
New York City	-	2	5	899	330	-	29	38	23	4,539	5	470
New Jersey	1	5	4	411	486	1	34	24	8	1,499	1	3,005
Pennsylvania	1	7	5	352	58	1	31	29	1	1,192	2	293
EAST NORTH CENTRAL	-	22	24	8,498	11,035	3	141	147	49	14,199	40	5,962
Ohio	-	4	1	282	248	2	57	59	9	2,675	2	687
Indiana	-	3	1	632	1,242	-	4	11	5	1,188	3	940
Illinois	-	11	9	2,061	4,101	-	24	32	12	2,398	18	959
Michigan	-	4	6	4,364	1,984	1	41	39	12	3,923	4	1,827
Wisconsin *	-	-	7	1,159	3,460	-	15	6	11	4,025	13	1,549
WEST NORTH CENTRAL	-	7	-	439	941	3	83	71	28	4,638	3	1,209
Minnesota	-	1	-	19	20	-	8	21	1	81	-	221
Iowa	-	1	-	277	655	-	19	3	20	2,829	2	190
Missouri	-	1	-	52	163	-	32	20	1	674	1	264
North Dakota	-	1	-	58	52	-	3	-	-	66	-	276
South Dakota	-	-	-	-	6	-	4	2	1	19	-	23
Nebraska	-	1	-	6	18	3	10	9	5	133	-	140
Kansas	-	2	-	27	27	-	7	16	-	836	-	95
SOUTH ATLANTIC	4	28	6	1,212	2,158	2	178	231	43	6,553	8	2,116
Delaware	-	-	-	8	50	-	-	1	-	264	-	13
Maryland	-	3	-	12	15	-	23	35	3	631	-	10
District of Columbia	-	1	-	5	2	-	4	9	6	116	-	3
Virginia	1	6	2	418	60	-	34	49	1	694	-	620
West Virginia	-	-	3	207	275	-	3	8	14	2,245	4	297
North Carolina	-	7	-	4	34	1	38	29	NN	NN	1	202
South Carolina	-	1	-	59	215	-	12	20	2	354	-	84
Georgia	-	3	-	152	166	-	21	17	-	31	-	12
Florida	3	7	1	347	1,341	1	43	63	17	2,218	3	875
EAST SOUTH CENTRAL	1	9	2	600	1,042	1	94	79	33	4,556	6	1,312
Kentucky	1	4	2	369	522	1	33	25	4	1,328	3	394
Tennessee	-	-	-	165	191	-	39	28	26	2,115	3	526
Alabama*	-	5	-	9	147	-	15	16	2	655	-	186
Mississippi	-	-	-	57	182	-	7	10	1	458	-	206
WEST SOUTH CENTRAL	-	9	4	678	1,483	2	166	125	29	3,725	5	1,444
Arkansas	-	-	-	69	13	-	13	9	1	355	-	112
Louisiana	-	2	-	84	85	1	39	37	-	85	-	99
Oklahoma	-	1	1	54	10	-	29	6	2	433	-	178
Texas	-	6	3	471	1,375	1	85	73	26	2,852	5	1,055
MOUNTAIN	-	9	2	724	1,828	-	31	22	10	2,455	5	2,380
Montana	-	1	-	17	16	-	6	4	-	233	-	502
Idaho	-	-	2	255	83	-	4	5	-	110	-	39
Wyoming	-	-	-	80	51	-	-	1	-	421	1	7
Colorado	-	2	-	105	524	-	11	5	8	450	3	1,544
New Mexico	-	2	-	121	122	-	3	3	2	965	-	192
Arizona	-	4	-	17	876	-	3	1	-	140	-	18
Utah	-	-	-	128	155	-	2	2	-	128	1	75
Nevada	-	-	-	1	1	-	2	1	-	8	-	3
PACIFIC	1	48	4	2,237	4,331	1	179	176	39	9,194	13	3,784
Washington	-	3	1	1,013	977	-	19	15	1	1,411	3	663
Oregon	-	3	-	456	133	-	12	14	17	1,714	1	785
California *	1	39	3	684	3,111	1	142	136	19	5,115	9	2,301
Alaska	-	2	-	65	13	-	6	8	1	694	-	9
Hawaii	-	1	-	19	97	-	-	3	1	260	-	26
Guam	-	-	-	49	15	-	-	11	-	19	-	12
Puerto Rico	-	-	23	1,813	669	-	8	4	12	699	-	27
Virgin Islands	-	-	-	1	3	-	-	2	1	24	-	2

