

COMMUNICABLE DISEASE CENTER

# INFLUENZA

## SURVEILLANCE

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# PREFACE

Summarized in this report is information received from State Health Departments, university investigators, virology laboratories and other pertinent sources, domestic and foreign. Much of the information is preliminary. It is intended primarily for the use of those with responsibility for disease control activities. Anyone desiring to quote this report should contact the original investigator for confirmation and interpretation.

Contributions to the Surveillance Report are most welcome. Please address to:  
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## I. SUMMARY

The focus of influenza activity appears to be shifting from the West Coast to the Central and Southeastern United States. Outbreaks of respiratory disease previously reported in the three Pacific States are declining. Colorado reports extension of the outbreaks to the eastern part of the State, but the epidemics in the southwest part of the State are waning. Missouri notes several additional communities which have become involved, all of them quite close to previously existing epidemic areas. Three States - Iowa, Tennessee, and Georgia - and two foreign capitals - Warsaw, Poland, and Madrid, Spain - report influenza-like illness for the first time this season. No laboratory confirmation is yet available from these areas.

The total number of reported influenza and pneumonia deaths in 108 cities for the week ending January 6, increased from 522 to 613, exceeding the epidemic threshold for the first time this season. It is too early to state whether this is due to outbreaks of influenza or to a delay in reporting, occasioned by the holidays.

## II. EPIDEMIC REPORTS

### 1. CALIFORNIA

Outbreaks of acute respiratory disease have been reported from 19 of 58 counties in California. From 11 of these, either isolates of Type B Influenza or serologic titer rises have been demonstrated. In general, the epidemics appear to be waning throughout the State. School absenteeism in California has been reported as normal in most urban areas although still elevated in rural areas.

It is difficult to assess the extent of Influenza B in California. Of 109 paired sera taken from cases of clinical influenza and submitted to the California State Laboratories, only 21 were positive for Influenza B. Whether or not this reflects the true proportion of Influenza B among those with acute respiratory disease awaits further study.

Influenza and pneumonia deaths in key California cities are reported to be within normal limits.

(Dr. Henry Renteln, Division of Preventive Medical Services,  
California State Department of Public Health)

### 2. COLORADO

Pueblo, Colorado, reported an increase in the number of respiratory infections during the last week of 1961. The number is practically double that previously reported. Acute respiratory disease has also been noted in the Arkansas Valley in southeast Colorado. The towns of La Junta and Rocky Ford near Pueblo report the presence of influenza-like disease.

The outbreak in southwest Colorado (Durango) is diminishing in intensity.

(Dr. Cecil S. Mollohan, Chief, Section of Epidemiology,  
Colorado State Department of Public Health)

### 3. FLORIDA

Type B Influenza was first reported in Florida in a school bus population south of Miami in mid-December. Since that time outbreaks of respiratory disease have spread north-

wards along the coast striking population centers in Broward and Flagler Counties and extending as far north as Jacksonville. In addition, it has been reported on the west coast in two counties north of Sarasota, namely, Manatee and Hillsborough Counties. No outbreaks are known in cities along the Georgia coast just north of Florida. Laboratory results are pending in northern Florida.

(Dr. James O. Bond, Director, Bureau Preventable Diseases, Florida State Board of Health)

#### 4. GEORGIA

Three counties in northwest Georgia report significantly increased school absenteeism due to acute respiratory disease. These counties are Gilmer, Bartow, and Troup. Cases in all three counties were reported mild but widespread.

(Dr. W. J. Murphy, Director, Epidemiology, Georgia Department of Public Health)

#### 5. ILLINOIS

Illinois reports that there have been no major extensions of respiratory disease from those previously described in the southern part of the State.

(Dr. Norman J. Rose, Chief, Bureau of Epidemiology, Illinois Department of Public Health)

#### 6. IOWA

An acute outbreak of respiratory disease has resulted in 40 percent absenteeism in the consolidated school in Hazleton (Buchanan County), Iowa. Intensive epidemiologic and laboratory studies have been initiated.

(Dr. Ralph H. Heeren, Director, Division of Preventable Diseases, Iowa State Department of Health)

## 7. MISSOURI

Missouri reports normal school attendance in Jefferson City and Potosi following the Christmas holidays. The occurrence of acute respiratory disease began in early December in the southeastern portion of the State and in late December in the central portion of the State. From foci in these areas the disease spread to numerous neighboring towns but has not yet become widespread in Missouri.

(Dr. E. A. Belden, Communicable Disease Control, Missouri Department of Public Health)

## 8. OREGON

Acute respiratory disease has been present in many areas in the western part of Oregon, but now appears to be on the decline. Additional paired sera have been found to be positive for Influenza B. These sera come from the greater Portland area and from The Dalles, a city on the Columbia River east of Portland.

