



Morbidity and Mortality

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE HEALTH SERVICES AND MENTAL HEALTH ADMINISTRATION

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EPIDEMIOLOGIC NOTES AND REPORTS
PROBABLE SCOMBROID FISH POISONING - Vermont

On the evening of July 22, 1972, four people from Burlington, Vermont, were admitted to the emergency room of a local hospital with acute gastroenteritis. Three of the patients were members of the same family: a 48-year-old man, his 45-year-old wife, and 10-year-old son. The fourth patient was a 28-year-old bachelor who had not been in contact with the other patients. All four experienced prostration, headache, nausea, and diarrhea, but no fever. One patient had a macular rash, which appeared and disappeared several times during the first 4 hours of illness. The 48-year-old man became hypotensive (blood pressure 68/50), experienced tachycardia (120/minute), had chest pain, and demonstrated S-T segment depression on the electrocardiogram. All the patients became ill within 15 minutes to 1 hour after eating dinner and experienced dramatic relief of symptoms and signs 5 to 6 hours after onset.

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Food histories from each patient revealed that fresh tuna steak, purchased from a local market, was the only item which all had eaten. A second son in the family, who did not

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

DISEASE	31st WEEK ENDING		MEDIAN 1967-1971	CUMULATIVE, FIRST 31 WEEKS		
	August 5, 1972	August 7, 1971		1972	1971	MEDIAN 1967-1971
Aseptic meningitis	156	153	144	1,469	1,979	1,402
Brucellosis	5	3	7	102	94	125
Chickenpox	614	---	---	112,056	---	---
Diphtheria	---	---	---	60	94	94
Encephalitis, primary:						
Arthropod-borne and unspecified	25	35	37	513	779	722
Encephalitis, post-infectious	8	8	11	185	248	287
Hepatitis, serum (Hepatitis B)	142	159	96	5,480	5,050	3,062
Hepatitis, infectious (Hepatitis A)	870	1,142	964	32,899	36,064	27,656
Malaria	7	20	37	641	1,984	1,633
Measles (rubeola)	198	364	288	26,140	67,561	38,521
Meningococcal infections, total	12	19	24	918	1,632	1,709
Civilian	12	19	24	882	1,449	1,535
Military	---	---	---	36	183	174
Mumps	471	701	---	54,824	96,692	---
Rubella (German measles)	131	371	344	19,951	37,290	42,181
Tetanus	5	2	3	68	61	84
Tuberculosis, new active	729	---	---	19,699	---	---
Tularemia	2	8	6	77	100	100
Typhoid fever	6	10	10	185	181	181
Typhus, tick-borne (Rky. Mt. spotted fever)	29	19	18	297	232	217
Venereal Diseases:†						
Gonorrhea	15,359	14,202	---	421,141	375,437	---
Syphilis, primary and secondary	512	465	---	14,368	13,939	---
Rabies in animals	63	72	58	2,604	2,626	2,210

TABLE II. NOTIFIABLE DISEASES OF LOW FREQUENCY

	Cum.		Cum.
Anthrax: Kans. - 1	2	Poliomyelitis, total: Fla. - 1	9
Botulism: Calif. - 6	6	Paralytic: Fla. - 1	9
Congenital rubella syndrome:	23	Psittacosis: Md. - 1, Mo. - 1	24
Leprosy: Calif. - 4, Hawaii - 4	79	Rabies in man:	1
Leptospirosis: Ark. - 1	17	Trichinosis: Alaska - 1	47
Plague:	1	Typhus, murine:	11

†Numbers for 1971 are estimated from quarterly reports to the Venereal Disease Branch, CDC

SCOMBROID – Continued

eat the tuna, did not become ill. Further investigation revealed that the fresh tuna was part of a shipment from distributors in New York State to stores in Vermont, New Hampshire, and New York. During transit, the fish was packed unfrozen on ice in refrigerated trucks. When the tuna arrived in Burlington, it was trimmed and cut into approximately 11 steaks, which were individually packaged and placed into an open top display case within 1 hour. The tuna was purchased by the bachelor and the family 51-55 hours after it had gone on display. The bachelor's fish was unrefrigerated for only 10-15 minutes between the time of purchase and the time it was cooked; the family's fish was unrefrigerated for 1¼ hours before cooking. A store employee who ate 1½ pounds of the tuna 3 hours after it had arrived at the market did not become ill. Through the aid of prompt local news media alerts, all of the estimated 11 packages of tuna were accounted for. Information concerning another family of three who reportedly ate the tuna with no subsequent illness is presently being sought. No similar illnesses were reported in New York, New Hampshire, or elsewhere in Vermont.

Cultures from the remaining tuna in the market were examined and grew *Citrobacter freundii*, *Proteus vulgaris*, *Enterobacter hafnii*, and *Streptococcus fecalis*. Cultures from

the cooked tuna were negative. Rectal swab cultures from the four patients grew usual intestinal flora. Atomic absorption analysis of both cooked and uncooked tuna showed no evidence of cadmium, chromium, silver, copper, or manganese. (Reported by Mark Aronson, M.D., Dieter W. Gump, M.D., Edward Harrow, M.D., Galen Hasler, M.D., Bradley Hawley, M.D., Allan Phillips, M.D., and Gregory Starr, University of Vermont Medical School and the Medical Center Hospital; Dymitry Pomar, D.V.M., Director, Raymond Pelletier, Assistant Director, Joann Allen, Bureau of Laboratories, Geoffrey Smith, M.D., Director of Communicable Disease Control, and Robert B. Aiken, M.D., Commissioner of Health, Vermont State Department of Health; and an EIS Officer.)

Editorial Note

This was probably an outbreak of scombroid fish poisoning. In the presence of *Proteus* species, histidine in inadequately refrigerated fish of the scombroid family is converted to saurine and other histamine-like substances, which are heat-stable and produce the gastrointestinal syndrome seen in this outbreak. The evidence to date suggests that the offending agent was propagated in the fish after its arrival at the Vermont market. The adequacy of the refrigeration of the tuna is being investigated.

PRESUMPTIVE STAPHYLOCOCCAL FOOD POISONING – Arkansas

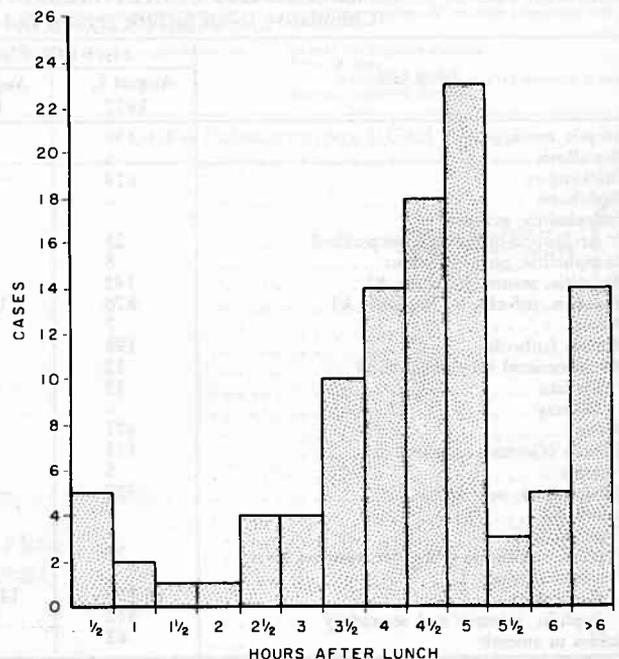
On Feb. 22, 1972, a total of 99 out of 406 students in a school in Newton County, Arkansas, had onset of anorexia, nausea, and vomiting; some also had diarrhea. Their illness was diagnosed as acute gastroenteritis. The noon meal on February 22 was suspected as being the source of infection. The average incubation period was 5 hours (range 1/2–6 hours) (Figure 1). None of the children were hospitalized, and all returned to school within 3 days.

