

Morbidity and Mortality



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INTERNATIONAL NOTES CHANGES IN QUARANTINE MEASURES FOR TRAVELERS TO EUROPE AND THE U.S.S.R.

On Jan. 12, 1972, the Center for Disease Control, Atlanta, Georgia, announced that it neither requires nor recommends immunization against any disease for Americans traveling to Europe and the U.S.S.R. This became possible when Spain, Bulgaria, and the U.S.S.R. dropped their requirements for smallpox certificates from travelers from the United States. They were the last countries in Europe to require smallpox vaccination for American travelers. For some time, European

countries have not required cholera or yellow fever certificates from travelers from the United States.

Depending upon the nature and extent of outbreaks or isolated cases of any communicable disease in Europe or the U.S.S.R., specific requirements or recommendations regarding immunization may be changed. Local health departments and other concerned agencies and organizations will be immediately advised.

(Reported by the Foreign Quarantine Program, CDC)

EPIDEMIOLOGIC NOTES AND REPORTS TRICHINOSIS - United States

Between July and September 1971, four separate outbreaks of trichinosis occurred in the United States. A total of 18 persons were involved, and there were two deaths. The outbreaks are described below.

New York

On July 14, 1971, a 30-year-old butcher's assistant from New York had onset of headache, periorbital edema, diarrhea, and myalgia. One week later, his 43-year-old sister became ill with similar symptoms. A complete blood count performed on the first patient revealed a 39% eosinophilia and a white blood cell (WBC) count of 12,000. Hematologic examination of his sister's blood on July 29 showed a WBC of 13,500 with 40% eosinophils. Both patients were hospitalized for more definitive diagnostic procedures.

A second blood cell count of the woman performed on August 18 revealed a leukocytosis (22,500) and a pronounced eosinophilia (80%). Sera from both patients were found to be positive for *Trichinella* antibodies by latex agglutination and complement fixation (CF) tests, and both had muscle biopsies compatible with trichinosis, although no larvae were observed. Neither steroid nor thiabendazole therapy was instituted; both patients recovered uneventfully.

A telephone survey by the State Bureau of Epidemiology of the county's physicians uncovered a third case of trichinosis. A 28-year-old telephone repairman from a nearby township experienced periorbital edema on July 27 followed by myalgia. A 23% eosinophilia and a WBC of 11,800

corded on August 11. Trichinosis was confirmed by latex agglutination and CF tests on September 1. The patient was treated with thiabendazole and is making a satisfactory recovery.

Epidemiologic investigation revealed that the butcher's assistant and his sister work at the same butcher shop. Their work involves grinding pork trimmings into sausage and adding the necessary seasoning. They periodically taste some of the raw pork.

The third patient had purchased sausage on approximately July 1, 1971, from the butcher shop where the first two patients are employed. He divided the sausage into 1 pound aliquots and wrapped them for storage in his freezer. No further contact with the sausage was made until after the onset of his illness. He denied ingestion or contact with uncooked pork from other sources. The patient states that he does not routinely wash his hands after wrapping meat and

CONTENTS

International Notes	
Changes in Quarantine Measures for Travelers to Europe and the U.S.S.R.	1
Adenovirus Conjunctivitis - United Kingdom	4
Epidemiologic Notes and Reports	
Trichinosis - United States	1
Shigellosis - North Carolina	5
Gastroenteritis - Florida	6
Surveillance Summary	
Animal Rabies - United States 1970	6
Summary of Reported Cases of Infectious Syphilis	7

TRICHINOSIS — Continued

that he does have a habit of biting his fingernails. A sample of sausage from his freezer was examined on August 16; several muscle bundles in the meat were found to contain numerous trichina larvae.

(Reported by Danica Vedder, M.D., Albany Medical Center Hospital, Albany, New York; Duncan L. Best, M.D., Acting Health Commissioner, Scholarie County Health Department, New York; Walter Stahl, Ph.D., Senior Research Scientist, State Laboratory, Alan R. Hinman, M.D., Assistant Commissioner for Preventive Health Services and Epidemiology, New York State Department of Health; and an EIS Officer.)

Arizona

On July 25, 1971, a 43-year-old woman from Phoenix, Arizona, experienced watery diarrhea and sharp, lower abdominal pain. On July 27, she consulted her physician who made a tentative diagnosis of viral gastroenteritis and prescribed antibiotics and antidiarrheal agents. Hematologic studies performed that day showed a WBC count of 7,900 and a normal differential count.

On July 29, the woman visited her physician again complaining of more intense abdominal pain, radiating back pain, vomiting, continued diarrhea, and dizziness. Physical examination and laboratory tests revealed generalized tenderness over the abdomen without rebound tenderness, cloudy urine with a trace of protein, 1% acetone, and occasional white blood cells, and a WBC of 10,300. She was given a different antibiotic, vitamin B, and dramamine.

On July 30, the patient experienced a fainting spell. She was admitted to a local hospital that day with abdominal tenderness and distention. Her blood pressure was 106/70, and her pulse was 100/min. A complete blood count revealed marked leukopenia (WBC 3,650) with a differential of 57 band cells, seven polymorphonuclears, 23 lymphocytes, and three eosinophils. Twenty-six days passed without clinical improvement. Her temperature fluctuated between 97.6° and 104° F., while her pulse ranged from 70 to 120 per minute. During this period, her leukocyte count rose from 3,650 to 27,200. Eosinophil counts varied, but on three separate occasions comprised 12, 15, and 24% of the differential count.

On August 25, the patient was seen by another physician and was subsequently transferred to another hospital. Initial examination revealed marked muscle tenderness, pitting edema over the anterior tibial and ankle areas, and elevated pulse, temperature, respiratory rate, and blood pressure. Further questioning disclosed a history of blurred vision and periorbital edema in the early stages of illness. It was also learned that she frequently purchased specially prepared pork products from a local butcher.

A deltoid muscle biopsy performed on August 26 confirmed the suspected diagnosis of *Trichinella* infection. Thiabendazole therapy was initiated immediately; however, the patient's condition deteriorated rapidly. She became comatose and died on August 29. At autopsy, there was massive *Trichinella* invasion of all the muscles examined and acute interstitial myocarditis.

The patient's 45-year-old husband became ill on August 12 and was hospitalized on August 22 with headache, temperature of 106° F., fatigue, and muscle weakness. He denied having had joint or muscle pain, nausea, vomiting, or abdominal discomfort. Physical examination was unremarkable, but hematologic studies done on admission showed a 20% eosino-

philia which rose to 25% by the following day. Thiabendazole therapy was instituted after biopsy confirmation of his wife's illness on August 26. His clinical condition improved without further complications, and he was discharged from the hospital on August 30.

Epidemiologic investigation revealed that the woman had purchased two smoked pork butts from a local butcher on July 1. Within the next 10 days, she consumed one pork butt without additional cooking except for a few pieces which she fried for her husband on July 25. This was the only time he ate any of the pork; he was uncertain whether the meat had been adequately cooked. The second pork butt was discarded in the first week in August due to spoilage; none of this pork was eaten or available for laboratory examination.

The smoked pork butts had been prepared by the local butcher. They were first boned and trimmed to a size of approximately 1½ pounds and soaked in a salt brine and sugar solution for 1 week. They were placed in a smoker, dried at 140° F. for 1-1½ hours, and smoked at this temperature for 4-5 hours. They were then cooked at 200° F. for 1-1½ hours. The internal temperature of the pork butts was not monitored to insure that all *Trichinella* had been killed.

(Reported by L. R. Mezera, M.D., Chief, Preventive Medical Services, Robert M. Greene, Chief, Bureau of General Sanitation, Walter Engstrom, Supervising Sanitarian, Maricopa County Health Department, Arizona; Suzanna Dandoy, M.D., Director, Preventive Health Services, Arizona State Department of Health.)

Ohio

Case 1: On approximately Aug. 1, 1971, a 46-year-old Hungarian-American man from Cleveland, Ohio, became ill with malaise, fever, and diarrhea. Periorbital edema developed on August 10, followed by a patchy, erythematous, non-pruritic, truncal rash 3 days later. He was hospitalized on August 18.