(Dr. H. Grant Skinner, Director, Epidemiology Section, Oregon State Board of Health)

## 9. TENNESSEE

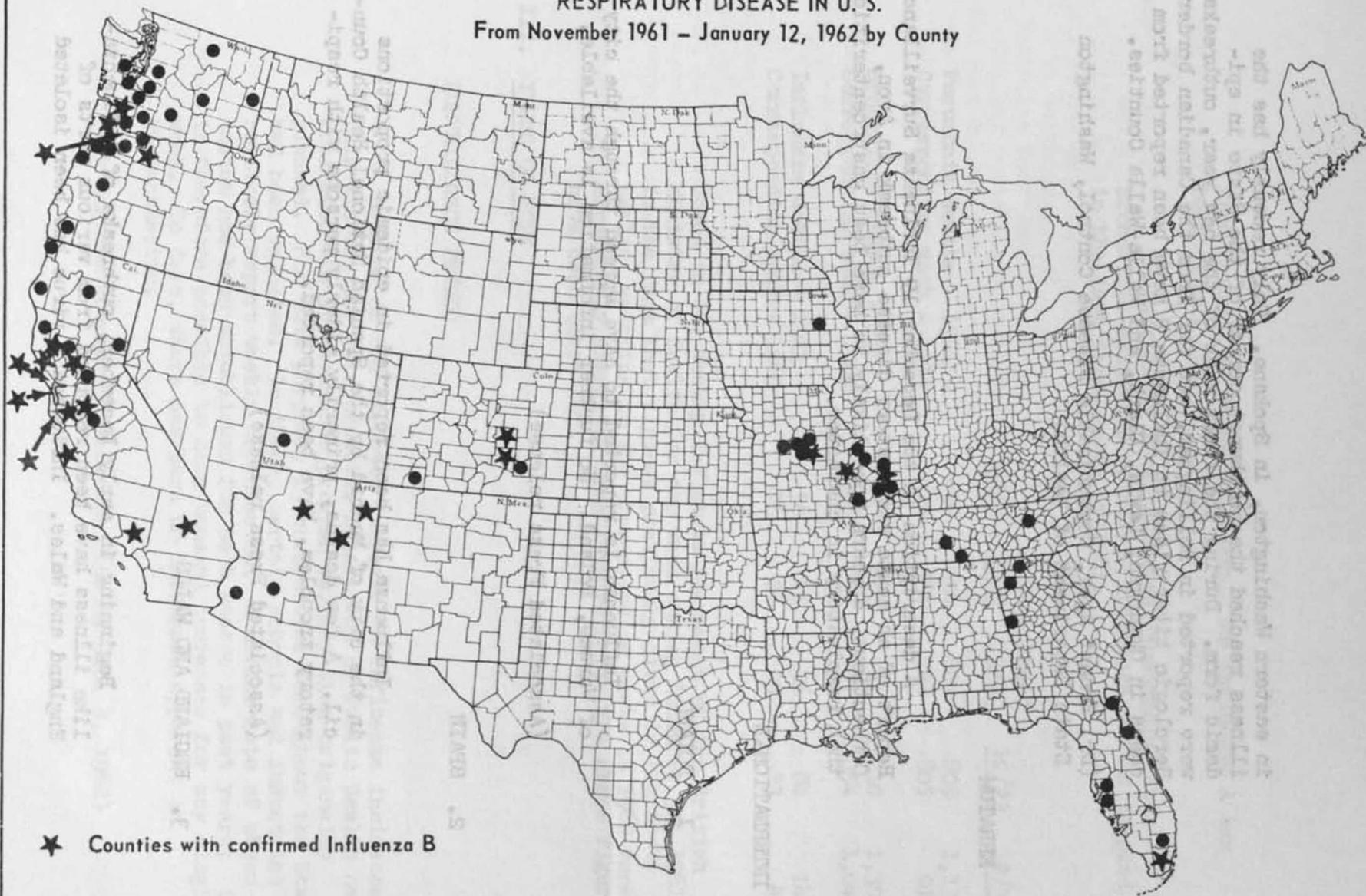
Three Tennessee counties report small outbreaks of influenza-like disease. They are Maury, Lincoln, and Knox Counties. School absenteeism has been elevated in a few schools in each county.