Epidemiologic investigation revealed that no similar illnesses occurred in the community or in other schools, suggesting that the outbreak was confined to this school; however, it was discovered that the son of one of the school cooks became ill with the same symptoms after eating tuna fish sandwiches that his mother brought home from the school lunch. Food history questionnaires were distributed to all students and faculty who ate at school that day, and 378 were returned. Results showed that tuna fish sandwiches was the only food for which there was a distinctly different attack rate; for those who ate the sandwiches, the attack rate was 36.9%; for those who did not eat them, it was 4.9%.

Further investigation revealed that the tuna fish salad was made at 7:30 a.m. from canned tuna fish, eggs, which had been boiled the day before and refrigerated, mayonnaise, and pickled relish. About 450 sandwiches were made immediately and covered with cloths, but were not refrigerated before they were served, 4 to 5 hours later. It was noted during investigation that the temperature in the room was at least 75°F.

Remnants of the tuna fish used in preparation of the salad grew coagulase-positive staphylococci, but none of the tuna fish salad, sandwiches, or other food was available for examination. All four cooks were examined but had neither infected sores nor a history of sinusitis; however, nasopharyngeal cultures in trypticase soy broth revealed that three of the four cooks were carriers of coagulase-positive staphylococci.

Figure 1
CASES OF STAPHYLOCOCCAL FOOD POISONING,
BY TIME OF ONSET*
NEWTON COUNTY, ARKANSAS – FEBRUARY 1972



* IN 16 CASES TIME OF ONSET UNKNOWN

(Reported by Robert Crozier, R.N., Newton County Health Department; John A. Harrel, Jr., M.D., State Epidemiologist, Arkansas State Department of Health; and an EIS Officer.)

Editorial Note

This was probably an outbreak of staphylococcal food poisoning, and the food histories strongly implicate the tuna fish salad as the common vehicle. One of the staphylococcal

food carriers probably inadvertently inoculated the tuna fish or eggs early in the morning, after which there could have been 4 to 5 hours of growth of enterotoxin-producing staphylococci at about 75°F.

TUBERCULOSIS – Nebraska

Between July and October 1971, three cases of tuberculosis occurred among relatives in southwest Nebraska. Case 1 was a 53-year-old man living in Lewellen, Nebraska. On July 28, he was admitted to a hospital in Omaha with far advanced pulmonary tuberculosis. He died in the hospital on Sept. 13, 1971. The patient's 8-month-old grandson (Case 2) from North Platte, Nebraska, was hospitalized in Denver, Colorado, on Sept. 16, 1971. He had been ill for approximately 1 month. A diagnosis of tuberculosis meningitis was made. The patient was discharged on Oct. 15, 1971, and has subsequently recovered. Case 3 was the 40-year-old son-in-law of Case 1, also from Lewellen. On Oct. 14, 1971, he was admitted to a hospital in Scottsbluff, Nebraska, with moderately advanced pulmonary tuberculosis and active laryngeal tuberculosis. On October 22, he was released from the hospital on isoniazid and rifampin. It is believed that Cases 2 and 3 were contacts of Case 1, but this could not be documented. However, Cases 1 and 3 lived in Lewellen, and Case 2 received routine medical care there.

Of the 76 close family contacts of these cases, 70 were tuberculin tested, and eight were identified as reactors and started on isoniazid prophylaxis (INH). Two close contacts who were not reactors were also given INH. Tuberculin skin-testing of the entire town of Lewellen and some testing in two nearby towns was conducted. In Lewellen, 411 people were skin-tested, 404 (98.3%) were read, and 18 (4.5%) were identified as reactors. In the other two towns, an additional 528 people were tested, 526 (99.0%) were read, and four (0.8%) were identified as reactors. Of these 22 reactors, 16 (72.7%) were started on INH. The final compilation shows that 1,009 people were tested, 1,000 (99.1%) were read, and 30 (3.0%) were identified as reactors; of these, four adults and two students were documented recent converters. Of the total 30 reactors, 21 (70.0%) were started on INH.

(Reported by F. Lee Szynskie, Public Health Advisor, and Henry D. Smith, M.D., Director of Health, Nebraska State Department of Health.)

STAPHYLOCOCCAL FOOD POISONING – Kentucky

Between May 30 and June 1, 1972, three people traveling through Lexington, Kentucky, and one resident of Lexington had onset of nausea, vomiting, severe abdominal cramps, and diarrhea. Three patients were hospitalized in Cincinnati, Ohio, and one was admitted to a Lexington hospital. The tentative diagnosis was botulism.

Stool cultures from the patients in Cincinnati were negative for both salmonella and staphylococci; however, the stool specimen from the Lexington patient was positive for *Staphylococcus aureus*, phage type 53/75/85. All were given supportive therapy and placed on intravenous fluids.

A telephone survey of other hospitals in Lexington did not reveal any other patients with the diagnosis of food poisoning. Epidemiologic investigation revealed that the four patients had eaten breakfast at the same Lexington restaurant between May 30 and June 1; symptoms began 1–3 hours after they finished breakfast. Food histories showed that the common food item was ham and eggs. On June 2, the restaurant was inspected by representatives from the local and state health departments and the FDA. It was learned that the ham is ground in the kitchen, packaged in plastic bags, and

stored in the freezer. A day's supply is then removed from the freezer and thawed for use in the walk-in refrigerator.

Samples of the ham were tested and yielded coagulase-positive *S. aureus*, phage type 53/75/85. The cooks who grind the ham were examined, and one was found to have cuts on his left hand and a sore on his thumb. Cultures from the cuts were positive for *S. aureus*, phage type 53/75/85. The cook probably contaminated the ham while grinding it and again as he prepared breakfast. It was recommended that the cook be excluded from handling or preparing food until at least three negative cultures are obtained from him.

(Reported by Charles H. Lenzer, Superintendent of Environmental Services, Cincinnati, Ohio Department of Health; W. T. Vincent, Supervisor, Food, Milk, Water and Consumer Protection, Fayette County, Kentucky Health Department; George Killgore, Dr.P.H., Clarence P. Marshall, Public Health Representative, C. Hernandez, M.D., Director, Division of Epidemiology, and John Riley, M.P.H., Director, Office of Communicable Disease, Kentucky State Department of Health; and the FDA and USDA.)

SURVEILLANCE SUMMARY**HEPATITIS – United States, Third and Fourth Quarters, 1971**

During the summer and fall quarters of the epidemiologic year (EY) 1972 (July 4, 1971–Jan. 1, 1972), a total of 34,097 cases of viral hepatitis were reported. A total of 32,560 cases were reported for the same period of EY 1971.

The 6-month rate of viral hepatitis for EY 1972 was 16.6 cases per 100,000 population, a 3% increase over the same 6-month period in EY 1971 when the rate was 16.1. This was the smallest 6-month increase since 1966.