On admission, the patient had a temperature of 103.1° F.; periorbital edema was absent. A faint, erythematous, maculopapular rash was noted. Initial WBC count was 3,500, with a 17% eosinophilia which reached a peak of 32% on August 25. A latex fixation test for *Trichinella* was positive (3+/4+), and a *Trichinella* skin test was also positive. An electrocardiogram was normal. The patient was treated symptomatically and discharged on August 25.

Case 2: On August 21, the patient's 43-year-old wife had onset of chills and fever followed within 2 days by periorbital edema, diarrhea, and myalgia. She was hospitalized on August 25 with a temperature of 100.8° F. and a 29% eosinophilia, with a total eosinophil count of 1,776/mm³. A latex fixation test for *Trichinella* was positive (2+/4+), and a skin test was also positive. The patient was treated with thiabendazole (25 mg/kg twice daily) and prednisone (5 mg three times a day). On August 30, she experienced pruritus and was treated with benadryl. She made an uneventful recovery and was discharged on September 1.

Cases 3 and 4: On approximately August 10, the secretary of Case 1 became ill with malaise and periorbital edema which lasted 4-5 days; she consulted her physician on August 25. Her husband became ill at the same time with fever, chills, and periorbital edema. On the 4th day of his illness, he had a 26% eosinophilia, a negative latex fixation test for *Trichinella* but a positive skin test. His wife had a positive latex fixation test (4+/4+) and a positive skin test at 30 minutes following intradermal injection of the *Trichinella* skin test antigen.

Both patients were treated symptomatically and recovered uneventfully.

Case 5: On August 18, the sister of Case 2 complained of a 4-day history of periorbital edema, diarrhea, and myalgia. She had a positive latex fixation test (4+/4+) and a positive skin test at 30 minutes after injection of *Trichinella* antigen.

An epidemiologic investigation revealed that on July 30, Case 1 had purchased approximately 5 pounds of Czerkes kolbasy, a smoked pork sausage, from a store in Cleveland. That day, all five patients plus two other persons had driven to Pennsylvania. Five persons in the car shared the kolbasy. In addition, all seven persons ate several other kinds of meat, including meat loaf, in a restaurant in Pennsylvania. The five people who ate kolbasy became ill (Table 1), strongly suggesting it as the source of infection.

Further investigation revealed that five other persons from the same community were also sick with symptoms compatible with trichinosis. This diagnosis was confirmed for three persons. All but one of these patients had clear histories of eating kolbasy purchased from the same store in Cleveland as the first patients.

The sausage was produced in Cleveland and sold at either of two retail stores owned by one man. It was cold smoked for 24 hours under unregulated conditions and sold within 1-2 weeks following production. It is traditionally eaten uncooked. None of the original sausage implicated in this outbreak was available for laboratory examination. The owner agreed to freeze all pork prior to its use in sausage at a temperature and time specified by the U.S. Department of Agriculture. This precaution insures the nonviability of any trichina present in the carcass, obviating the need for hot smoking the sausage.

Table 1
Food-Specific Attack Rates for Persons with Trichinosis
Ohio - August 1971

Type of Meat	Ate			Did Not Eat		
	Ill	Not Ill	Attack Rate (Percent)	Ill	Not Ill	Attack Rate (Percent)
Meat loaf	5	2	71	0	0	0
Ham	2	0	100	3	2	60
Bologna	4	3	57	0	0	0
Turkey	4	3	57	0	0	0
Czerkes kolbasy	5	0	100	0	2	0

(Reported by M. Mychkovsky, D.V.M., Public Health Veterinarian, Jack Wilt, D.V.M., Chief Public Health Veterinarian, City of Cleveland Health Department, Ohio; William Lee, Public Health Representative, Jack H. Russell, D.V.M., Chief Public Health Veterinarian, John H. Ackerman, M.D., State Epidemiologist, Ohio State Department of Health; and an EIS Officer.)

New York

On approximately Sept. 26, 1971, a 22-year-old woman, her 33-year-old husband, and her 26-year-old sister-in-law in Brooklyn, New York, became ill with abdominal pain, diarrhea, fever, and myalgia. Both women also experienced vomiting. In the following week, all three had onset of periorbital edema and bronchitis. They were seen at a local hospital and treated symptomatically for diarrhea and upper respiratory infection. The man's condition subsequently improved except for myalgia in the upper extremities. The women's symptoms

became progressively worse, however, and they were admitted to a local hospital on October 14.

On admission, both patients exhibited extreme muscle pain and weakness, high fever, prostration, dysphagia, dysarthria, and trismus. The younger woman subsequently experienced respiratory difficulty and required a tracheostomy. She was treated with antibiotics and botulism antitoxin. On October 17, gastrocnemius muscle biopsies were performed on both women and revealed 25 unencysted trichina larvae per low power field in tissues from the 22-year-old woman and 10-15 larvae per low power field in tissues from her sister-in-law. They were treated with corticosteroids and thiabendazole. The younger woman's condition continued to deteriorate, however, and she died on October 17 in ventricular fibrillation after three cardiac arrests. On October 19, the 26-year-old woman was experiencing oliguria, congestive heart failure, and pulmonary edema. She did not require a tracheostomy. She responded well to treatment and was discharged on November 24.

The man was hospitalized on October 18 for a gastrocnemius muscle biopsy which revealed 1-3 larvae per low power field. He was treated with corticosteroids and thiabendazole and discharged 1 week later.

Epidemiologic investigation revealed that the three patients had immigrated from Thailand approximately 3 months before becoming ill. On September 23, they had purchased a boneless pork chuck at a butcher shop in Brooklyn. The pork was ground up, marinated in lemon and pepper, and eaten raw over the next 2 days. None of the original pork or carcass was available for laboratory examination.

The butcher shop was investigated, and pork samples were obtained; no trichinae were found on examination. The exact source of the pork implicated in this outbreak could not be determined, since the butcher receives his pork from many commercial sources.

(Reported by V. J. Adams, M.D., Director, Department of Medicine, Wyckoff Hospital, New York City; Howard Shookhoff, M.D., Director of Epidemiology, Aaron Chaves, M.D., Assistant Commissioner of Chronic and Communicable Disease Services, New York City Department of Health; a New York City Health Officer trainee; and an EIS Officer.)

Editorial Note

Although the prevalence and incidence of trichinosis in the United States have declined in the past 30 years, the outbreaks described above demonstrate that trichinosis is still a public health problem. In the past 5 years, 95% of the trichinosis cases reported to CDC have resulted from the ingestion of a commercially prepared pork product. All of the above outbreaks were also attributed to commercially prepared pork.

Post mortem examinations of more than 11,000 persons in the United States who died between 1931 and 1942 revealed that 16% were infected with trichinae (1). A similar study conducted from 1966 through 1970 revealed that the prevalence of trichinosis infection had decreased to 4.2% (2).

The declining prevalence of trichinosis is closely paralleled by a progressively declining incidence of the disease. Approximately 400 cases were reported annually in the 1940's, compared to about 200 each year in the early 1960's. Since 1965, the annual reported incidence of trichinosis has fluctuated between 70 and 200 cases. Similarly, the number of deaths attributed to this disease declined from 14 in 1947 to 0 in 1969. In 1970 and 1971, however, five deaths were reported.

TRICHINOSIS — Continued

This decline in the number of reported human cases can be attributed to several factors. (1) The prevalence of trichinosis in swine has decreased. Formerly, 5-10% of the garbage-fed swine were infected; now the rate is 0.3%. Similarly, the prevalence of infection in grain-fed swine has fallen from 1.0% to 0.1% (3). The decline in swine infection was primarily due to laws enacted in 1952 prohibiting the feeding of raw garbage to hogs. (2) Widespread use of home freezers in recent years has been instrumental in eliminating transmission of trichinae from pork to man. A sustained temperature of 5° F. for 20 days is sufficient to kill trichinae in pork less than 6 inches thick. (3) Public education which emphasized thorough cooking of pork products undoubtedly played a role in reducing human cases. (Pork should be cooked to an internal temperature of at least 137° F. to kill trichinae.) Most of the trichinosis cases reported to CDC since 1965, however, have been attributed to the ingestion of raw or undercooked pork. This suggests that a significant portion of the population may not be informed of the cooking requirements necessary to kill trichinae.