*Delayed reports: Measles: Calif. 4
Meningococcal infections: Wis. 10, Calif. 1

Mumps: Me. 4, Ala. 3, Calif. 42
Rubella: Calif. 10



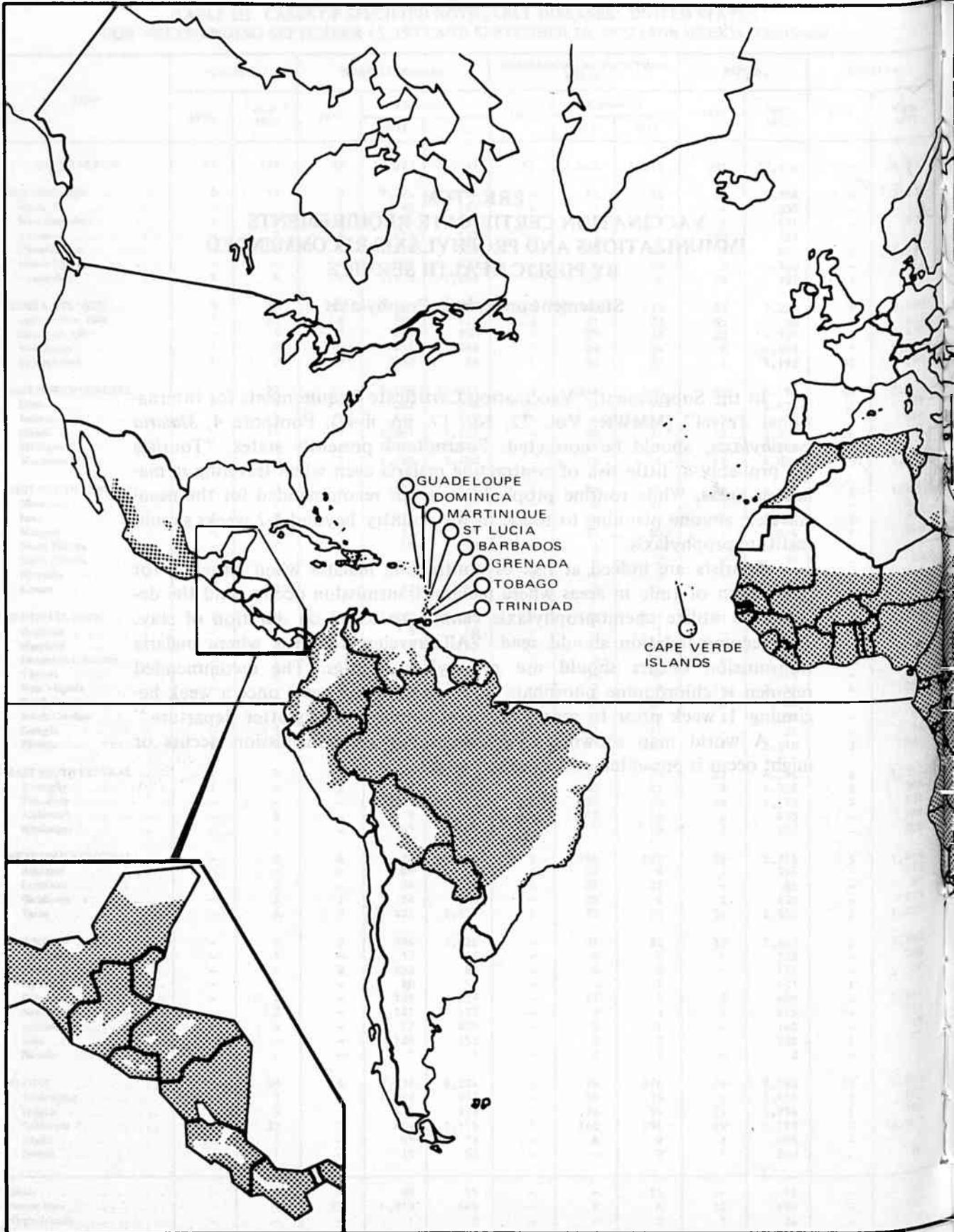
ERRATUM
VACCINATION CERTIFICATE REQUIREMENTS
IMMUNIZATIONS AND PROPHYLAXIS RECOMMENDED
BY PUBLIC HEALTH SERVICE