HEPATITIS – Continued

Compared with the same periods of EY 1971, reported cases of hepatitis B (formerly serum hepatitis) increased 20% for the summer quarter of EY 1972 and 12% for the fall quarter (Figure 2). Additionally, the number of cases continued to rise from one quarter to the next, but recent quarterly increases have not been proportionately as great as those noted in previous years. Hepatitis B continues to account for an increasing percentage of reported viral hepatitis cases: 12.9% and 13.7% for the summer and fall quarters of EY 1972 as compared with 11.2% and 11.9% for the same quarters of EY 1971. The number of cases and attack rates of hepatitis A (formerly infectious hepatitis) have remained almost static for 2 years, with reported cases increasing 2% and 3% for the summer and fall quarters of EY 1972, respectively.

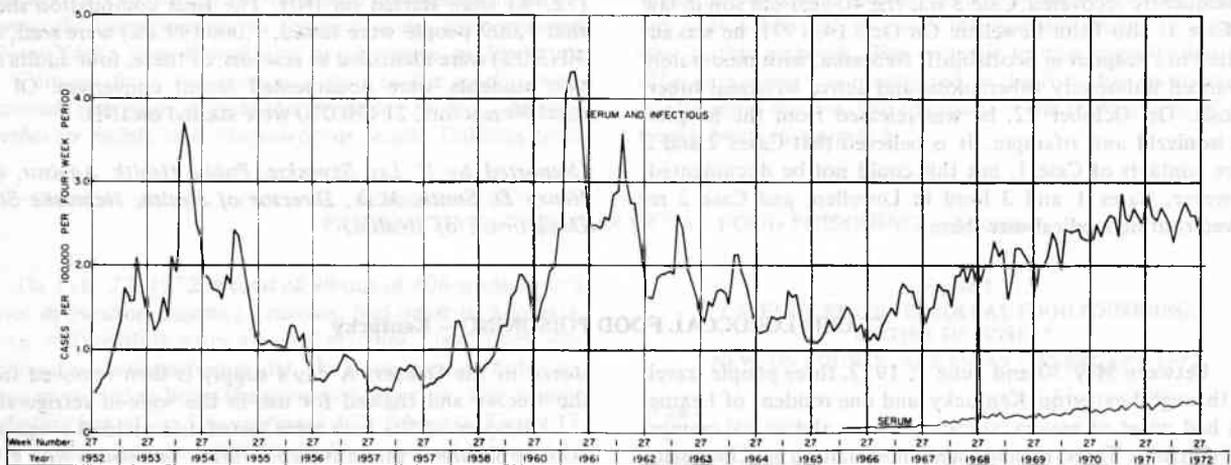
The highest rates for viral hepatitis occurred in the Pacific, Mountain, and Middle Atlantic regions, where rates have remained consistently high. The most marked increase for both quarters occurred in the West South Central region; the area with the greatest decline was New England.

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

Editorial Note

Morbidity data from the first 2 quarters of EY 1972 suggest that the nationwide incidence of viral hepatitis has ceased its sharp rise of the last 5-6 years and is increasing more gradually. The percentage of hepatitis B cases, however, has continued to increase, probably reflecting an increased awareness of hepatitis B, and possibly reflecting the current "epidemic" of parenteral drug abuse.

Figure 2
REPORTED CASES OF VIRAL HEPATITIS, CASE RATE BY 4-WEEK PERIODS
UNITED STATES – SINCE JULY 1952

INTERNATIONAL NOTES
GONORRHEA – United Kingdom

In 1971, *Neisseria gonorrhoeae* was isolated from 1,640 cases in Glasgow, Scotland, an increase of 243 (17.3%) from 1970. The number of female cases, however, increased proportionately more than the number of male cases. This is a change in the data previously reported from Glasgow, but it follows a disturbing trend which has become apparent in England, Wales, and many other countries in the last few years. More energetic and successful contact-tracing may account for part of the increase, but there is reason to believe that the greater part is due to a real increase in the disease in women.

The proportion of imported infections, which had increased from 2.8% in 1969 to 4.1% in 1970, continued to rise to 6.3% in 1971. Patients who had derived their infections from various United Kingdom sources outside Glasgow accounted for virtually the same share of the total as in the previous year. There was a decline, from 78.2% in 1970 to 75.9% in 1971, in the proportion of patients who had acquired their infections locally. This "home/abroad" ratio is almost identical to 1967 figures.

All the strains isolated showed a deterioration in their sensitivity to minimum inhibitory concentrations (MIC) of penicillin. From 1970 to 1971, the proportion of strains susceptible to concentrations of 0.15 ug/ml or less of penicillin fell by almost 10%, and the percentage of highly resistant strains ($MIC \geq 1.2$ ug/ml) more than doubled. However, with 76.3% of the strains susceptible to concentrations of not more than 0.15 ug/ml, penicillin remains the treatment of first choice. It was the indigenous, rather than the imported, strains which predominantly manifested this increased penicillin resistance. Of the 388 patients whose organisms exhibited $MIC \geq 0.6$ ug/ml, only 40 had been infected abroad, and as many as 264 of them had acquired their infections in or near Glasgow. Of the 43 highly resistant strains, only seven had been acquired abroad.

The sensitivities of the organisms to a number of other antimicrobial drugs were also tested. Most notable is the increase in the proportion of streptomycin-resistant strains from 21.8% in 1970 to 32.6% in 1971. This increase is another example of a reversion to the 1967/1968 figures and is to

some degree linked with the increase in the proportion of foreign strains, 59.2% of which were resistant to streptomycin. It has previously been reported that penicillin-resistant strains are invariably resistant to streptomycin as well, although not all streptomycin-resistant strains are resistant to penicillin. (Reported by the World Health Organization: Weekly Epidemiological Record, Vol. 47, No. 20, May 19, 1972.)

Editorial Note

Comparable data in the United States, reported by the Venereal Disease Branch, State and Community Services Division, CDC, show that a total of 441,087 male cases of gonorrhea and 190,783 female cases were reported in 1971, for a male to female ratio of 2.31:1. In Columbus, Ohio, where an intensive effort has been made to identify asymptomatic females, the male to female ratio declined from 2.3:1 in fiscal year 1970 to 1.1:1 in fiscal year 1972.

Of 771 gonococcal isolates tested prior to 1954, only five required greater than 0.5 unit/ml of penicillin G for inhibition. In the last 12 years the number of cultures requiring greater than 0.5 unit/ml for complete inhibition has increased from 4% to 25%. Comparing cultures of routine

clinic admissions from the United States with those from Southeast Asia, 19% of the former and 57% of the latter required greater than 0.5 unit/ml for complete inhibition. Tetracycline, used increasingly in recent years to treat gonorrhea, has shown a similar trend. It has been noted that prior to 1960, all of the 70 strains of gonococcus isolated from penicillin-failure patients were inhibited by 0.5 mcg/ml of tetracycline or less. From 1970 through 1971, however, 54% of the routine admission isolates tested required 1.0 mcg/ml or greater for complete inhibition. Thirty percent of the isolates from routine military and civilian clinic admissions from Southeast Asia required 4.0 mcg/ml of tetracycline for complete inhibition.

To counteract this trend, the United States Public Health Service in March 1972 recommended new treatment schedules for uncomplicated gonorrhea. The first choice for males and females is aqueous procaine penicillin G, 4.8 million units I.M., injected at two different sites on one visit, with 1 gram of oral probenecid, preferably given at least 30 minutes prior to the injection. Alternately, ampicillin, spectinomycin, or tetracycline is recommended.