Pork processed in this country is not examined for trichinae in routine post-slaughter inspection of carcasses. Each year, therefore, an estimated 80,000 trichinae-infected hogs are commercially processed and sold (4). Until there is legislation requiring inspection of pork for *Trichinella spiralis*, consumers can protect themselves by properly freezing and/or thoroughly cooking fresh pork.

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INTERNATIONAL NOTES

ADENOVIRUS CONJUNCTIVITIS — United Kingdom

From 1967 to December 1971, a total of 363 cases of eye infections due to adenovirus were reported in the United Kingdom. These were all in persons in whom conjunctivitis was the main clinical feature, and excludes those cases in whom, although adenoviruses were also isolated, conjunctivitis was a secondary feature only.

The isolations of specific virus types reported as causing conjunctivitis in each of the 5 years is given in Table 2; types 3 and 8 were the principal agents.

Adenovirus type 8 is almost exclusively associated with infections of the eye, particularly among adults. In 1967 and 1968, outbreaks of keratoconjunctivitis caused by adenovirus type 8 were reported from the west and central regions of Scotland, mainly among personnel employed in the shipbuilding, engineering, and steel industries, including office staff and first-aid room attendants. Type 3 and the other adenovirus types are more often found in association with respiratory, gastrointestinal, or meningeal infections in which conjunctivitis may or may not be present. Children are affected more frequently than adults, although the frequency of conjunctivitis as the main clinical feature of these infections increases markedly with age. In 1969, an outbreak of adenovirus type 3 conjunctivitis complicated by respiratory disease occurred in a children's home and affected 21 babies, one of whom died.

In 1971, four outbreaks occurred in the United Kingdom, while an outbreak of keratoconjunctivitis caused by adenovirus type 8 was recently reported from an industrial plant in the United States [MMWR, Vol. 20, No. 42]. The first of the British outbreaks to be reported were again in the west and central regions of Scotland, while others also occurred in Bristol, London, and the Midlands. More than 100 cases of keratoconjunctivitis were reported among workers employed in the Clyde shipyards and other industries in the Clyde Valley. The first cases appeared in May and the peak of the outbreak occurred in the latter half of June and the beginning of July; since then, the number of cases reported has decreased. Isolation of adenovirus type 8 was

Table 2
Adenovirus Types Causing Conjunctivitis
United Kingdom — 1967-71

Year	Adenovirus Type										Total
	1	2	3	4	5	7	8	10	6, 9, 15, and 16	Untyped	
1967	1	2	13	1	—	4	45	1	—	56	123
1968	—	1	14	—	1	7	22	2	2	3	52
1969	2	3	25	3	2	3	2	—	1	1	42
1970	2	1	12	9	3	—	1	—	—	4	32
1971*	1	—	26	1	1	10	70	—	1	4	114
Total	6	7	90	14	7	24	140	3	4	68	363

*Up to week ending 3rd December

made from conjunctival scrapings from 49 patients, while type 3 was isolated from seven patients and type 7 from six patients. The great majority of those affected were shipbuilders working outside on the open decks of ships under construction, although a few non-industrial workers were also affected. Almost every person presented to the first-aid room or hospital clinic already suffering from conjunctivitis, while spread of infection among the families of those affected was not a feature of the present outbreak compared with previous outbreaks.

In the late summer and autumn, over 120 cases of conjunctivitis were reported from Bristol. Adenovirus type 8 was isolated from eye swabs from 18 patients suffering from keratoconjunctivitis. Three persons had rises in hemagglutination-inhibition antibody titers in paired sera, and nine had significantly high single titers (i.e., > 1/8). One case of type 3 infection was reported following isolation of the virus, while two others had herpes simplex and TRIC agent isolated. Fourteen of the type 8 infections were acquired in a hospital, of which 11 were patients undergoing treatment or investigation for other eye conditions, two were housemen, and one was a visitor to the clinic. Nine other persons acquired infection as the result of secondary spread following contact with the 14 hospital infections; of these, five were in a hospital for men-

ADENOVIRUS CONJUNCTIVITIS — Continued

tally subnormal women, and four were family contacts. Three patients had no direct or indirect contact with the hospital; details are not known about the remaining four. The peak of the type 8 infections occurred in August, whereas the other cases generally appeared towards the end of August and in September and October. In London in 1971, 12 isolations of adenovirus type 3, four of type 7, and three of type 8, were reported among patients attending an outpatient eye clinic. In a Midlands hospital, an outbreak of conjunctivitis occurred in September and October; two isolations of adenovirus type 3 were reported.

In the outbreaks reported from the west of Scotland and in the United States, cases were mainly associated with industrial eye injuries, but elsewhere appeared to be related to ophthalmic investigations and treatment for other eye conditions. There seems little doubt from the experience of these outbreaks that adenovirus type 8 is spread directly or indirectly from person-to-person and that medical and first-aid personnel and instruments frequently facilitate transmis-

sion from patient to patient; adenovirus type 8 was reported from a bottle of saline used as eye-wash in the United States outbreak. Auto-inoculation from contaminated fingers appears to be a likely cause of the occurrence of cases among medical and nursing staff. Control measures recently recommended from Scotland and Bristol, such as the use of disposable gloves, the washing of hands and instruments with soap and water, the segregation of infected patients in special clinics, and the immediate suspension from work of infected medical and nursing staff should do much, if applied routinely, to minimize the occurrence and spread of this infection, which can cause considerable disability including reduction of visual acuity. Such preventive measures which were already in practice in the Clyde shipyards as a result of previous outbreaks appeared to contribute towards the almost complete absence of secondary cases in the most recent outbreaks. (From notes based on reports to the Public Health Laboratory Service from Public Health and Hospital Laboratories in the United Kingdom and Republic of Ireland, published in the British Medical Journal, Jan. 1, 1972.)

EPIDEMIOLOGIC NOTES AND REPORTS

SHIGELLOSIS — North Carolina

In September and October 1971, an outbreak of shigellosis occurred in a nursery in Gastonia, North Carolina. The week of onset was known for 70 cases (Figure 1). Of approximately 110 children in the nursery, 80 were affected, for an attack rate of 91%. Four out of eight employees were also affected. Six secondary cases were reported in family contacts. Symptoms included diarrhea (100%), fever (75%), and vomiting (60%). Several younger children required hospitalization; there were no deaths.

Shigella sonnei was isolated from 37 of 72 stool specimens submitted; one of these was from an asymptomatic child. *Salmonella typhi-murium* was isolated from one patient and *S. saint-paul* from another. One of these patients was also positive for shigella.

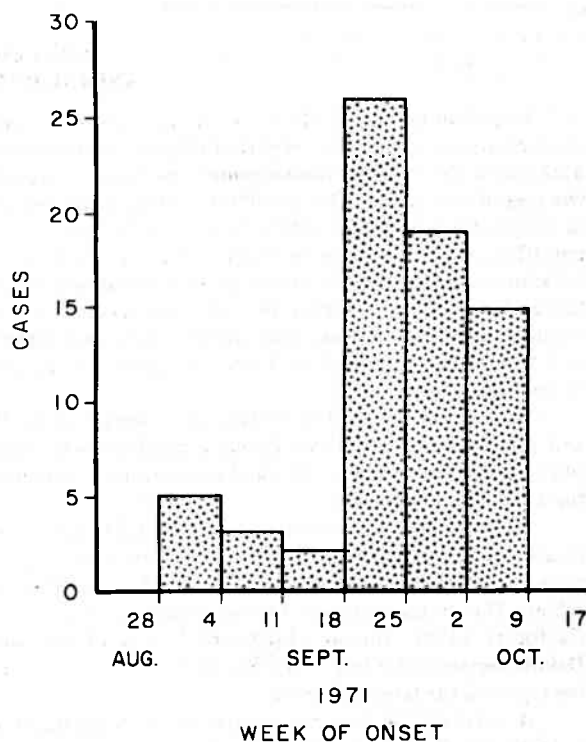
On October 11, a 3-year-old girl who had had diarrhea for 10 days had onset of jaundice and was diagnosed as having hepatitis. The following week, one other child and an employee became ill with hepatitis. All three had stool cultures positive for *S. sonnei*. A total of 65 children at the nursery were subsequently given prophylactic gamma globulin.