Statement on Malaria Prophylaxis

In the Supplement, "Vaccination Certificate Requirements for International Travel" (MMWR, Vol. 22, No. 17, pp. iii-iv), Footnote 4, *Malaria prophylaxis*, should be corrected. Footnote 4 presently states: "Tourists are probably at little risk of contracting malaria even when traveling in malarious areas. While routine prophylaxis is not recommended for the usual traveler, anyone planning to reside in the country beyond 1-2 weeks should institute prophylaxis."

Tourists are indeed at risk of contracting malaria when traveling for any length of time in areas where malaria transmission occurs, and the decision to utilize chemoprophylaxis cannot be based on duration of stay. The recommendation should read: "All travelers to areas where malaria transmission occurs should use prophylactic drugs. The recommended regimen is chloroquine phosphate 500 mg (300 mg base) once a week beginning 1 week prior to arrival and continuing 6 weeks after departure."

A world map showing areas where malaria transmission occurs or might occur is presented on the next 2 pages.



* Status unknown

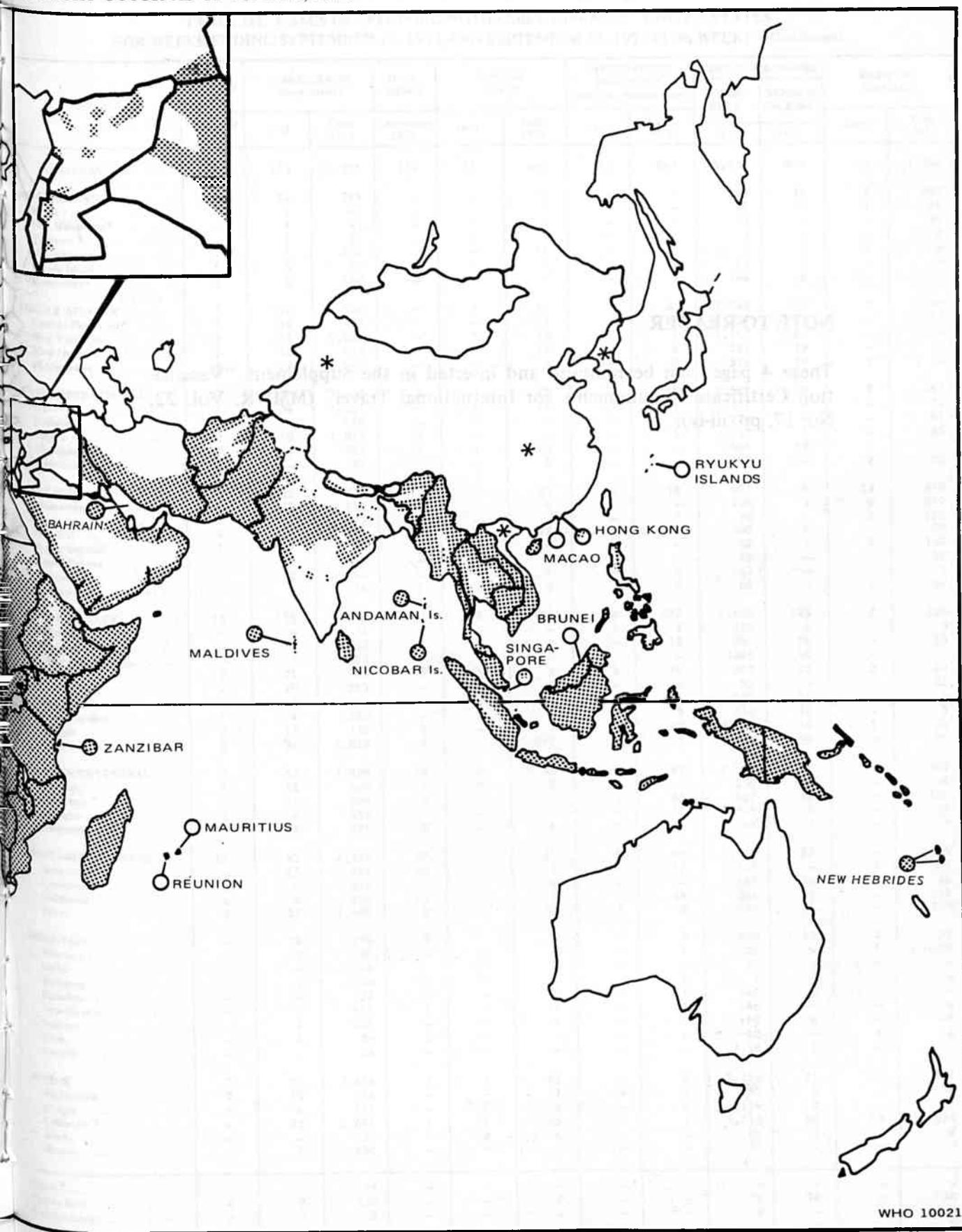


TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDING SEPTEMBER 15, 1973 AND SEPTEMBER 16, 1972 (37th WEEK) - Continued

