Influenza B — Continued

employees against influenza; (5) giving prophylactic treatment with amantadine hydrochloride for susceptible high-risk patients and hospital personnel during proven outbreaks of influenza A virus (*5*), and (6) increasing hospital surveillance for influenza during the influenza season, in both patients and employees.

References

1. Blumenfeld HL, Kilbourne ED, Louria DB, et al. Studies of influenza in the pandemic of 1957-58. An epidemiologic, clinical, and serologic investigation of an intrahospital epidemic, with a note on vaccination efficacy. J Clin Invest 1958;38:199-212.
2. Kapila R, Lintz DI, Tecson FT, et al. A nosocomial outbreak of influenza A. Chest 1977; 71: 576-82.
3. Lindsay MI, Herrmann EC, Morrow GW, et al. Hong Kong influenza: clinical, microbiologic and pathologic features in 127 cases. JAMA 1970;14:1825-32.
4. Immunization Practices Advisory Committee: Influenza vaccine 1980-81. MMWR 1980;29:225.
5. Hoffman PC, Dixon RE. Control of influenza in a hospital. Ann Intern Med 1977;87:725-8.

Follow-up on Mount St. Helens

Since the eruption of Mount St. Helens on May 18, 1980, 25 volcano-associated fatalities have been reported; 40 other persons are officially listed as missing.

Information is now available on the fatalities. There were 18 males and 7 females, aged 7-58 years. Postmortem examination of 23 showed that in 17 of the cases death was

(Continued on page 317)

TABLE I. Summary — cases of specified notifiable diseases, United States

[Cumulative totals include revised and delayed reports through previous weeks.]

DISEASE	26th WEEK ENDING		MEDIAN	CUMULATIVE, FIRST 26 WEEKS		
	June 28, 1980	June 30, 1979	1975-1979	June 28, 1980	June 30, 1979	MEDIAN 1975-1979
Aseptic meningitis	133	135	90	1,698	1,549	1,150
Brucellosis	2	3	4	83	59	98
Chickenpox	3,293	2,578	2,578	147,752	164,761	161,283
Diphtheria	–	–	3	2	4	53
Encephalitis: Primary (arthropod-borne & unspec.)	15	12	17	294	263	326
Post-infectious	1	8	6	95	128	128
Hepatitis, Viral: Type B	375	272	290	8,339	6,990	7,419
Type A	489	558	612	13,170	14,581	15,742
Type unspecified	198	176	174	5,842	4,973	4,285
Malaria	66	14	14	886	279	228
Measles (rubeola)	378	284	696	11,564	10,574	21,232
Meningococcal infections: Total	42	41	31	1,556	1,605	1,048
Civilian	42	40	31	1,550	1,588	1,042
Military	–	1	–	6	17	17
Mumps	115	226	321	6,496	9,985	14,576
Pertussis	30	28	28	547	624	624
Rubella (German measles)	107	183	257	2,902	9,757	13,983
Tetanus	1	1	2	29	28	31
Tuberculosis	637	690	690	13,579	13,854	15,133
Tularemia	4	3	3	64	85	63
Typhoid fever	9	11	9	176	221	173
Typhus fever, tick-borne (Rky. Mt. spotted)	81	46	44	378	333	333
Venereal diseases:						
Gonorrhea: Civilian	19,163	18,213	19,141	471,759	474,786	469,818
Military	511	443	443	13,121	13,493	13,579
Syphilis, primary & secondary: Civilian	500	417	416	12,940	11,992	11,992
Military	9	4	4	158	143	153
Rabies in animals	120	99	63	3,298	2,388	1,474

TABLE II. Notifiable diseases of low frequency, United States

	CUM. 1980		CUM. 1980
Anthrax	–	Poliomyelitis: Total	7
Botulism	22	Paralytic	5
Cholera	8	Psittacosis (Fla. 1)	38
Congenital rubella syndrome	38	Rabies in man	–
Leprosy (Mass. 2, Conn. 1, Ups. NY 1, NYC 1, Calif. 2, Hi. 1)	90	Trichinosis	64
Leptospirosis (Hi. 1)	28	Typhus fever, flea-borne (endemic, murine) (Tex. 1)	29
Plague (Nev. 1)	4		

All delayed reports and corrections will be included in the following week's cumulative totals.