The nursery operates a daytime and evening shift 6 days a week. It provides and prepares all meals except infant formulas. The manager and most of the employees share in meal preparation. The nursery contracts with a local diaper service and offers diaper changes for the children. Although total enrollment is about 110 children, attendance at each shift varies from approximately 25 to 60. Inspection of the nursery revealed overcrowding as well as kitchen facilities, hand washing and toilet facilities, and soiled diaper storage facilities that were grossly inadequate. Person-to-person transmission was the apparent mode of spread.

Control measures included instructing the nursery management to make several corrections in order to continue operation. Included in these instructions were improved toilet and handwashing facilities and a significant reduction in enrollment.

(Reported by Benjamin M. Drake, M.D., Health Director, Anne Rollins, R.N., Public Health Nurse, Boyce Hunt, R.S.,

Figure 1
70 CASES OF SHIGELLOSIS, BY WEEK OF ONSET
GASTONIA, NORTH CAROLINA
SEPTEMBER AND OCTOBER 1971



Gaston County Health Department, North Carolina; Nancy King, M.S., Bacteriologist, Laboratory Division, Martin P. Hines, D.V.M., Director, Division of Epidemiology, North Carolina State Board of Health; and an EIS Officer.)

GASTROENTERITIS — Florida

On Aug. 22, 1971, approximately 40 persons in Miami, Florida, attended a birthday party and ate dinner. Within 2-6 hours after the meal, 14 persons became ill with gastroenteritis. Their symptoms included nausea, vomiting, diarrhea, malaise, and temperature to 101°F. Six persons experienced generalized pruritus, and two of these also experienced generalized itching associated with a maculopapular rash. The rash was most prominent on the back and inside of the thighs and arms. The gastrointestinal symptoms usually subsided within 24-72 hours; the pruritus and rash lasted slightly longer.

Roast pork, black beans, white rice, beer, and coca cola had been served for dinner. Of the 33 persons from whom adequate food histories were obtained, 15 ate pork, and 14 became sick. Of the 18 persons who did not eat pork, none became ill. The person who did not get sick after eating pork only had a small taste of it. Relatively few of the people attending the party ate beans or rice.

Stool specimens were obtained from three patients. The food specimens submitted included cooked pork, raw adipose tissue, and raw pigs feet. Much of the cooked meat was noted to be rare. Studies for gross bacterial contamination, toxigenic staphylococci, heavy metals, and parasites including *Trichinella* were all negative. Although large numbers of bacillary organisms were seen on a histologically examined sample of cooked meat, the organisms failed to grow on culture.

The roast pork had been prepared at home. The pig had been slaughtered and dressed and was delivered unfrozen and

apparently unrefrigerated the day before the party. There was no inspection stamp of any type noticed on the carcass. Details concerning management of the carcass prior to delivery are unknown. That evening, the pig was seasoned with a mixture of salt, garlic, bay leaves, and lemon juice and then refrigerated overnight. The next day, a charcoal fire was prepared in a pit. The carcass was placed belly down on stainless steel bars which covered the pit. To preserve the juices, the carcass was covered with banana leaves. It was cooked for a total of 9 hours, then carved and served buffet style. Some persons recalled that the pig smelled "bad" while it was cooking. Attempts to locate where the pig was raised and the place and manner in which it was slaughtered have been unsuccessful. (Reported by Joseph Davis, M.D., Medical Examiner, Dade County, Florida; John Eckhoff, R.S., Associate Head, Environmental Health and Sciences Section, Norman Frank, V.M.D., Public Health Veterinarian, Joel L. Nitzkin, M.D., Chief, Office of Consumer Protection, Milton S. Saslaw, M.D., Director, Dade County Health Department; D. E. Cooperrider, D.V.M., Chief, Diagnostic Laboratories, Division of Animal Industries, Florida State Department of Agriculture; Robert Graves, M.P.H., Director, Miami Regional Laboratory, Florida State Division of Health; and an EIS Officer.)

Editorial Note

This is the first non-marine associated foodborne outbreak of gastroenteritis reported to CDC in which generalized pruritus and a maculopapular rash have been described.

SURVEILLANCE SUMMARY
ANIMAL RABIES — United States 1970

In the United States in 1970, 3,276 laboratory-confirmed cases of animal rabies were reported (Figure 2), representing a 20% decrease from the average number of cases reported for the preceding 5 years. The animals most frequently reported as infected were skunks (38%), foxes (24%), cattle (10%), bats (9%), dogs (6%), raccoons (6%), and cats (4%). A total of 47 states and Puerto Rico reported cases; Delaware, Hawaii, South Carolina, the District of Columbia, Guam, and the Virgin Islands reported no cases. Rabies cases were reported in 2,554 wildlife species (78%), and 719 cases were reported in domestic species.

Rabies was reported in 17 species of terrestrial wildlife and insectivorous bats. Cases in major wildlife hosts, skunks (48%), foxes (30%), bats (12%), and raccoons (7%), accounted for 97% of all wildlife cases.

Twenty-nine states reported a total of 1,235 rabies cases in skunks for 1970. For the tenth consecutive year, skunks were the animals most frequently reported as infected with rabies. The states reporting the most cases in skunks were California (250), Illinois (110), and Texas (110). South Dakota reported the largest increase in cases (56) and Wyoming reported the largest decrease (51).

A total of 771 fox rabies cases in 25 states accounted for 24% of all cases and 30% of the cases in wildlife hosts. The number of cases was 117 fewer than the total of 888 cases reported for 1969. States reporting the largest number of cases in foxes were New York (149), Virginia (142), and West Virginia (90). Virginia reported the greatest decrease in the number of cases; it reported 136 fewer cases than in 1969.

Forty-five states reported a total of 296 cases of rabies

in bats for 1970. More states reported bat cases for 1970 than for any previous year. Although fewer total cases were reported than in 1969 (25), the number of states reporting cases increased by seven. The only states not reporting bat rabies cases were Alaska, Delaware, Hawaii, North Dakota, and South Carolina. California and Texas reported the largest number of cases, 55 and 24, respectively.

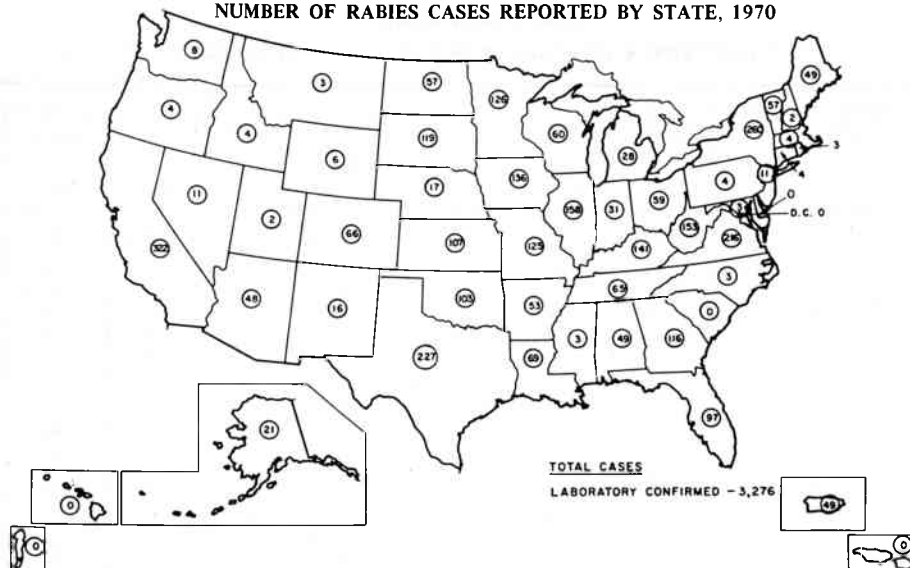
Twelve states reported 181 rabies cases in raccoons. All but 17 of these cases (94%) were from Florida and Georgia, the only part of the United States where a cycle of transmission in raccoons has been established. All of Florida and southern Georgia were enzootic for raccoon rabies in 1970; the enzootic area continued to expand northward, with outbreaks reported as far north as Macon, Georgia.