YELLOW FEVER — Africa and the Americas, 1971

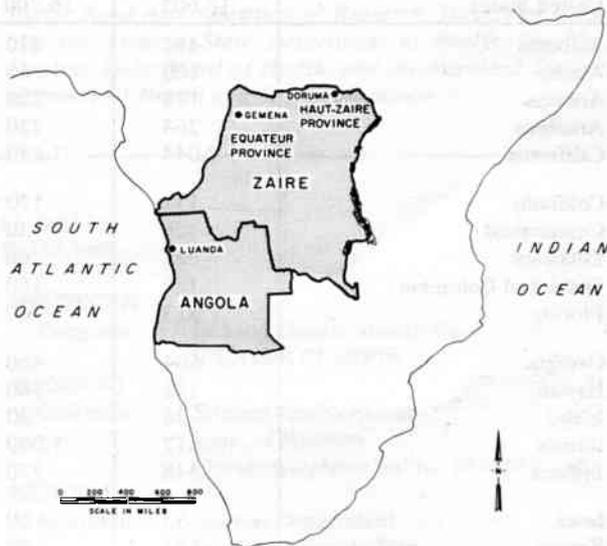
In 1971, there was an epidemic outbreak of yellow fever in Angola, Africa; a few cases also occurred in Zaire (Figure 3). The Angola epidemic began in mid-January and reached its peak at the beginning of March. Its spread was halted by the beginning of April. A total of 65 cases and 42 deaths were officially reported. The majority of the cases occurred in the outlying districts of Luanda, where *Aedes aegypti* was found in abundance. The full results of the laboratory examinations have not yet been published, but at least eight virus strains were isolated by inoculation of human serum into newborn mice, and one of them was identified as yellow fever virus by the neutralization test. In five cases the histopathologic examination showed hepatic lesions characteristic of yellow fever. In several cases the serologic examination gave reactions characteristic of primary injection with yellow fever virus. A mass vaccination campaign was conducted, and the epidemic was successfully halted. It was also noted that since November 1970, nearly 1,000 cases of dengue had been recorded. In certain cases the laboratory showed serologic conversion for chikungunya virus.

In Zaire two deaths occurred near Gemena, Province of Equateur, in December 1971. Both patients, aged 30 and 15, had displayed symptoms suggestive of yellow fever, and a histopathologic examination in one case confirmed the etiology. Other cases occurred in January 1972; however, the diagnosis of the cases from the clinical symptoms proved difficult, because the few laboratory examinations performed also showed a large number of cases of viral hepatitis. A total of 350,000 doses of vaccine was supplied by the WHO Regional Office for Africa to contain the epidemic. The existence of endemic foci in northern Zaire had long been known. A recrudescence of cases of bush yellow fever was recorded in 1958 in the territories of Gemena and Coruma, Province of Haut-Zaire, where 60 cases and 23 deaths were recorded. The main vector appears to have been *Aedes simpsoni*. Approximately 160,000 persons were vaccinated, and the plantations

where the vectors were found were sprayed with insecticides by helicopter.

In North and South America, fewer cases of yellow fever were reported in 1971 compared with previous years. Ten cases of jungle yellow fever were recorded in Bolivia, Brazil, and Colombia. No cases were found in Peru, where a small epidemic had taken place in 1970. Nevertheless, the *A. aegypti* eradication campaign is encountering increasing difficulties. In 1970 and 1971, *Stegomyia* was again found in Costa Rica, Colombia, Grenada, and Trinidad and Tobago. (Reported by the World Health Organization; Weekly Epidemiological Record, Vol. 47, No. 24, June 16, 1972.)

Figure 3
YELLOW FEVER IN
DORUMA, GEMENA, AND LUANDA, AFRICA — 1971



CURRENT TRENDS
TUBERCULOSIS – United States, 1972

From January through June 1972, a total of 16,605 new active cases of tuberculosis were reported in the United States, compared with 16,700 estimated cases. The "expected number" of tuberculosis cases was based on the following assumptions: even distribution throughout the year, complete reporting of delayed reports, and a 5% reduction from 1971 (Table 1). Reporting of tuberculosis morbidity by weeks was initiated in January 1972 and began slowly, averaging less than 500 cases per week during the first six weeks of the year. As more complete reporting was achieved, tuberculosis morbidity has stabilized between 600 and 700 cases per week (Figure 4).

(Reported by the Tuberculosis Branch, State and Community Services Division, CDC.)

Figure 4
NEW ACTIVE TUBERCULOSIS CASES, BY WEEK
UNITED STATES – JAN. 8–JULY 1, 1972

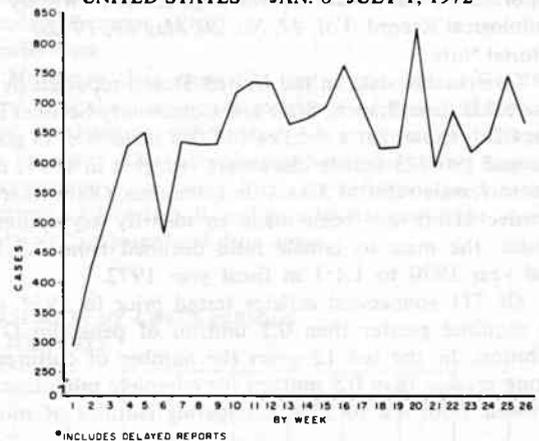


Table 1
New Active Tuberculosis Cases Reported by State
United States – Jan. 8–July 1, 1972

State	Tuberculosis Cases		State	Tuberculosis Cases	
	Reported*	Expected**		Reported*	Expected**
United States	16,605	16,700	Missouri	290	340
Alabama	491	470	Montana	15	35
Alaska	100	50	Nebraska	52	40
Arizona	175	220	Nevada	..†	20
Arkansas	264	230	New Hampshire	27	15
California	2,044	1,650	New Jersey	589	600
Colorado	132	120	New Mexico	92	80
Connecticut	128	130	New York	1,831	1,800
Delaware	31	40	North Carolina	553	500
District of Columbia	189	150	North Dakota	14	25
Florida	813	740	Ohio	690	620
Georgia	504	460	Oklahoma	151	160
Hawaii	148	160	Oregon	128	120
Idaho	36	30	Pennsylvania	832	900
Illinois	617	1,000	Rhode Island	63	55
Indiana	348	370	South Carolina	..†	320
Iowa	53	60	South Dakota	40	30
Kansas	75	70	Tennessee	449	420
Kentucky	397	360	Texas	1,041	1,300
Louisiana	264	360	Utah	17	20
Maine	50	40	Vermont	19	20
Maryland	497	400	Virginia	480	430
Massachusetts	377	360	Washington	178	170
Michigan	691	620	West Virginia	194	130
Minnesota	78	100	Wisconsin	122	150
Mississippi	225	200	Wyoming	11	10

*Morbidity and Mortality Weekly Report.

**Estimates based on a 5% reduction from 1971.

†(.) = Not participating.

EPIDEMIOLOGIC NOTES AND REPORTS
TURTLE-ASSOCIATED SALMONELLOSIS — Alabama

On approximately May 12, 1972, a 4-year-old boy living in Prichard, Alabama, had onset of chills, fever, vomiting, and diarrhea. His temperature was 108°F. He was treated with ampicillin for 2 days and was admitted to a hospital in Mobile on May 14. While hospitalized, his fever did not break for several days despite the use of a thermal blanket and treatment with antibiotics and aspirin.