(Dr. Cecil B. Tucker, Director, Division of Preventable Diseases, Tennessee Department of Public Health)

## 10. WASHINGTON STATE

Acute respiratory disease in Washington appears to be on the wane. Since the Christmas holidays there have been no reports of schools with excessive absenteeism. Influenza-like disease began in Clark County on the Oregon border, and moved steadily northwards in the western part of the State. Shortly after reaching Seattle, it was also reported

RESPIRATORY DISEASE IN U. S.  
From November 1961 - January 12, 1962 by County



★ Counties with confirmed Influenza B

● Counties with reported outbreaks of acute respiratory disease

in eastern Washington, in Spokane. Only recently has the illness reached the northwest corner of the State in epidemic form. During the first week of the new year, outbreaks were reported in Bellingham, not far from the Canadian border. Serologic titer rises to Influenza B have been reported from cases in Okanogan, Lewis, Clark, and Walla-Walla Counties.

(Dr. Ernest Ager, Communicable Disease Control, Washington State Department of Health)

## ERRATUM

A description in the December 19 Influenza Surveillance Report of an acute respiratory disease outbreak in Avon, Connecticut, appears more likely to have been gastroenteritic than respiratory in character.

## INTERNATIONAL

### 1. POLAND

Influenza is reported to have spread through the city of Warsaw, Poland. No further information is available.

(Associated Press release)

### 2. SPAIN

Influenza has been reported in epidemic proportions in the city of Madrid by the Spanish National Health Council. A few deaths, primarily elderly persons with respiratory troubles, have been reported.

(Associated Press release)

### 3. ENGLAND AND WALES

Beginning in early December, outbreaks of influenza-like illness have been reported from various parts of England and Wales. Influenza B virus has been isolated

from several of these outbreaks. No Influenza A has been found.

The mortality from influenza, pneumonia, and bronchitis continues to rise. Influenza deaths tripled in the last three weeks of 1961.

	Week Ended				
	<u>12/2</u>	<u>12/9</u>	<u>12/16</u>	<u>12/23</u>	<u>12/30</u>
Pneumonia deaths - 1961	696	694	807	809	1,132
Corresponding week - 1960	522	554	728	805	916
Bronchitis deaths - 1961	620	661	761	1,010	1,301
Corresponding week - 1960	566	635	787	1,054	1,040
Influenza deaths - 1961	38	45	56	84	146
Corresponding week - 1960	16	20	29	23	47

Noted in the Weekly Influenza Statement of the British Ministry of Health for the week ending December 30, 1961 is the fact that figures previously given in the above tables relating to the corresponding weeks in 1960 were erroneously extracted from 1959 reports. The above figures have been corrected.

### III. ITEMS OF NOTE

#### SURVEILLANCE METHOD

Because of the expected increase in influenza incidence this winter, the Massachusetts Department of Public Health has activated its surveillance program earlier than originally planned. For this purpose, 13 communities throughout the State had been selected. In these, certain schools and industries routinely report weekly absenteeism. A normal rate of absenteeism has been established for each season in past years; it is therefore possible to note unusual increases for any single week. To date, there has been no influenza apparent in Massachusetts.

(New England Journal of Medicine 266:54, Jan. 4, 1962)

## RAPID TENTATIVE SEROLOGIC DIAGNOSIS

A method for determining the probable etiology of an outbreak of acute respiratory disease in 48 hours was recently described by a group of physicians in Scotland. Under normal circumstances the serologic diagnosis of virus infection requires demonstration of rising titers of antibody in paired sera collected in the early acute stage and in the later convalescent stage of illness. The examination of a single acute serum is rarely helpful, since blood collected early during infection will not contain antibody; the mere finding of antibody in a single convalescent sample does not indicate when the antibody developed, and cannot prove temporal or causal relationship between the corresponding infection and the illness in question.

In the case of an outbreak, however, it is sometimes possible to make a rapid tentative serological diagnosis by examination of single sera collected from patients with typical illness for the shortest and longest available times, with not less than 6 or preferably 12 in each group. The sera can be tested within 24 hours of receipt at the laboratory, and the diagnosis of the outbreak may be revealed by comparison of the titers of the "short duration" and "long duration" groups. A concentration of significantly higher titers to Influenza A or B among those cases with the "longest duration of illness" would justify a provisional diagnosis of that agent being the cause of the outbreak.

(The original report of this method may be found in the British Medical Journal, August 12, 1961, p. 431)

## IV. WEEKLY PNEUMONIA AND INFLUENZA DEATHS

The total number of reported pneumonia and influenza deaths in 108 United States cities for the week ending January 6 increased from 522 last week to 613, exceeding the epidemic threshold for the first time this season. This excess reflects moderate increases in the reported number of pneumonia and influenza deaths from all major geographic divisions except the West North Central States. Although the largest increase was in the Mountain States, it is well to note that in the previous week, there was a marked deficit in the number reported. A number of cities included delayed reports in this week's returns and thus increased the total reported for the week.



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