Only 71 cases were reported in wildlife species other than skunks, foxes, bats, and raccoons. About half of these cases (35) were in mongooses, another species in which rabies infection is enzootic. Puerto Rico is the only jurisdiction included in the summary which reported rabies in mongooses. Other wildlife cases reported were 14 in coyotes, 11 in bobcats, two in groundhogs, two in deer, two in ringtail cats, and one each in an opossum, otter, rat, mouse, and mountain lion.

Thirty-four states and Puerto Rico reported 719 cases of rabies in domestic animals for 1970, 130 cases fewer than for 1969. Cases were reported in 333 cattle, 185 dogs, 135 cats, 40 horses and mules, 17 sheep and goats, and nine swine.

Three states, New York (45 cases), Iowa (43 cases), and Virginia (37 cases), accounted for 38% of the cases in cattle. The correlation of case reports between cattle and wildlife is

Figure 2
NUMBER OF RABIES CASES REPORTED BY STATE, 1970



particularly strong for fox and cattle reports at the county level. In contrast, reports of bat cases had little apparent correlation with cattle cases.

The 185 cases of rabies in dogs is the lowest annual total recorded since records have been kept in the United States. The 1970 total is 71 cases fewer than that for 1969 and 48% below the average for the preceding 5 years. Most of the reported cases were in unvaccinated dogs exposed to rabid wildlife.

(Reported by the Rabies Control Unit, Viral Diseases Branch, Epidemiology Program, CDC.)

A copy of the original report from which these data were derived is available on request from

Center for Disease Control
Attn: Epidemiology Program
Chief, Rabies Control Unit
Lawrenceville, Georgia 30245

SUMMARY OF REPORTED CASES OF INFECTIOUS SYPHILIS

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

Reporting Area	December		Cumulative Jan. - Dec.		Reporting Area	December		Cumulative Jan. - Dec.	
	1971	1970	1971	1970		1971	1970	1971	1970
NEW ENGLAND.....	68	66	624	554	EAST SOUTH CENTRAL.....	104	66	1,273	786
Maine.....	1	-	14	12	Kentucky.....	28	18	331	223
New Hampshire.....	-	1	5	3	Tennessee.....	16	12	366	181
Vermont.....	-	-	5	2	Alabama.....	20	9	175	151
Massachusetts.....	45	35	320	312	Mississippi.....	40	27	401	231
Rhode Island.....	5	3	40	54	WEST SOUTH CENTRAL.....	252	339	3,553	4,021
Connecticut.....	17	27	240	171	Arkansas.....	24	39	227	317
MIDDLE ATLANTIC.....	432	510	5,709	5,425	Louisiana.....	69	95	746	787
Upstate New York.....	76	32	453	406	Oklahoma.....	10	11	103	112
New York City.....	308	346	3,911	3,744	Texas.....	149	194	2,457	2,805
Pa. (Excl. Phila.).....	21	19	168	172	MOUNTAIN.....	53	62	582	634
Philadelphia.....	20	24	233	208	Montana.....	-	-	1	4
New Jersey.....	57	89	944	895	Idaho.....	-	1	12	3
EAST NORTH CENTRAL.....	222	210	2,707	2,418	Wyoming.....	-	-	3	4
Ohio.....	34	44	461	377	Colorado.....	12	8	73	48
Indiana.....	18	42	328	423	New Mexico.....	13	13	159	137
Downstate Illinois.....	14	11	148	137	Arizona.....	16	22	207	246
Chicago.....	80	37	859	800	Utah.....	1	5	15	34
Michigan.....	74	70	851	596	Nevada.....	11	13	112	158
Wisconsin.....	2	6	60	85	PACIFIC.....	360	268	3,224	2,447
WEST NORTH CENTRAL.....	22	32	411	512	Washington.....	10	18	142	63
Minnesota.....	6	6	70	79	Oregon.....	1	3	15	32
Iowa.....	-	1	23	15	California.....	347	242	3,025	2,325
Missouri.....	12	20	231	291	Alaska.....	-	2	17	15
North Dakota.....	1	-	5	5	Hawaii.....	2	3	25	12
South Dakota.....	-	-	9	16	U. S. TOTAL.....	2,017	1,987	23,868	21,770
Nebraska.....	2	2	24	21	TERRITORIES.....	62	88	850	988
Kansas.....	1	3	48	85	Puerto Rico.....	61	86	820	956
SOUTH ATLANTIC.....	504	434	5,785	4,973	Virgin Islands.....	1	2	30	32
Delaware.....	2	8	36	118					
Maryland.....	65	40	637	416					
District of Columbia.....	52	39	622	543					
Virginia.....	28	18	351	275					
West Virginia.....	1	3	32	31					
North Carolina.....	40	45	443	464					
South Carolina.....	60	21	404	338					
Georgia.....	122	142	1,585	1,390					
Florida.....	134	118	1,675	1,398					

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

Morbidity and Mortality Weekly Report

TABLE III. CASES OF SPECIFIED NOTIABLE DISEASES: UNITED STATES
FOR WEEKS ENDED
JANUARY 8, 1972 AND JANUARY 9, 1971 (1st WEEK)