AREA	TETANUS	TUBERCULOSIS (New Active)		TULA- REMIA	TYPHOID FEVER		TYPHUS-FEVER TICK-BORNE (Rky. Mt. spotted fever)		VENEREAL DISEASES		RABIES IN ANIMALS	
	Cumulative 1973	1973	Cum. 1973	Cumulative 1973	1973	Cum. 1973	1973	Cum. 1973	GONOR- RHEA	SYPHILIS (Pri. & Sec.)	1973	Cum. 1973
									1973	1973		
UNITED STATES	61	573	22,355	119	13	495	14	547	16,130	468	41	2,594
NEW ENGLAND	2	14	799	-	-	11	-	1	268	15	2	101
Maine	-	1	67	-	-	-	-	-	26	-	1	56
New Hampshire*	-	1	43	-	-	-	-	-	13	-	-	35
Vermont*	-	1	23	-	-	-	-	-	3	-	-	3
Massachusetts	-	5	419	-	-	11	-	1	-	8	1	6
Rhode Island	1	4	67	-	-	-	-	-	62	1	-	-
Connecticut	1	2	180	-	-	-	-	-	164	6	-	1
MIDDLE ATLANTIC	7	110	4,356	-	2	49	-	30	2,548	103	2	40
Upstate New York*	1	19	772	-	-	7	-	13	237	9	-	17
New York City	3	51	1,637	-	2	18	-	4	1,441	64	-	-
New Jersey	2	13	757	-	-	15	-	5	291	15	-	2
Pennsylvania	1	27	1,190	-	-	9	-	8	579	15	2	21
EAST NORTH CENTRAL	10	75	3,403	3	3	33	-	19	1,549	29	2	253
Ohio*	3	34	1,021	-	2	14	-	14	307	4	-	32
Indiana	1	6	448	-	-	-	-	-	229	4	-	51
Illinois	3	18	1,010	1	-	7	-	5	152	2	-	65
Michigan	1	17	847	2	1	10	-	-	664	19	-	7
Wisconsin	2	-	77	-	-	2	-	-	197	-	2	98
WEST NORTH CENTRAL	5	39	933	13	-	21	-	18	671	6	13	820
Minnesota	-	5	111	-	-	4	-	-	178	2	9	297
Iowa	-	4	93	-	-	-	-	7	70	-	3	168
Missouri	4	19	439	12	-	12	-	7	200	4	-	79
North Dakota	1	1	32	-	-	-	-	-	22	-	1	130
South Dakota	-	3	69	-	-	1	-	-	48	-	-	77
Nebraska	-	2	64	-	-	1	-	2	67	-	-	3
Kansas	-	5	125	1	-	3	-	2	86	-	-	66
SOUTH ATLANTIC	13	135	4,442	10	1	234	6	277	4,689	125	7	228
Delaware	-	6	72	-	-	-	-	7	103	2	-	3
Maryland	-	18	483	-	-	6	-	13	397	16	-	13
District of Columbia	-	8	203	-	-	-	-	-	460	10	-	-
Virginia	2	21	583	3	-	3	2	56	497	27	2	65
West Virginia	-	10	213	-	-	2	-	4	55	-	-	22
North Carolina	-	17	726	2	-	5	3	125	555	14	4	5
South Carolina	1	4	350	-	1	5	-	29	470	12	-	5
Georgia	2	17	734	3	-	1	1	42	1,070	14	1	76
Florida	8	34	1,078	2	-	212	-	1	1,082	30	-	39
EAST SOUTH CENTRAL	7	52	1,989	10	4	35	7	93	1,503	31	-	362
Kentucky	1	16	469	1	4	8	-	-	232	3	-	196
Tennessee*	4	16	609	7	-	11	3	45	632	16	-	126
Alabama	2	4	532	-	-	10	-	17	345	5	-	39
Mississippi	-	16	379	2	-	6	4	31	294	7	-	1
WEST SOUTH CENTRAL	10	43	2,279	79	-	21	1	93	1,898	57	-	455
Arkansas*	-	12	277	56	-	3	-	17	152	-	-	99
Louisiana	3	-	348	-	-	6	-	-	557	18	-	36
Oklahoma	4	4	194	17	-	2	-	68	264	5	-	137
Texas	3	27	1,460	6	-	10	1	8	925	34	-	183
MOUNTAIN	-	14	736	3	-	8	-	8	680	11	2	36
Montana	-	2	35	-	-	-	-	1	26	-	1	10
Idaho	-	-	26	-	-	-	-	2	57	-	-	-
Wyoming	-	1	20	-	-	1	-	1	9	2	-	-
Colorado	-	-	130	-	-	1	-	1	145	2	-	-
New Mexico	-	4	154	1	-	2	-	3	146	-	-	4
Arizona	-	4	291	-	-	4	-	-	199	6	-	20
Utah	-	3	36	2	-	-	-	-	40	-	1	2
Nevada	-	-	44	-	-	-	-	-	58	1	-	-
PACIFIC	7	91	3,418	1	3	83	-	8	2,324	91	13	299
Washington	2	10	276	-	-	7	-	5	185	6	-	6
Oregon	1	4	181	-	-	2	-	2	314	2	-	7
California*	4	72	2,681	1	1	69	-	1	1,713	80	13	278
Alaska	-	-	76	-	2	4	-	-	65	2	-	8
Hawaii	-	5	204	-	-	1	-	-	47	1	-	-
Guam*	-	-	35	-	-	-	-	-	-	-	-	-
Puerto Rico	4	7	339	-	-	7	-	-	76	16	-	38
Virgin Islands	-	-	2	-	-	-	-	-	8	-	-	-

*Delayed reports: TB: Calif. 50
Tularemia: Ark. 2
Typhoid: Calif. 1

Gonorrhea: N. H. 6, Vt. delete 1, Calif. 1,541, Guam 19
Syphilis: Ohio delete 1, Tenn. delete 2, Calif. 69
Rabies: N. Y. Upstate 2, Calif. 11

TABLE IV. DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDING SEPTEMBER 15, 1973