A stool culture from the patient yielded *Salmonella java*. Five household contacts also submitted specimens; three were positive for *S. java*.

Epidemiologic investigation revealed that the patient and his family had moved to Prichard from Semmes, Alabama, on May 1. The family with whom they were living in Prichard had a pet turtle. A sample of water from the turtle's bowl

was cultured at the State Laboratory for Enteric Culturing and yielded *S. java*. It was also noted that the patient had been wading in a nearby creek 1 week prior to onset of symptoms. A sample of the creek water was passed through a membrane filter and cultured; *S. give* was isolated. Water samples were also taken from the patient's home and surrounding houses but were negative for coliform.

(Reported by John E. Cutts, D.V.M., Chief, Lois Hawkins, R.N., Disease Investigator, Division of Epidemiology, G. W. Newburn, M.D., Health Officer, Mobile County Health Department; Thomas H. Hosty, Ph.D., Director, Department of Health Laboratories, and Frederick S. Wolf, M.D., State Epidemiologist, Alabama Department of Public Health.)

ASEPTIC MENINGITIS — Virginia, North Carolina, Maryland, and Washington, D.C.

Since the beginning of June 1972, there have been approximately 82 cases of aseptic meningitis reported from the metropolitan Washington, D.C. area. Increased numbers of cases have also been reported in the Charlottesville and Tidewater areas of Virginia and in North Carolina. More than half of the cases reported in the Washington, D.C. area have been less than 2 months of age. In most cases the illness has been mild, with fever, headache, and stiff neck predominating in older children and fever, irritability, and somnolence in infants.

Coxsackie B5 virus has been isolated from some of the cases. The North Carolina State Board of Health reported 10 isolations of coxsackie B5 in July, five from cerebral spinal fluid specimens. In Washington, D.C., the virus has been found in children with respiratory illness and in one adult with en-

cephalitis. In view of the known potential of coxsackie B infections to spread in nurseries and to cause encephalomyocarditis in newborns, local hospitals were advised to strictly enforce standard nursery practices of preventing contact between infected patients and newborns and to isolate children or mothers who develop the clinical picture outlined above. Investigations of cases in Virginia, North Carolina, Maryland, and the District of Columbia are continuing.

(Reported by the Children's Hospital, the Department of Human Resources, the Walter Reed Army Hospital, and the Walter Reed Army Institute of Research, District of Columbia; the Virginia State Department of Health; the North Carolina State Board of Health; and the Maryland State Department of Health and Mental Hygiene.)

INTERNATIONAL NOTES
QUARANTINE MEASURES

The following changes should be made in the "Supplement — United States Designated Yellow Fever Vaccination Centers," MMWR, Vol. 21, No. 20 (NOTE: This Supplement was incorrectly numbered as Volume 20.):

FLORIDA	
Orlando	Orange County Health Dept. Change telephone no. to: 802, 849-3331
ILLINOIS	
Springfield	Dept. of Public Health 62706 Change telephone no. to: 217, 525-2166
INDIANA	
Ft. Wayne	Board of Public Health 46802 Change clinic hours to: Wed., 9-10 a.m. (Effective 8/2/72)
KANSAS	
Leavenworth	City-County Health Dept. 422 Walnut St. 66048 913, 682-0245 Clinic hours: Tues. & Thurs., 1-3 p.m. Fee charged (NEW CENTER)

MISSISSIPPI	
Pasagoula	Jackson County Health Dept. 39567 (CENTER CLOSED)
MISSOURI	
Columbia	Student Health Center Univ. of Missouri Change telephone no. to: 314, 882-7481
NEW YORK	
Brooklyn	Medical Department Seafarers' Welfare Plan 685 Third Avenue 11232 212, 965-2440 Clinic hours: By appointment Fee charged (NEW CENTER)
Jamaica	TransWorld Airlines 11430 (REMOVE FROM LISTING OF CENTERS OPEN TO THE PUBLIC)
New York	Pan Medical Associates 10016 Change clinic hours to: By appointment

(Continued on page 272)

TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
 FOR WEEKS ENDING AUGUST 5, 1972 AND AUGUST 7, 1971 (31st WEEK)

AREA	ASEPTIC MENIN- GITIS	BRUCEL- LOSIS	CHICKEN- POX	DIPHTHERIA		ENCEPHALITIS			HEPATITIS		
						Primary including unspec. cases		Post In- fectious	Serum (Hepatitis B)	Infectious (Hepatitis A)	
						1972	1971	1972	1972	1972	1971
UNITED STATES	156	5	614	-	60	25	35	8	142	870	1,142
NEW ENGLAND	3	-	108	-	-	3	2	-	8	86	64
Maine *	1	-	3	-	-	-	-	-	-	2	13
New Hampshire *	1	-	1	-	-	1	-	-	1	15	3
Vermont	-	-	1	-	-	-	-	-	-	8	8
Massachusetts	1	-	23	-	-	2	1	-	3	39	19
Rhode Island	-	-	17	-	-	-	1	-	1	6	10
Connecticut	-	-	63	-	-	-	-	-	3	16	11
MIDDLE ATLANTIC	47	1	63	-	3	5	1	1	37	112	242
Upstate New York	4	1	2	-	1	3	-	1	3	33	55
New York City	34	-	61	-	2	-	-	-	15	36	82
New Jersey *	9	-	NN	-	-	2	-	-	19	43	93
Pennsylvania *	---	---	---	---	---	---	1	---	---	---	12
EAST NORTH CENTRAL	6	-	255	-	4	1	11	-	12	116	177
Ohio	-	-	7	-	-	-	8	-	4	17	55
Indiana	1	-	40	-	-	1	-	-	1	5	2
Illinois	-	-	-	-	3	-	1	-	7	31	32
Michigan	2	-	35	-	1	-	2	-	-	55	83
Wisconsin	3	-	173	-	-	-	-	-	-	8	5
WEST NORTH CENTRAL	2	2	10	-	9	-	3	3	4	28	32
Minnesota	-	-	-	-	-	-	1	1	2	-	3
Iowa	-	1	6	-	-	-	-	-	-	-	7
Missouri	1	-	1	-	-	-	1	-	-	13	6
North Dakota	-	-	3	-	-	-	-	-	-	-	2
South Dakota	-	-	-	-	6	-	1	-	-	1	2
Nebraska	-	-	-	-	3	-	-	-	-	-	2
Kansas	1	1	-	-	-	-	-	2	2	14	10
SOUTH ATLANTIC	50	-	70	-	9	3	7	2	27	142	129
Delaware	-	-	6	-	-	-	-	-	-	-	1
Maryland	-	-	15	-	1	1	1	1	2	43	12
District of Columbia	20	-	3	-	-	-	-	-	2	2	1
Virginia	7	-	5	-	-	1	1	-	4	16	31
West Virginia	-	-	37	-	-	-	-	-	-	6	10
North Carolina	14	-	NN	-	-	-	2	-	6	23	20
South Carolina	2	-	4	-	1	-	-	-	-	4	10
Georgia	-	-	-	-	2	-	-	-	-	5	19
Florida	7	-	-	-	5	1	3	1	13	43	25
EAST SOUTH CENTRAL	2	-	-	-	3	2	1	-	2	36	76
Kentucky	---	---	---	---	---	---	---	---	---	---	21
Tennessee	1	-	NN	-	-	1	1	-	2	29	46
Alabama *	1	-	-	-	3	1	-	-	-	5	6
Mississippi	-	-	-	-	-	-	-	-	-	2	3
WEST SOUTH CENTRAL	20	1	20	-	23	4	4	-	15	116	97
Arkansas	1	-	-	-	-	2	2	-	1	6	5
Louisiana	2	-	NN	-	4	1	1	-	2	16	6
Oklahoma	1	1	3	-	-	-	1	-	1	17	12
Texas	16	-	17	-	19	1	-	-	11	77	74
MOUNTAIN	-	-	39	-	5	1	2	-	1	40	50
Montana	-	-	7	-	-	1	1	-	-	11	5
Idaho	-	-	-	-	2	-	-	-	-	5	3
Wyoming	-	-	3	-	-	-	-	-	-	-	1
Colorado	---	---	---	---	---	---	---	---	---	---	-
New Mexico	-	-	2	-	1	-	1	-	-	5	7
Arizona	-	-	17	-	2	-	-	-	-	13	21
Utah	-	-	-	-	-	-	-	-	1	5	13
Nevada	-	-	10	-	-	-	-	-	-	1	-
PACIFIC	26	1	49	-	4	6	4	2	36	194	275
Washington	2	-	5	-	3	-	-	-	1	37	27
Oregon	-	-	-	-	-	-	-	-	-	35	38
California	24	1	-	-	1	6	4	2	35	119	199
Alaska	-	-	-	-	-	-	-	-	-	2	-
Hawaii	-	-	44	-	-	-	-	-	-	1	11
Guam	-	-	-	-	-	-	---	-	-	-	---
Puerto Rico	-	-	13	-	-	-	-	-	1	46	-
Virgin Islands	-	-	-	-	-	-	-	-	-	-	-