AREA	ASEPTIC MENIN- GITIS	BRUCEL- LOSIS	CHICKEN- POX	DIPHTHERIA		ENCEPHALITIS			HEPATITIS		
						Primary including unsp. cases		Post In- fectious	Serum	Infectious	
	1972	1972	1972	1972	Cum. 1972	1972	1971	1972	1972	1972	1971
UNITED STATES.....	44	-	1,006	-	-	11	22	4	163	918	1,152
NEW ENGLAND.....	1	-	203	-	-	-	1	-	4	58	112
Maine.....	-	-	33	-	-	-	-	-	-	10	17
New Hampshire.....	-	-	29	-	-	-	-	-	-	6	8
Vermont.....	-	-	4	-	-	-	-	1	7	7	17
Massachusetts.....	-	-	-	-	-	-	-	1	16	42	
Rhode Island.....	1	-	96	-	-	-	1	-	1	5	11
Connecticut.....	-	-	41	-	-	-	-	-	1	14	17
MIDDLE ATLANTIC.....	6	-	5	-	-	1	4	-	56	153	338
New York City.....	5	-	-	-	-	-	-	-	25	42	25
New York, Up-State...	1	-	4	-	-	1	-	-	5	22	34
New Jersey.....	-	-	NN	-	-	-	-	-	26	89	163
Pennsylvania.....	-	-	1	-	-	-	4	-	-	-	116
EAST NORTH CENTRAL.....	6	-	420	-	-	5	8	-	24	159	147
Ohio.*.....	2	-	125	-	-	3	3	-	5	43	31
Indiana.....	-	-	60	-	-	-	-	-	-	2	-
Illinois.....	1	-	-	-	-	1	-	-	1	20	15
Michigan.....	2	-	235	-	-	1	4	-	15	91	91
Wisconsin.....	1	-	-	-	-	-	1	-	3	3	10
WEST NORTH CENTRAL.....	-	-	193	-	-	-	2	-	1	25	36
Minnesota.....	-	-	2	-	-	-	-	-	-	2	7
Iowa.....	-	-	176	-	-	-	1	-	1	6	4
Missouri.....	-	-	-	-	-	-	-	-	-	10	9
North Dakota.....	-	-	-	-	-	-	-	-	-	6	13
South Dakota.*.....	-	-	4	-	-	-	1	-	-	1	1
Nebraska.....	-	-	11	-	-	-	-	-	-	-	2
Kansas.....	-	-	-	-	-	-	-	-	-	-	-
SOUTH ATLANTIC.....	10	-	57	-	-	2	1	-	20	95	127
Delaware.....	-	-	9	-	-	-	-	-	-	5	6
Maryland.....	-	-	17	-	-	-	-	-	2	4	17
Dist. of Columbia....	-	-	4	-	-	-	-	-	2	1	-
Virginia.....	1	-	2	-	-	-	-	-	6	17	36
West Virginia.....	-	-	-	-	-	-	-	-	-	14	6
North Carolina.....	-	-	-	-	-	2	1	-	4	13	6
South Carolina.....	1	-	25	-	-	-	-	-	1	8	9
Georgia.....	-	-	-	-	-	-	-	-	-	2	12
Florida.....	8	-	-	-	-	-	-	-	5	31	35
EAST SOUTH CENTRAL.....	4	-	51	-	-	1	-	-	4	64	86
Kentucky.....	1	-	33	-	-	-	-	-	2	33	43
Tennessee.....	-	-	NN	-	-	1	-	-	-	19	33
Alabama.....	3	-	10	-	-	-	-	-	2	10	6
Mississippi.....	-	-	8	-	-	-	-	-	-	2	4
WEST SOUTH CENTRAL.....	2	-	28	-	-	1	-	3	4	73	61
Arkansas.....	-	-	-	-	-	-	-	-	-	1	3
Louisiana.....	-	-	-	-	-	-	-	-	-	1	-
Oklahoma.....	1	-	6	-	-	1	-	3	-	23	12
Texas.....	1	-	22	-	-	-	-	-	4	48	46
MOUNTAIN.....	-	-	49	-	-	-	-	-	3	38	36
Montana.....	---	---	---	---	---	---	---	---	---	---	3
Idaho.....	-	-	-	-	-	-	-	-	1	9	4
Wyoming.....	-	-	9	-	-	-	-	-	-	-	-
Colorado.....	-	-	-	-	-	-	-	-	-	1	-
New Mexico.....	-	-	6	-	-	-	-	-	1	8	3
Arizona.....	-	-	29	-	-	-	-	-	-	13	17
Utah.....	-	-	5	-	-	-	-	-	1	7	4
Nevada.....	-	-	-	-	-	-	-	-	-	-	5
PACIFIC.....	15	-	-	-	-	1	6	1	47	253	209
Washington.....	-	-	-	-	-	-	-	-	-	25	17
Oregon.....	-	-	-	-	-	-	-	-	1	46	27
California.....	12	-	-	-	-	1	5	1	46	170	159
Alaska.....	-	-	-	-	-	-	-	-	-	5	2
Hawaii.....	3	-	-	-	-	-	1	-	-	7	4
Puerto Rico.....	-	-	-	-	-	-	-	-	-	-	40
Virgin Islands.....	-	-	-	-	-	-	-	-	-	-	-

*Delayed reports (1971): Hepatitis, infectious: Ohio delete 1, S. Dak. delete 2

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES

FOR WEEKS ENDED

JANUARY 8, 1972 AND JANUARY 9, 1971 (1st WEEK) - CONTINUED

AREA	MALARIA		MEASLES (Rubeola)			MENINGOCOCCAL INFECTIONS, TOTAL			MUMPS		RUBELLA	
	1972	Cum. 1972	1972	Cumulative		1972	Cumulative		1972	Cum. 1972	1972	Cum. 1972
				1972	1971		1972	1971				
UNITED STATES.....	37	37	548	548	1,059	37	37	50	1,562	1,562	234	234
NEW ENGLAND.....	-	-	13	13	33	-	-	1	63	63	5	5
Maine.....	-	-	3	3	12	-	-	-	1	1	-	-
New Hampshire.....	-	-	-	-	-	-	-	1	2	2	-	-
Vermont.....	-	-	-	-	-	-	-	-	14	14	-	-
Massachusetts.....	-	-	-	-	20	-	-	-	9	9	3	3
Rhode Island.....	-	-	6	6	1	-	-	-	9	9	1	1
Connecticut.....	-	-	4	4	-	-	-	-	28	28	1	1
MIDDLE ATLANTIC.....	1	1	40	40	139	1	1	8	164	164	10	10
New York City.....	-	-	9	9	61	1	1	1	35	35	-	-
New York, Up-State...	-	-	1	1	8	-	-	1	NN	NN	2	2
New Jersey.....	1	1	30	30	7	-	-	-	121	121	8	8
Pennsylvania.....	-	-	-	-	63	-	-	6	8	8	-	-
EAST NORTH CENTRAL.....	2	2	242	242	52	2	2	4	295	295	82	82
Ohio.....	-	-	9	9	24	2	2	3	67	67	15	15
Indiana.....	-	-	26	26	-	-	-	-	30	30	27	27
Illinois.....	-	-	138	138	2	-	-	-	48	48	22	22
Michigan.....	2	2	29	29	5	-	-	1	12	12	13	13
Wisconsin.....	-	-	40	40	21	-	-	-	138	138	5	5
WEST NORTH CENTRAL.....	1	1	6	6	5	3	3	3	231	231	2	2
Minnesota.....	-	-	-	-	-	-	-	-	4	4	-	-
Iowa.....	1	1	4	4	3	-	-	1	195	195	1	1
Missouri.....	-	-	2	2	-	-	-	-	5	5	-	-
North Dakota.....	-	-	-	-	-	-	-	-	20	20	1	1
South Dakota.....	-	-	-	-	-	-	-	2	2	2	-	-
Nebraska.....	-	-	-	-	2	1	1	-	5	5	-	-
Kansas.....	-	-	-	-	-	2	2	-	-	-	-	-
SOUTH ATLANTIC.....	11	11	116	116	220	14	14	2	148	148	15	15
Delaware.....	-	-	-	-	2	1	1	-	1	1	-	-
Maryland.....	-	-	-	-	2	-	-	-	8	8	-	-
Dist. of Columbia...	-	-	-	-	-	-	-	1	-	-	-	-
Virginia.....	1	1	-	-	152	3	3	-	15	15	5	5
West Virginia.....	1	1	1	1	6	2	2	1	111	111	4	4
North Carolina.....	5	5	4	4	27	4	4	-	NN	NN	-	-
South Carolina.....	2	2	4	4	30	2	2	-	13	13	2	2
Georgia.....	2	2	-	-	-	-	-	-	-	-	-	-
Florida.....	-	-	107	107	1	2	2	-	-	-	4	4
EAST SOUTH CENTRAL.....	16	16	20	20	333	2	2	7	73	73	41	41
Kentucky.....	16	16	6	6	226	2	2	4	-	-	25	25
Tennessee.....	-	-	12	12	20	-	-	1	54	54	14	14
Alabama.....	-	-	2	2	83	-	-	2	18	18	2	2
Mississippi.....	-	-	-	-	4	-	-	-	1	1	-	-
WEST SOUTH CENTRAL.....	2	2	21	21	216	-	-	2	158	158	34	34
Arkansas.....	1	1	-	-	2	-	-	-	1	1	-	-
Louisiana.....	-	-	-	-	-	-	-	-	-	-	-	-
Oklahoma.....	1	1	1	1	30	-	-	-	5	5	1	1
Texas.....	-	-	20	20	184	-	-	2	152	152	33	33
MOUNTAIN.....	-	-	51	51	20	1	1	4	39	39	3	3
Montana.....	-	-	-	-	7	-	-	-	-	-	-	-
Idaho.....	-	-	-	-	-	-	-	-	2	2	-	-
Wyoming.....	-	-	-	-	-	1	1	-	2	2	-	-
Colorado.....	-	-	39	39	-	-	-	2	13	13	-	-
New Mexico.....	-	-	-	-	10	-	-	-	4	4	-	-
Arizona.....	-	-	12	12	2	-	-	1	17	17	3	3
Utah.....	-	-	-	-	1	-	-	1	1	1	-	-
Nevada.....	-	-	-	-	-	-	-	-	-	-	-	-
PACIFIC.....	4	4	39	39	41	14	14	19	391	391	42	42
Washington.....	-	-	17	17	6	-	-	1	169	169	7	7
Oregon.....	1	1	1	1	13	-	-	-	48	48	12	12
California.....	3	3	21	21	16	14	14	18	163	163	23	23
Alaska.....	-	-	-	-	6	-	-	-	6	6	-	-
Hawaii.....	-	-	-	-	6	-	-	-	5	5	-	-
Puerto Rico.....	-	-	-	-	5	-	-	-	-	-	-	-
Virgin Islands.....	-	-	-	-	1	-	-	-	-	-	-	-