Week No.
37

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

Area	All Causes			Pneumonia and Influenza All Ages	Area	All Causes			Pneumonia and Influenza All Ages
	All Ages	65 years and over	Under 1 year			All Ages	65 years and over	Under 1 year	
NEW ENGLAND	685	433	17	43	SOUTH ATLANTIC	1,182	628	55	50
Boston, Mass.	225	137	10	14	Atlanta, Ga.	134	60	8	6
Bridgeport, Conn.	38	25	—	—	Baltimore, Md.	342	190	11	5
Cambridge, Mass.	27	19	—	—	Charlotte, N. C.	70	35	2	—
Fall River, Mass.	22	16	1	1	Jacksonville, Fla.	84	41	5	3
Hartford, Conn.	47	31	2	—	Miami, Fla.	147	81	8	5
Lowell, Mass.	23	12	—	—	Norfolk, Va.	64	35	1	2
Lynn, Mass.	19	13	1	—	Richmond, Va.	116	55	—	11
New Bedford, Mass.	18	13	—	—	Savannah, Ga.	35	22	5	2
New Haven, Conn.	43	27	—	1	St. Petersburg, Fla.	21	15	2	1
Providence, R. I.	59	31	1	11	Tampa, Fla.	74	46	7	9
Somerville, Mass.	12	6	—	—	Washington, D. C.	31	16	4	1
Springfield, Mass.	46	35	—	5	Wilmington, Del.	64	32	2	5
Waterbury, Conn.	50	32	—	—	EAST SOUTH CENTRAL	716	418	32	21
Worcester, Mass.	56	36	2	5	Birmingham, Ala.	116	66	6	3
MIDDLE ATLANTIC	3,383	2,110	101	196	Chattanooga, Tenn.	63	34	3	2
Albany, N. Y.	58	39	2	2	Knoxville, Tenn.	52	35	—	—
Allentown, Pa.	21	16	—	2	Louisville, Ky.	111	69	1	6
Buffalo, N. Y.	140	102	4	17	Memphis, Tenn.	188	102	14	1
Camden, N. J.	33	12	2	2	Mobile, Ala.	44	22	—	2
Elizabeth, N. J.	28	12	1	—	Montgomery, Ala.	37	23	—	2
Erie, Pa.	30	15	2	6	Nashville, Tenn.	105	67	8	5
Jersey City, N. J.	48	26	2	3	WEST SOUTH CENTRAL	1,355	719	83	45
Newark, N. J.	90	53	2	6	Austin, Tex.	39	23	1	3
New York City, N. Y.†	1,910	1,223	57	94	Baton Rouge, La.	38	19	2	1
Paterson, N. J.	36	20	2	1	Corpus Christi, Tex.	44	25	2	1
Philadelphia, Pa.	408	235	11	30	Dallas, Tex.	177	96	9	3
Pittsburgh, Pa.	218	121	6	15	El Paso, Tex.	49	26	4	6
Reading, Pa.	43	29	2	1	Fort Worth, Tex.	102	43	12	1
Rochester, N. Y.	108	74	2	10	Houston, Tex.	285	134	13	7
Schenectady, N. Y.	27	19	—	—	Little Rock, Ark.	88	43	6	3
Scranton, Pa.	32	24	1	4	New Orleans, La.	161	83	10	2