Mount St. Helens – Continued

due to inhalation of ash, the tracheobronchial tree being coated with ash particles. Three persons died from thermal burns. Three persons died from head injuries, in 2 cases caused by falling trees. Two others were rescued while fleeing from the devastated area but subsequently died in the hospital from complications of burn injuries. There was little evidence of superficial blast injuries on any of the bodies. Further pathologic studies are under way.

Preliminary studies, conducted in several laboratories, of the ash and its solubility in water and acids have not so far identified a potential health hazard from trace elements. The Food and Drug Administration (FDA) has been analyzing milk samples from livestock in the area and has found no evidence of a health hazard thus far.

Recently, the increases in hospital emergency room (ER) visits in Washington hospitals located in areas that received ashfall have been noted (*1,2*). Subsequently, the ER visits to 1 hospital in Yakima in the month of May were reviewed.* Yakima received over an inch of volcanic ash from the May 18 eruption.

There were 2- to 3-fold increases in the number of ER visits for eye problems such as foreign bodies, corneal abrasion, eye irritation, conjunctivitis, and "red eye" for the 2 weeks after the eruption (May 18-31), compared with the 2 weeks before.

In the same 2 periods, there was a 5-fold increase in ER visits by asthmatic patients; the increase was especially marked for the week after the ashfall. Other increases were for visits diagnosed as "hyperventilation syndrome" and airway irritation from volcanic ash, sore throat, cough, shortness of breath, and chronic obstructive pulmonary disease or emphysema. No increase in visits was seen for patients diagnosed as having acute or chronic bronchitis.

Except for an increase in the number of complaints of chest pain, the number of ER visits for cardiac problems (myocardial infarction, congestive heart failure, and arrhythmias) showed little or no increase after the ashfall.

The greater number of respiratory and eye problems during the first week after the eruption coincided with high levels of total suspended particulates for several days after the ashfall. Increasingly higher wind speeds (up to 25-29 mph on May 24-25) caused the fallen ash to be suspended in the air. A rainfall of 0.4 inches on May 27 helped reduce the level of airborne dust, and this may partly explain the lower morbidity in the second week after the ashfall.

Sulfur dioxide (SO_2) emissions from the volcano are being monitored. The U.S. Geological Survey (USGS) has informed CDC the SO_2 output is likely to increase during the present formation of the plug at the mouth of the volcano. On June 3, USGS estimated that 100 to 200 tons of SO_2 were being released daily, but by June 6, this amount had increased to 1,000 tons.

Monitoring for SO_2 is not currently being undertaken close to Mount St. Helens, but the Environmental Protection Agency (EPA) is routinely monitoring ambient concentrations of SO_2 as well as suspended particulates in Port Angeles, Longview, Tacoma, and Spokane, Washington. No discernible increase above background levels that can be related to the volcano has thus far been observed, either for hourly maximum levels or 24-hour averages, but these data are currently under review.

*Similar data from the 1 other Yakima hospital in the hospital surveillance system are pending.

Mount St. Helens – Continued

Reported by DP Reay, MD, Seattle; L Lewman, MD, Portland; J Allard, PhD, JA Beare, MD, Washington State Dept of Social and Health Services; FDA; USGS; EPA; Div of Respiratory Disease Studies, National Institute for Occupational Safety and Health, Chronic Diseases Div, Bur of Epidemiology, CDC.

References

1. MMWR 1980;29:286-8.
2. MMWR 1980;29:299-300.

International Notes

Quarantine Measures

The following changes should be made in the Supplement, "Health Information for International Travel," MMWR, Vol. 28, July 1979:

COMOROS
Smallpox – Delete code. Insert: None. ALSO on page 11 delete code. Insert: None.

IVORY COAST
Smallpox – Delete code. Insert: None. ALSO on page 14 delete code. Insert: None.

SAO TOME AND PRINCIPE
Smallpox – Delete all information. Insert: None. ALSO on page 17 delete code. Insert: None.