Morbidity and Mortality Weekly Report

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDED
JANUARY 8, 1972 AND JANUARY 9, 1971 (1st WEEK) - CONTINUED

AREA	TETANUS	NEW ACTIVE TB	TULAREMIA		TYPHOID FEVER		TYPHUS FEVER TICK-BORNE (Rky. Mt. Spotted)		VENEREAL DISEASES		RABIES IN ANIMALS	
	1972	1972	1972	Cum. 1972	1972	Cum. 1972	1972	Cum. 1972	CONOR- RHEA	SYPHILIS (Pri. & Sec.)	1972	Cum. 1972
UNITED STATES.....	-	292	2	2	2	2	2	2	11,449	266	60	60
NEW ENGLAND.....	-	2	-	-	-	-	-	-	382	7	3	3
Maine.....	-	-	-	-	-	-	-	-	17	-	3	3
New Hampshire.....	-	1	-	-	-	-	-	-	4	-	-	-
Vermont.....	-	-	-	-	-	-	-	-	15	-	-	-
Massachusetts.....	-	-	-	-	-	-	-	-	166	-	-	-
Rhode Island.....	-	1	-	-	-	-	-	-	26	-	-	-
Connecticut.....	-	-	-	-	-	-	-	-	154	7	-	-
MIDDLE ATLANTIC.....	-	68	-	-	-	-	1	1	674	22	3	3
New York City.....	-	-	-	-	-	-	-	-	-	-	-	-
New York, Up-State.....	-	39	-	-	-	-	-	-	149	1	1	1
New Jersey.....	-	29	-	-	-	-	1	1	220	11	-	-
Pennsylvania.....	-	-	-	-	-	-	-	-	245	10	2	2
EAST NORTH CENTRAL.....	-	43	-	-	-	-	-	-	1,213	16	1	1
Ohio.....	-	24	-	-	-	-	-	-	709	5	-	-
Indiana.....	-	17	-	-	-	-	-	-	143	1	1	1
Illinois.....	-	2	-	-	-	-	-	-	49	3	-	-
Michigan.....	-	-	-	-	-	-	-	-	312	7	-	-
Wisconsin.....	-	-	-	-	-	-	-	-	-	-	-	-
WEST NORTH CENTRAL.....	-	10	-	-	-	-	-	-	1,571	2	15	15
Minnesota.....	-	-	-	-	-	-	-	-	172	-	2	2
Iowa.....	-	5	-	-	-	-	-	-	113	-	6	6
Missouri.....	-	1	-	-	-	-	-	-	1,022	-	4	4
North Dakota.....	-	1	-	-	-	-	-	-	5	-	3	3
South Dakota.....	-	3	-	-	-	-	-	-	32	-	-	-
Nebraska.....	-	-	-	-	-	-	-	-	95	2	-	-
Kansas.....	-	-	-	-	-	-	-	-	132	-	-	-
SOUTH ATLANTIC.....	-	112	-	-	-	-	1	1	3,049	141	5	5
Delaware.....	-	-	-	-	-	-	-	-	16	-	-	-
Maryland.....	-	29	-	-	-	-	-	-	314	17	-	-
Dist. of Columbia.....	-	3	-	-	-	-	-	-	259	22	-	-
Virginia.....	-	7	-	-	-	-	-	-	278	21	2	2
West Virginia.....	-	11	-	-	-	-	-	-	15	-	-	-
North Carolina.....	-	20	-	-	-	-	1	1	467	5	-	-
South Carolina.....	-	-	-	-	-	-	-	-	510	23	-	-
Georgia.....	-	16	-	-	-	-	-	-	408	38	2	2
Florida.....	-	26	-	-	-	-	-	-	782	15	1	1
EAST SOUTH CENTRAL.....	-	33	1	1	-	-	-	-	847	24	18	18
Kentucky.....	-	11	-	-	-	-	-	-	172	1	8	8
Tennessee.....	-	5	-	-	-	-	-	-	407	21	8	8
Alabama.....	-	11	1	1	-	-	-	-	27	1	2	2
Mississippi.....	-	6	-	-	-	-	-	-	241	1	-	-
WEST SOUTH CENTRAL.....	-	2	-	-	-	-	-	-	1,465	49	12	12
Arkansas.....	-	2	-	-	-	-	-	-	80	3	5	5
Louisiana.....	-	-	-	-	-	-	-	-	199	16	-	-
Oklahoma.....	-	-	-	-	-	-	-	-	112	-	3	3
Texas.....	-	-	-	-	-	-	-	-	1,074	30	4	4
MOUNTAIN.....	-	3	-	-	1	1	-	-	366	4	1	1
Montana.....	-	-	-	-	-	-	-	-	-	-	-	-
Idaho.....	-	1	-	-	-	-	-	-	29	1	-	-
Wyoming.....	-	-	-	-	-	-	-	-	3	-	-	-
Colorado.....	-	-	-	-	-	-	-	-	162	-	-	-
New Mexico.....	-	2	-	-	-	-	-	-	44	-	-	-
Arizona.....	-	-	-	-	1	1	-	-	99	3	1	1
Utah.....	-	-	-	-	-	-	-	-	-	-	-	-
Nevada.....	-	-	-	-	-	-	-	-	29	-	-	-
PACIFIC.....	-	19	1	1	1	1	-	-	1,942	1	2	2
Washington.....	-	7	-	-	-	-	-	-	-	-	-	-
Oregon.....	-	-	-	-	-	-	-	-	68	1	-	-
California.....	-	-	-	-	1	1	-	-	1,852	-	2	2
Alaska.....	-	-	1	1	-	-	-	-	22	-	-	-
Hawaii.....	-	12	-	-	-	-	-	-	-	-	-	-
Puerto Rico.....	-	-	-	-	-	-	-	-	-	-	-	-
Virgin Islands.....	-	-	-	-	-	-	-	-	-	-	-	-

*Delayed reports (1971): Rabies in Animals: Me. 2

Morbidity and Mortality Weekly Report

11

Week No. 1 TABLE IV. DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDED JANUARY 8, 1972