Syracuse, N. Y.	74	40	4	—	Oklahoma City, Okla.*	95	54	6	2
Trenton, N. J.	38	21	1	1	San Antonio, Tex.	170	107	11	4
Utica, N. Y.	18	12	—	—	Shreveport, La.	41	28	5	2
Yonkers, N. Y.	23	17	—	1	Tulsa, Okla.	66	38	2	10
EAST NORTH CENTRAL	2,697	1,575	104	58	MOUNTAIN	511	278	23	17
Akron, Ohio	86	52	5	—	Albuquerque, N. Mex.	36	14	2	10
Canton, Ohio	32	23	2	2	Colorado Springs, Colo.	24	13	—	—
Chicago, Ill.	675	368	25	15	Denver, Colo.	149	86	4	2
Cincinnati, Ohio	162	98	4	—	Las Vegas, Nev.	15	4	1	—
Cleveland, Ohio	231	124	10	2	Ogden, Utah	21	13	1	3
Columbus, Ohio	179	104	10	2	Phoenix, Ariz.	99	55	7	—
Dayton, Ohio	105	62	1	—	Pueblo, Colo.	29	15	—	2
Detroit, Mich.	369	226	12	20	Salt Lake City, Utah	65	37	5	—
Evansville, Ind.	38	28	—	1	Tucson, Ariz.	73	41	3	—
Fort Wayne, Ind.	43	29	2	1	PACIFIC	1,600	980	60	27
Gary, Ind.	27	13	1	—	Berkeley, Calif.	14	11	—	—
Grand Rapids, Mich.	53	35	3	4	Fresno, Calif.	64	40	5	1
Indianapolis, Ind.	228	109	11	—	Glendale, Calif.	24	15	1	—
Madison, Wis.	38	21	1	5	Honolulu, Hawaii	44	16	—	—
Milwaukee, Wis.	114	75	4	—	Long Beach, Calif.	91	61	1	1
Peoria, Ill.	39	23	2	—	Los Angeles, Calif.	470	286	12	7
Rockford, Ill.	34	20	2	3	Oakland, Calif.	93	58	8	2
South Bend, Ind.	48	33	—	3	Pasadena, Calif.	33	23	1	—
Toledo, Ohio	134	89	6	—	Portland, Oreg.	144	93	4	2
Youngstown, Ohio	62	43	3	—	Sacramento, Calif.	66	30	2	—
WEST NORTH CENTRAL	780	472	31	25	San Diego, Calif.	82	44	7	—
Des Moines, Iowa	53	32	2	1	San Francisco, Calif.	149	94	4	2
Duluth, Minn.	29	20	1	1	San Jose, Calif.	60	42	1	—
Kansas City, Kans.	42	16	2	—	Seattle, Wash.	154	90	12	4
Kansas City, Mo.	107	71	3	1	Spokane, Wash.	60	43	—	6
Lincoln, Nebr.	21	14	2	1	Tacoma, Wash.	52	34	2	2
Minneapolis, Minn.	85	54	4	3	Total	12,909	7,613	506	482
Omaha, Nebr.	97	60	3	1	Expected Number	12,066	6,821	544	390
St. Louis, Mo.	214	127	9	8	Cumulative Total (includes reported corrections for previous weeks)	478,080	281,393	17,853	19,493
St. Paul, Minn.	80	47	3	4					
Wichita, Kans.	52	31	2	5					