ZAIRE
Smallpox – Delete all information. Insert: None. ALSO on page 18 delete code. Insert: None.

Current Trends

Surveillance of Childhood Lead Poisoning – United States

During the first quarter of fiscal year 1980, programs in 63 reporting areas screened 116,668 children and identified 7,950 with lead toxicity (Table 1).*

Children with lead toxicity require continuing care and surveillance, and they remain under follow-up until their risk of further damage from lead exposure is minimal. In some cases, follow-up may continue for several years. The 26,821 children reported to be under pediatric management include those found with lead toxicity in both the current and past reporting periods. During the first quarter, as a result of program services, 2,889 of these children were determined to be at minimal risk and released from follow-up.

Reported by the Environmental Health Services Div, Bur of State Services, CDC.

Editorial Note: Although the totals for the first quarter show a decline from the screening results reported the previous quarter, they are consistent with the seasonal fluctuations observed with reporting of lead poisoning. In fact, if the seasonal pattern for fiscal year 1980 develops as expected, more children will be screened this year than in any previous similar period.

*The screening risk classifications for lead toxicity were defined in MMWR 1980;29:170.

CENTER FOR DISEASE CONTROL

July 4, 1980 / Vol. 29 / No. 26

MMWR

MORBIDITY AND MORTALITY WEEKLY REPORT

Epidemiologic Notes and Reports

Trichinosis — Louisiana

Louisiana recently reported an outbreak of trichinosis involving 15 persons. One patient died. This is the first reported death from trichinosis in Louisiana in at least 40 years.

The index patient was a 50-year-old female from Evangeline Parish who had onset of intermittent diarrhea and nausea in late April, 1980. On May 13, headache, photophobia, myalgias, and periorbital edema developed. Her condition worsened, and she was admitted with a temperature of 103.2 F (39.5 C) to a local hospital on May 19. Her white blood cell (WBC) count varied between 12,800/mm^3 and 30,300/mm^3, with 10%-16% eosinophils. She was treated with dexamethasone for 10 days for a possible allergic reaction and improved. On June 2, she began having seizures and labored respiration, and she was airlifted to New Orleans for emergency treatment. The next day, after she was medically stabilized, a quadriceps-muscle biopsy was performed; the specimen was found to be positive for *Trichinella spiralis*. Computer-assisted tomography (CAT) scans of the head on June 6 and 9 revealed enlarging areas of hemorrhage in the right parietal region.

The patient was placed on steroids. She initially showed some improvement, but then her condition worsened, and on June 12, she died. At autopsy, massive cerebral edema was found secondary to bilateral cortical vein and dural sinus thromboses. The hemorrhage discovered on CAT scan was also confirmed. A bentonite-flocculation test for trichinella, performed on June 2, was subsequently reported as positive at a dilution of 1:20. Interviews with family members indicated that the patient prepared and ate pork sausage frequently, but there was no definite history of ingestion of raw sausage.

An investigation, begun by the Louisiana State Department of Health and Human Resources on June 2, revealed that there were a total of 15 persons in Evangeline and Jefferson Davis Parishes who had an illness that fit the clinical syndrome of trichinosis. Ten of the 15 patients gave a definite history of eating raw smoked sausage. These patients included 6 males and 9 females, and they ranged in age from 19-50 years (mean, 35.3 years). The dates of onset ranged from late April to May 22; incubation periods varied from 4-20 days. Ten of the 15 patients were hospitalized. One other patient had a muscle biopsy which was positive for *T. spiralis.*

Reported by G Pankey, MD, T Gay, MD, Ochsner Foundation Hospital, New Orleans; CT Caraway, DVM, L McFarland, MPH, Louisiana State Dept of Health and Human Resources; Field Services Div, Parasitic Diseases Div, Bur of Epidemiology, CDC.

Editorial Note: This is the third outbreak of trichinosis in southwestern Louisiana in the last 16 months. In February through March 1979, there was an outbreak involving 20 cases in Allen and Calcasieu Parishes, and in February and March 1980, 9 cases occurred in Acadia Parish. All the outbreaks were related to the consumption of raw or partially cooked pork products.