*Delayed reports: Chickenpox: Me. 8, Pa. 1
 Hepatitis B: N.H. delete 10, N.J. delete 1
 Hepatitis A: Me. 4, Ala. 1

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TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDING AUGUST 5, 1972 AND AUGUST 7, 1971 (31st 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	7	641	198	26,140	67,561	12	918	1,632	471	54,824	131	19,951
NEW ENGLAND	1	19	22	3,034	3,387	1	38	71	14	2,315	3	932
Maine*	1	2	3	243	1,455	-	3	8	5	265	-	66
New Hampshire	-	3	-	227	203	-	3	11	-	180	-	32
Vermont	-	1	5	125	109	-	-	-	-	111	-	68
Massachusetts	-	6	9	655	234	1	18	28	3	560	1	429
Rhode Island	-	-	-	519	238	-	10	3	2	368	-	88
Connecticut	-	7	5	1,265	1,148	-	4	21	4	831	2	249
MIDDLE ATLANTIC	1	48	11	909	7,391	-	114	216	58	2,909	10	1,830
Upstate New York	-	9	1	124	631	-	30	61	NN	NN	-	227
New York City	-	7	10	246	3,693	-	35	41	58	1,570	8	202
New Jersey	1	16	-	484	1,179	-	24	51	-	692	2	1,156
Pennsylvania*	---	16	---	55	1,888	---	25	63	---	647	---	245
EAST NORTH CENTRAL	-	65	79	10,784	14,915	4	130	184	101	15,109	40	5,383
Ohio	-	11	2	233	3,966	-	53	55	12	2,125	1	381
Indiana	-	1	6	1,222	2,657	-	11	14	13	972	14	645
Illinois	-	25	40	3,996	2,877	-	25	53	14	2,668	8	1,009
Michigan	-	25	12	1,958	2,213	3	35	51	6	2,626	-	1,229
Wisconsin	-	3	19	3,375	3,202	1	6	11	56	6,718	17	2,119
WEST NORTH CENTRAL	-	42	5	925	6,771	2	68	122	24	8,225	1	1,250
Minnesota	-	5	-	19	52	2	19	20	1	671	-	488
Iowa	-	3	1	648	2,236	-	2	9	4	5,663	-	379
Missouri	-	11	3	162	2,590	-	20	44	13	507	1	108
North Dakota	-	1	-	51	231	-	-	5	-	319	-	22
South Dakota	-	4	1	6	214	-	2	5	-	117	-	12
Nebraska	-	3	-	18	62	-	9	14	6	250	-	50
Kansas	-	15	-	21	1,386	-	16	25	-	698	-	191
SOUTH ATLANTIC	2	99	32	2,088	7,347	3	207	288	78	5,119	14	1,553
Delaware	-	-	-	48	36	-	1	2	5	83	-	7
Maryland	-	8	-	15	524	-	33	44	5	307	-	45
District of Columbia	-	5	-	2	15	-	9	10	-	20	-	6
Virginia	-	4	1	59	1,533	2	47	29	24	1,096	2	69
West Virginia	1	3	5	258	486	-	6	7	17	2,292	2	374
North Carolina	1	36	2	32	1,919	-	26	51	NN	NN	1	28
South Carolina	-	10	-	214	898	1	20	20	2	165	-	50
Georgia	-	22	3	164	201	-	8	23	-	22	-	57
Florida	-	11	21	1,296	1,735	-	57	102	25	1,134	9	917
EAST SOUTH CENTRAL	-	161	-	1,020	8,111	-	75	140	18	2,890	5	1,489
Kentucky	---	142	---	518	3,872	---	24	37	---	449	---	843
Tennessee	-	-	-	191	999	-	28	53	18	1,846	5	491
Alabama	-	15	-	131	1,829	-	15	28	-	486	-	44
Mississippi	-	4	-	180	1,411	-	8	22	-	109	-	111
WEST SOUTH CENTRAL	1	69	11	1,402	12,264	2	113	144	66	4,612	17	1,434
Arkansas	-	5	-	13	777	-	9	5	-	160	6	35
Louisiana	-	5	-	82	1,665	-	34	50	2	293	-	85
Oklahoma	-	4	1	10	749	-	6	7	-	155	-	33
Texas	1	55	10	1,297	9,073	2	64	82	64	4,004	11	1,281
MOUNTAIN	-	42	7	1,734	3,149	-	16	49	11	2,819	9	1,044
Montana	-	2	-	12	917	-	2	6	3	172	-	28
Idaho	-	3	3	24	270	-	4	7	-	195	-	25
Wyoming	-	1	-	51	84	-	1	2	1	219	-	8
Colorado	---	27	---	514	809	---	3	7	---	728	---	515
New Mexico	-	1	3	113	332	-	2	3	-	553	2	87
Arizona	-	6	1	867	402	-	1	8	7	776	7	350
Utah	-	2	-	153	328	-	2	13	-	131	-	28
Nevada	-	-	-	-	7	-	1	3	-	45	-	3
PACIFIC	2	96	31	4,244	4,226	-	157	418	101	10,826	32	5,036
Washington	-	-	2	972	981	-	12	23	5	3,554	-	819
Oregon	-	11	-	113	368	-	13	31	23	1,467	1	349
California	2	74	29	3,053	2,483	-	123	358	61	5,460	30	3,801
Alaska	-	2	-	11	53	-	6	-	2	96	1	20
Hawaii	-	9	-	95	341	-	3	6	10	249	-	47
Guam	-	2	-	6	---	-	11	---	-	4	-	6
Puerto Rico	-	4	9	561	438	-	4	5	14	709	1	17
Virgin Islands	-	-	-	1	15	-	2	-	-	129	-	3

*Delayed reports: Measles: Pa. 2
Mumps: Me. 3, Pa. 3
Rubella: Me. 1, Pa. 1

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TABLE III. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES
FOR WEEKS ENDING AUGUST 5, 1972 AND AUGUST 7, 1971 (31st WEEK) - Continued