†Delayed report for week ending Sept. 8, 1973

*Estimate based on average percent of divisional total

EPIDEMIOLOGIC NOTES AND REPORTS
TYPE B BOTULINAL TOXIN IN
COMMERCIALY CANNED MUSHROOMS – United States

On September 15, 1973, Avondale Industries, Avondale, Pennsylvania, initiated a voluntary recall of all No. 10 cans of mushroom pieces and stems and sliced mushrooms produced between January 1, 1971, and May 3, 1973, after type B botulinal toxin was detected in a swollen can of Superior Pieces and Stems (code 370W) discovered in a routine warehouse inspection in Dade County, Florida.

The mushrooms were produced under Superior, Penn Beauty, A.G., and Festive labels and were also distributed under the following private labels: Staff for Staff Supermarkets, Holleb for Holleb Company, Monarch for Consolidated Foods Corporation, Better Harrison House Products for Harrison House Products, Little Caesar's and 7650 Brand for N. Leone and Sons, Inc., Tidewater, Farm Best, and Pocomantas for Taylor and Sledd, Savory for Highland Sales,

Lombardi and Dino for Lombardi Foods, Bel Capri for Lursurdo and PMJ, and Diapaolo for Di Paolo Food Distributors. Cans with these labels should be returned to the place of purchase.

No clinical cases of botulism have been reported. (*Reported by the Dade County, Florida, Department of Public Health; the Food and Drug Administration; and the Bacterial Diseases Branch, Bureau of Epidemiology, CDC.*)

Editorial Note
 This is the fifth commercial mushroom product contaminated with botulinal toxin this year (MMWR, Vol. 22, Nos. 7, 10, 13, 14, and 29). In each instance, the toxin has been type B. The only related case of botulism occurred in a Montreal, Canada, citizen in July 1973 who had eaten marinated mushrooms (MMWR, Vol. 22, No. 29).

PROBABLE STAPHYLOCOCCAL FOOD POISONING
SIMULATING BOTULISM – California

On July 9, 1973, 6 family members in Los Angeles, California, became ill with abdominal pain and vomiting 1-2 hours after eating a meal of ham and eggs. Four of the 6 also had diarrhea; none had fever.

The 40-year-old mother experienced diplopia and generalized weakness in addition to her other symptoms. Neurologic examination at the emergency room of a local hospital was normal; however, shortly thereafter she fainted. The 20-year-old son, who had eaten the largest meal, was taken to the hospital by ambulance because of persistent vomiting; neurologic examination revealed evidence of muscular weakness. The diagnosis of botulism was considered, all family members were admitted to the hospital, and botulinal antitoxin was requested.