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

Area	All Causes		Pneumonia and Influenza All Ages	Under 1 year All Causes	Area	All Causes		Pneumonia and Influenza All Ages	Under 1 year All Causes
	All Ages	65 years and over				All Ages	65 years and over		
NEW ENGLAND:	936	550	108	23	SOUTH ATLANTIC:	1,434	785	70	46
Boston, Mass.-----	277	140	34	7	Atlanta, Ga.-----	149	75	4	10
Bridgeport, Conn.-----	36	18	8	—	Baltimore, Md.-----	280	153	7	6
Cambridge, Mass.-----	25	16	9	1	Charlotte, N. C.-----	46	20	—	3
Fall River, Mass.-----	48	34	3	1	Jacksonville, Fla.-----	95	49	4	5
Hartford, Conn.-----	87	47	3	2	Miami, Fla.-----	133	68	6	2
Lowell, Mass.-----	38	30	7	—	Norfolk, Va.-----	68	41	9	2
Lynn, Mass.-----	31	17	4	—	Richmond, Va.-----	101	53	7	2
New Bedford, Mass.-----	42	31	1	—	Savannah, Ga.-----	39	20	3	1
New Haven, Conn.-----	63	34	8	4	St. Petersburg, Fla.-----	105	94	7	1
Providence, R. I.-----	97	60	10	2	Tampa, Fla.-----	85	46	11	1
Somerville, Mass.-----	18	10	2	—	Washington, D. C.-----	265	120	11	11
Springfield, Mass.-----	67	40	11	3	Wilmington, Del.-----	68	46	1	2
Waterbury, Conn.-----	37	26	—	1					
Worcester, Mass.-----	70	47	8	2	EAST SOUTH CENTRAL:	842	483	30	49
					Birmingham, Ala.-----	100	64	—	4
MIDDLE ATLANTIC:	3,925	2,367	181	113	Chattanooga, Tenn.-----	72	43	6	5
Albany, N. Y.-----	77	47	3	3	Knoxville, Tenn.-----	64	49	3	1
Allentown, Pa.-----	41	27	5	1	Louisville, Ky.-----	166	97	13	6
Buffalo, N. Y.-----	238	126	16	8	Memphis, Tenn.-----	207	108	1	24
Camden, N. J.-----	53	25	7	3	Mobile, Ala.-----	62	37	1	2
Elizabeth, N. J.-----	35	28	4	—	Montgomery, Ala.-----	50	17	5	2
Erie, Pa.-----	57	37	10	1	Nashville, Tenn.-----	121	68	1	5
Jersey City, N. J.-----	83	48	3	8					
Newark, N. J.-----	94	44	4	3	WEST SOUTH CENTRAL:	1,445	754	51	78
New York City, N. Y.-----	1,798	1,119	60	39	Austin, Tex.-----	48	25	6	3
Paterson, N. J.-----	51	30	7	2	Baton Rouge, La.-----	71	36	3	3
Philadelphia, Pa.-----	595	335	5	21	Corpus Christi, Tex.-----	38	16	1	1
Pittsburgh, Pa.-----	246	132	15	7	Dallas, Tex.-----	193	103	6	8
Reading, Pa.-----	43	35	2	—	El Paso, Tex.-----	67	36	2	5
Rochester, N. Y.-----	170	113	15	8	Fort Worth, Tex.-----	102	57	6	1
Schenectady, N. Y.-----	34	24	5	2	Houston, Tex.-----	255	108	4	24
Scranton, Pa.-----	46	33	4	—	Little Rock, Ark.-----	56	27	2	6
Syracuse, N. Y.-----	122	73	6	2	New Orleans, La.-----	215	114	5	10
Trenton, N. J.-----	71	46	2	3	Oklahoma City, Okla.-----	109	61	4	6
Utica, N. Y.-----	27	19	4	—	San Antonio, Tex.-----	154	87	4	6
Yonkers, N. Y.-----	44	26	4	2	Shreveport, La.-----	53	28	2	1
					Tulsa, Okla.-----	84	56	6	4
EAST NORTH CENTRAL:	3,050	1,844	157	93					
Akron, Ohio-----	80	50	2	1	MOUNTAIN:	640	381	39	26
Canton, Ohio-----	29	19	2	3	Albuquerque, N. Mex.-----	77	46	7	1
Chicago, Ill.-----	747	426	26	23	Colorado Springs, Colo.-----	53	36	6	1
Cincinnati, Ohio-----	162	85	3	4	Denver, Colo.-----	130	76	5	5
Cleveland, Ohio-----	264	154	12	4	Ogden, Utah-----	23	13	5	2
Columbus, Ohio-----	137	93	4	7	Phoenix, Ariz.-----	161	86	2	8
Dayton, Ohio-----	163	104	7	5	Pueblo, Colo.-----	30	19	5	1
Detroit, Mich.-----	418	229	16	12	Salt Lake City, Utah-----	83	53	9	6
Evansville, Ind.-----	39	27	1	2	Tucson, Ariz.-----	83	52	—	2
Flint, Mich.-----	61	35	3	3					
Fort Wayne, Ind.-----	61	40	6	3	PACIFIC:	1,817	1,147	45	57
Gary, Ind.-----	34	21	3	3	Berkeley, Calif.-----	19	12	—	1
Grand Rapids, Mich.-----	85	57	25	—	Fresno, Calif.-----	57	33	—	1
Indianapolis, Ind.-----	156	87	4	5	Glendale, Calif.-----	46	40	1	—
Madison, Wis.-----	31	14	7	5	Honolulu, Hawaii-----	68	40	1	7
Milwaukee, Wis.-----	174	119	11	3	Long Beach, Calif.-----	113	70	6	3
Peoria, Ill.-----	71	46	8	4	Los Angeles, Calif.-----	514	321	15	14
Rockford, Ill.-----	54	36	8	2	Oakland, Calif.-----	81	49	1	5
South Bend, Ind.-----	61	46	5	1	Pasadena, Calif.-----	40	33	—	—
Toledo, Ohio-----	116	78	3	2	Portland, Oreg.-----	144	88	—	6
Youngstown, Ohio-----	107	78	1	1	Sacramento, Calif.-----	60	34	1	1
					San Diego, Calif.-----	108	73	1	1
WEST NORTH CENTRAL:	985	604	37	44	San Francisco, Calif.-----	210	112	5	5
Des Moines, Iowa-----	72	43	1	6	San Jose, Calif.-----	50	32	—	1
Duluth, Minn.-----	32	22	1	1	Seattle, Wash.-----	174	117	5	8
Kansas City, Kans.-----	54	27	4	6	Spokane, Wash.-----	68	47	6	4
Kansas City, Mo.-----	83	54	1	4	Tacoma, Wash.-----	65	46	3	—
Lincoln, Nebr.-----	37	29	—	2					
Minneapolis, Minn.-----	154	92	7	9	Total	15,074	8,915	718	529
Omaha, Nebr.-----	133	80	6	4	Expected Number	13,466	7,824	565	595
St. Louis, Mo.-----	263	159	9	4	Cumulative Total	15,074	8,915	718	529
St. Paul, Minn.-----	91	54	—	4	(includes reported corrections for previous weeks)				
Wichita, Kans.-----	66	44	8	4					
Las Vegas, Nev.*	---	---	---	---					

*Mortality data are being collected from Las Vegas, Nev., for possible inclusion in this table, however, for statistical reasons, these data will be listed only and not included in the total, expected number, or cumulative total, until 5 years of data are collected.

†Delayed report for week ending Jan. 1, 1972
 **Estimate based on average percent of divisional total

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

DISEASE	1st WEEK ENDED		MEDIAN 1967-1971	CUMULATIVE, FIRST WEEK		
	January 8, 1972	January 9, 1971		1972	1971	MEDIAN 1967-1971
Aseptic meningitis	44	63	28	44	63	28
Brucellosis	—	—	1	—	—	1
Chickenpox	1,066	—	—	1,066	—	—
Diphtheria	—	1	1	—	1	1
Encephalitis, primary:						
Arthropod-borne & unspecified	11	22	14	11	22	14
Encephalitis, post-infectious	4	11	9	4	11	9
Hepatitis, serum	163	156	88	163	156	88
Hepatitis, infectious	918	1,152	644	918	1,152	644
Malaria	37	59	27	37	59	27
Measles (rubeola)	548	1,059	524	548	1,059	524
Meningococcal infections, total	37	50	42	37	50	42
Civilian	35	48	41	35	48	41
Military	2	2	1	2	2	1
Mumps	1,562	2,228	—	1,562	2,228	—
Rubella (German measles)	234	369	304	234	369	304
Tetanus	—	—	—	—	—	—
Tuberculosis, new active	292	—	—	292	—	—
Tularemia	2	4	2	2	4	2
Typhoid fever	2	6	3	2	6	3
Typhus, tick-fever (Rky. Mt. spotted fever)	2	—	1	2	—	1
Venereal Diseases:						
Gonorrhea	11,449	—	—	11,449	—	—
Syphilis, primary and secondary	266	—	—	266	—	—
Rabies in animals	60	50	51	60	50	51

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax:	—	Poliomyelitis, total:	—
Botulism:	—	Paralytic:	—
Congenital rubella syndrome:	—	Psittacosis:	—
Leprosy: Calif.-1, Hawaii-2	3	Rabies in man:	—
Leptospirosis:	—	Trichinosis: Hawaii-5	5
Plague:	—	Typhus, murine:	—

*Delayed reports (1971): Plague: Ore.-1

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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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