AREA	TETANUS		TB (New Active)		TULAREMIA		TYPHOID FEVER		TYPHUS FEVER TICK-BORNE (Rky. Mt. spotted fever)		VENEREAL DISEASES		RABIES IN ANIMALS	
	1972	1972	1972	Cum. 1972	1972	Cum. 1972	1972	Cum. 1972	1972	Cum. 1972	GONOR- RHEA	SYPHILIS (Pri. & Sec.)	1972	Cum. 1972
											1972	1972		
UNITED STATES	5	729	2	77	6	185	29	297	15,359	512	63	2,604		
NEW ENGLAND	-	18	-	-	-	11	-	-	384	13	5	83		
Maine	-	1	-	-	-	-	-	-	24	2	3	65		
New Hampshire	-	2	-	-	-	2	-	-	8	-	-	2		
Vermont	-	1	-	-	-	-	-	-	3	-	-	8		
Massachusetts	-	11	-	-	-	7	-	-	159	3	-	2		
Rhode Island	-	1	-	-	-	-	-	-	26	-	1	2		
Connecticut	-	2	-	-	-	2	-	-	164	8	1	4		
MIDDLE ATLANTIC	-	117	-	1	-	34	-	16	2,378	98	2	58		
Upstate New York	-	43	-	-	-	11	-	4	475	13	2	30		
New York City	-	50	-	-	-	19	-	1	1,517	67	-	-		
New Jersey	-	24	-	1	-	3	-	6	386	18	-	-		
Pennsylvania *	-	-	-	-	-	1	-	5	-	-	-	28		
EAST NORTH CENTRAL	1	120	-	1	-	14	-	17	1,841	46	2	263		
Ohio	-	-	-	1	-	5	-	16	569	9	-	70		
Indiana	-	14	-	-	-	-	-	-	311	2	-	59		
Illinois	-	89	-	-	-	3	-	-	252	13	1	47		
Michigan	-	15	-	-	-	5	-	-	621	20	-	4		
Wisconsin	1	2	-	-	-	1	-	1	88	2	1	83		
WEST NORTH CENTRAL	-	10	1	18	-	4	2	14	818	3	18	720		
Minnesota	-	3	-	-	-	-	-	-	163	2	4	163		
Iowa	-	1	-	-	-	-	1	2	57	-	6	219		
Missouri	-	1	-	14	-	3	-	8	340	-	-	63		
North Dakota	-	-	-	-	-	-	-	-	16	-	4	99		
South Dakota	-	-	-	1	-	-	1	3	42	-	-	76		
Nebraska	-	1	-	1	-	-	-	-	41	-	2	10		
Kansas	-	4	1	2	-	1	-	1	159	1	2	90		
SOUTH ATLANTIC	1	160	-	9	1	22	16	165	4,393	192	10	227		
Delaware	-	-	-	-	-	-	-	-	173	3	-	-		
Maryland	-	9	-	1	-	5	-	25	498	14	-	6		
District of Columbia	-	13	-	-	-	2	1	1	281	20	-	-		
Virginia	-	21	-	6	-	7	4	38	563	63	2	60		
West Virginia	-	10	-	-	-	1	-	3	64	1	-	45		
North Carolina *	-	15	-	-	-	-	10	70	526	1	-	1		
South Carolina	1	10	-	-	-	-	1	13	400	15	1	9		
Georgia	-	40	-	1	-	1	-	14	862	45	1	61		
Florida	-	42	-	1	1	6	-	-	1,026	30	6	45		
EAST SOUTH CENTRAL	-	29	-	5	2	20	1	44	893	8	8	492		
Kentucky *	-	-	-	-	-	5	-	1	-	-	-	190		
Tennessee	-	-	-	4	1	7	1	33	542	6	6	253		
Alabama	-	22	-	1	1	3	-	3	112	-	2	48		
Mississippi	-	7	-	-	-	5	-	7	239	2	-	1		
WEST SOUTH CENTRAL	2	170	-	35	1	25	8	36	2,049	67	15	545		
Arkansas	-	9	-	21	-	9	1	4	208	3	-	75		
Louisiana *	-	12	-	2	-	4	-	-	428	15	-	27		
Oklahoma	-	2	-	8	-	1	6	26	202	3	4	222		
Texas	2	147	-	4	1	11	1	6	1,211	46	11	221		
MOUNTAIN	-	5	1	6	-	5	1	4	364	9	1	55		
Montana	-	2	-	-	-	-	-	1	27	-	1	3		
Idaho	-	-	-	-	-	-	1	3	49	-	-	-		
Wyoming	-	-	-	-	-	-	-	-	17	1	-	1		
Colorado	-	-	-	1	-	-	-	-	-	-	-	-		
New Mexico	-	-	-	-	-	1	-	-	78	1	-	15		
Arizona	-	3	-	2	-	2	-	-	144	4	-	34		
Utah	-	-	1	3	-	2	-	-	33	-	-	1		
Nevada	-	-	-	-	-	-	-	-	16	3	-	1		
PACIFIC	1	100	-	2	2	50	1	1	2,239	76	2	161		
Washington	-	17	-	-	-	2	1	1	164	4	-	1		
Oregon	-	3	-	1	-	-	-	-	205	1	-	-		
California	1	76	-	-	2	45	-	-	1,777	69	2	153		
Alaska	-	-	-	1	-	-	-	-	60	2	-	7		
Hawaii	-	4	-	-	-	3	-	-	33	-	-	-		
Guam	-	-	-	-	-	-	-	-	-	-	-	-		
Puerto Rico	-	5	-	-	-	5	-	-	57	21	-	36		
Virgin Islands	-	-	-	-	-	-	-	-	-	-	-	-		

*Delayed reports: Tuberculosis: N.C. delete 1, Ky. delete 1
RMSE: Pa. 1Gonorrhea: Pa. 218, La. delete 3
Syphilis: Pa. 8

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TABLE IV. DEATHS IN 122 UNITED STATES CITIES FOR WEEK ENDING AUGUST 5, 1972