All 6 patients rapidly improved following admission, and all were discharged the following morning. Botulinal antitoxin was not administered.

Epidemiologic investigation revealed that the ham, a precooked, commercial product, had been baked for 3 hours at 350°F. on the morning of July 8. Half of the ham was consumed by the family later that day; the remaining half was left in a warm oven until 8 p.m. and then refrigerated overnight. This half was eaten between 1:00 and 1:30 p.m. on July 9; the patients became ill between 2:30 and 4:00 p.m.

Cultures of vomitus from the mother grew coagulase-positive staphylococci. None of the ham was available for culture, and enterotoxin assays and phage typing were not performed.

(*Reported by Sandra Ramer, M.D., Medical Resident, Harbor General Hospital; Ichiro Kamei, M.D., Chief, Acute Communicable Disease Control Division, Ralph Tetrault, Chief Sanitarian, Food and Drug Section, Ralph Sachs, M.D., Deputy Director, Los Angeles County Community Health Services; S. Benson Werner, M.D., Medical Epidemiologist, California State Department of Health; and an EIS Officer.*)

Editorial Note

Although adequate laboratory confirmation was not obtained, the incubation period, clinical illness, and epidemiologic evidence are consistent with the diagnosis of staphylococcal food poisoning. Symptoms of staphylococcal food poisoning may resemble those seen early in the course of botulism. Nausea and vomiting were present in 14 of 33 type A, 11 of 12 type B, and 10 of 10 type E outbreaks of food-borne botulism reported to CDC since 1963 for which detailed information was available. Diarrhea was reported less often.

Staphylococcal intoxication is the most frequent food poisoning confused with botulism (1). The rapid symptomatic improvement of patients with staphylococcal food poisoning as well as their failure to develop objective neurologic deficits aid in differentiating this disease from botulism.

Reference

1. U.S. Department of Health, Education, and Welfare, Public Health Service: Botulism in the United States: Review of Cases 1899-1969 and Handbook for Epidemiologists, Clinicians, and Laboratory Workers, 1970.

FOLLOW-UP ON CHOLERA – United States, Italy, Germany

United States

The single confirmed case of cholera in Port Lavaca, Texas, reported earlier this month (MMWR, Vol. 22, Nos. 35 and 36) has resulted in no recognized spread of disease. Investigation of recent registrants at the Burns Court Motel is continuing. Stool cultures from over 200 individuals examined thus far have been negative for *Vibrio cholerae*.

(*Reported by J.C. McGuire, M.D., Health Director, Clayton Tolson, 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.*)

CHOLERA – Continued**Italy**

Fewer patients with gastroenteritis have been admitted to hospitals in the infected areas in recent days; however, isolated confirmed cases of cholera have been detected in cities other than in the infected Provinces of Naples and Bari. There have been 10 of these scattered cases without specification of the location, although in no instance has there been evidence of secondary spread. A limited focus of infection has been reported in Cagliari, Sardinia, with 12 cases and 1 death. All isolations in Italy have been *Vibrio cholerae*, biotype El Tor, serotype Ogawa.

Federal Republic of Germany

Another imported case of cholera was reported on September 6, 1973, in a 61-year-old woman. Between August 19 and 30, she had traveled from Germany to the South

Tyrol, Italy, Nis, Yugoslavia, Bulgaria, Istanbul and Izmir, Turkey by car, returning to Germany by plane via Ankara on August 30. She became ill with diarrhea during the return flight and by September 3, when she was hospitalized, was having up to 30 rice-water stools per day. *V. cholerae*, biotype El Tor, serotype Inaba, was isolated.

(Reported by the World Health Organization: Weekly Epidemiological Record, Vol. 48, No. 37, September 14, 1973.)

Erratum, Vol. 22, No. 34, p. 292

In the article, "Aseptic Meningitis – United States, 1971," the following should be added to the credits: the Hepatitis and Enteric Virology Section, Virology Branch, Bureau of Laboratories; the Statistical Services Activity, Bureau of Epidemiology, CDC.

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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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