(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	675	431	25	36	SOUTH ATLANTIC	1,426	809	39	54
Boston, Mass.	210	116	9	19	Atlanta, Ga.	152	70	7	9
Bridgeport, Conn.	43	30	—	4	Baltimore, Md.	360	196	7	7
Cambridge, Mass.	24	17	—	4	Charlotte, N. C.	59	30	1	—
East River, Mass.	26	14	2	—	Jacksonville, Fla.	93	48	5	4
Hartford, Conn.	43	28	3	—	Miami, Fla.	89	47	5	1
Lowell, Mass.	23	18	1	1	Norfolk, Va.	49	30	1	5
Lynn, Mass.	19	12	—	—	Richmond, Va.	104	64	2	4
New Bedford, Mass.	21	17	—	—	Savannah, Ga.	36	20	—	3
New Haven, Conn.	65	43	3	—	St. Petersburg, Fla.	84	66	3	3
Providence, R. I.	55	34	5	1	Tampa, Fla.	73	46	2	7
Somerville, Mass.	11	8	—	—	Washington, D. C.	265	153	3	8
Springfield, Mass.	37	27	—	5	Wilmington, Del.	62	39	3	3
Waterbury, Conn.	38	29	1	—	EAST SOUTH CENTRAL	608	332	28	23
Worcester, Mass.	60	38	1	2	Birmingham, Ala.	81	36	8	—
MIDDLE ATLANTIC	2,968	1,706	103	141	Chatanooga, Tenn.	44	25	2	1
Albany, N. Y.	53	32	3	4	Knoxville, Tenn.	53	38	1	3
Allentown, Pa.	27	15	1	—	Louisville, Ky.	127	69	4	4
Buffalo, N. Y.	121	63	3	3	Memphis, Tenn.	100	50	6	3
Camden, N. J.	51	29	2	5	Mobile, Ala.	62	35	4	4
Elizabeth, N. J.	25	17	—	—	Montgomery, Ala.	50	27	1	3
Erie, Pa.	26	18	1	1	Nashville, Tenn.	91	52	2	5
Jersey City, N. J.	62	37	4	4	WEST SOUTH CENTRAL	1,225	649	65	36
Newark, N. J.	87	43	5	7	Austin, Tex.	44	24	—	4
New York City, N. Y. **	1,496	865	46	68	Baton Rouge, La.	48	19	2	—
Paterson, N. J.	44	28	1	5	Corpus Christi, Tex.	37	19	—	—
Philadelphia, Pa.	392	207	14	4	Dallas, Tex.	169	85	11	3
Pittsburgh, Pa.	218	123	6	15	El Paso, Tex.	42	33	—	1
Reading, Pa.	30	18	2	1	Fort Worth, Tex.	74	42	3	1
Rochester, N. Y.	124	79	4	9	Houston, Tex.	233	106	20	2
Schenectady, N. Y.	31	14	2	1	Little Rock, Ark.	54	24	3	4
Scranton, Pa.	21	17	1	4	New Orleans, La.	136	70	4	1
Syracuse, N. Y.	56	29	5	1	Oklahoma City, Okla. **	87	50	4	2
Trenton, N. J.	48	29	1	3	San Antonio, Tex.	143	77	7	4
Utica, N. Y.	25	18	1	3	Shreveport, La.	76	47	9	7
Yonkers, N. Y.	31	25	1	3	Tulsa, Okla.	82	53	2	7
EAST NORTH CENTRAL	2,583	1,480	112	66	MOUNTAIN	428	250	18	16
Akron, Ohio	61	31	3	—	Albuquerque, N. Mex.	44	19	1	4
Canton, Ohio	32	23	—	1	Colorado Springs, Colo.	23	16	4	4
Chicago, Ill.	658	342	38	11	Denver, Colo.	101	63	4	2
Cincinnati, Ohio	198	125	8	8	Ogden, Utah	28	17	2	1
Cleveland, Ohio	216	127	5	4	Phoenix, Ariz.	88	44	2	1
Columbus, Ohio	135	66	9	3	Pueblo, Colo.	13	8	1	2
Dayton, Ohio	102	49	5	—	Salt Lake City, Utah	73	44	2	—
Detroit, Mich.	360	187	24	13	Tucson, Ariz.	58	39	2	2
Evansville, Ind.	34	28	1	—	PACIFIC	1,643	982	48	29
Flint, Mich. **	52	28	3	1	Berkeley, Calif.	13	5	—	2
Fort Wayne, Ind.	48	32	—	3	Fresno, Calif.	43	22	1	1
Gary, Ind.	30	14	2	1	Glendale, Calif.	34	25	—	1
Grand Rapids, Mich.	43	28	1	4	Honolulu, Hawaii	49	28	2	1
Indianapolis, Ind.	154	98	2	5	Long Beach, Calif.	105	64	—	1
Madison, Wis.	29	16	2	3	Los Angeles, Calif.	548	324	16	10
Milwaukee, Wis.	123	83	2	6	Oakland, Calif.	77	42	2	2
Peoria, Ill.	40	24	2	—	Pasadena, Calif.	46	37	—	1
Rockford, Ill.	37	23	—	1	Portland, Ore.	155	92	9	—
South Bend, Ind.	33	20	2	2	Sacramento, Calif.	67	38	1	1
Toledo, Ohio	134	94	2	—	San Diego, Calif.	98	50	5	—
Youngstown, Ohio	64	42	1	—	San Francisco, Calif.	175	113	4	3
WEST NORTH CENTRAL	768	457	41	18	San Jose, Calif.	37	22	2	1
Des Moines, Iowa	61	33	1	4	Seattle, Wash.	135	80	3	2
Duluth, Minn.	20	11	1	3	Spokane, Wash.	34	22	2	2
Kansas City, Kans.	28	10	5	3	Tacoma, Wash.	27	18	1	1
Kansas City, Mo.	117	73	4	1	Total	12,324	7,096	479	419
Lincoln, Nebr.	39	28	1	—	Expected Number	12,227	6,866	572	409
Minneapolis, Minn.	103	64	7	1	Cumulative Total	399,892	233,452	15,654	16,476
Omaha, Nebr.	71	45	4	1	(includes reported corrections for previous weeks)				
St. Louis, Mo.	184	106	7	1					
St. Paul, Minn.	81	48	6	2					
Wichita, Kans.	64	39	5	2					
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.

**Estimate based on average percent of divisional total.

QUARANTINE MEASURES — Continued

New York Standard Oil Company (New Jersey) 10020
Change address from: 30 Rockefeller Plaza
to: 1251 Avenue of Americas

OHIO

Canton City Health Dept.
Third Floor, City Hall 44702
216, 455-8951, Ext. 231
Clinic hours: By appointment
(NEW CENTER)

Columbus Health Department
Change telephone no. to: 614, 461-7417
Add to clinic hours: By appointment

The following changes should be made in the "Supplement — Vaccination Certificate Requirements for International Travel," MMWR, Vol. 20, No. 11:

Austria

In the note concerning smallpox, insert: Smallpox — And from all countries in Africa (except: Algeria, Egypt, Libyan Arab Republic, Morocco, Tunisia), in America (except: Canada, United States of America) and Asia (except: Israel, Jordan, Lebanon, Syrian Arab Republic, Turkey, Union of Soviet Socialist Republics). II > 1 year.

Christmas Island (Indian Ocean)

In the note concerning cholera, delete: by air.

Denmark

In the note concerning smallpox, delete: The certificate is however required from arrivals from all infected areas and insert: The certificate is however required from arrivals from all countries any parts of which are infected.

Iran

In the note concerning cholera, delete: Romania.

Luxembourg

In the note concerning smallpox, insert: Egypt.

Papua and New Guinea

In the note concerning cholera, insert: Cholera — Except: American Samoa, Australia, Australian Antarctic Territories, Cook Islands, Fiji, Gilbert and Ellice Islands Colony, Lord Howe Island, New Zealand, Society Archipelago, Tonga, Western Samoa, provided travelers have not been outside these areas for at least seven days.

Romania

In the note concerning cholera, delete: Iran.

Spain (except Canary Islands)

In the note concerning smallpox, insert: including Puerto Rico.

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Director, Center for Disease Control
Director, Epidemiology Program, CDC
Editor, MMWR

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The data in this report are provisional, based on weekly telegraphs to CDC by state health departments. The reporting week concludes at close of business on Friday; compiled data on a national basis are officially released to the public on the succeeding Friday.

In addition to the established procedures for reporting morbidity and mortality, the editor welcomes accounts of interesting outbreaks or case investigations of current interest to health officials.

Address all correspondence to:

Center for Disease Control

Attn: Editor

Morbidity and Mortality Weekly Report
Atlanta, Georgia 30333

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