

CDC INFLUENZA SURVEILLANCE REPORT
NO. 29 DECEMBER 10, 1957

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SPECIAL NOTE

Information contained in this report is a summary of data reported to CDC by State Health Departments, Epidemic Intelligence Service Officers, collaborating influenza diagnostic laboratories, and other pertinent sources. Much of it is preliminary in nature and is intended for those involved in influenza control activities. Anyone desiring to quote this information is urged to contact the person or persons primarily responsible for the items reported in order that the exact interpretation of the report and the current status of the investigation be obtained. State Health Officers, of course, will judge the advisability of releasing any information from their own states.

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I. Summary of Information

During the past week there has been a considerable decrease in the number of new influenza outbreaks reported. The influenza map is omitted because very few changes have occurred since last week. Industrial and excess mortality data, as well as the National Health Survey, confirm the impression of a waning epidemic. Attention is directed now to the possibility of a recurrent epidemic of greater severity. Although small outbreaks will probably continue to occur in populations not previously affected, there is no evidence that the disease is becoming more severe.

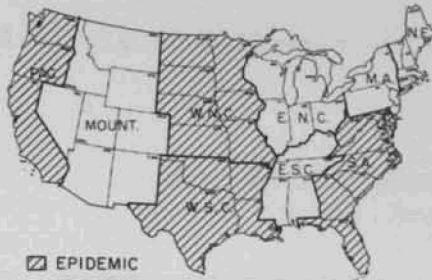
Excess influenza and pneumonia mortality for the nation did not fall appreciably during the past week. All regions in the eastern half of the United States continued to decline, but the Pacific and Mountain areas rose enough to maintain the national level.

The National Health Survey showed a steep decrease in new cases during the week ending November 16.

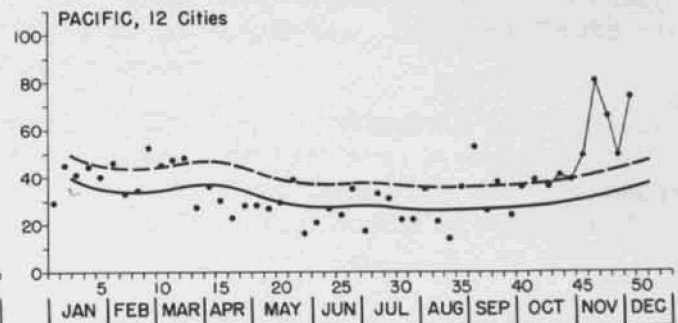
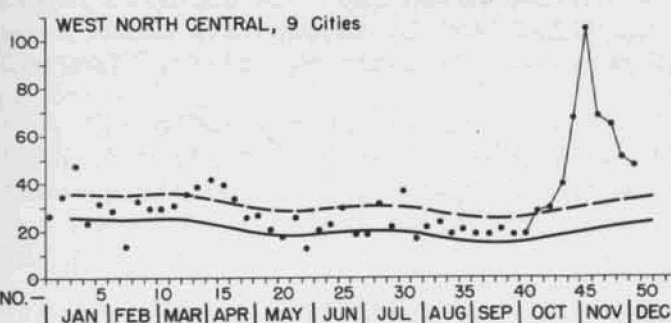
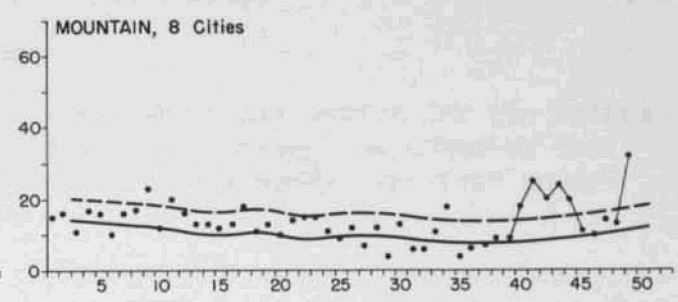
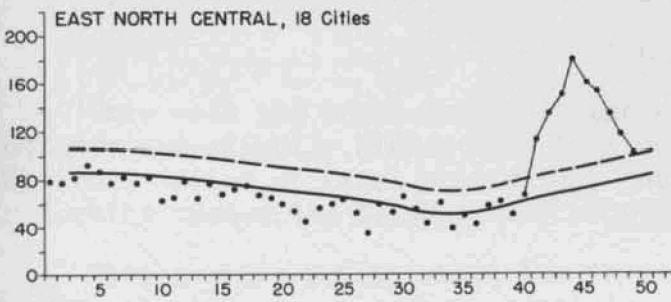
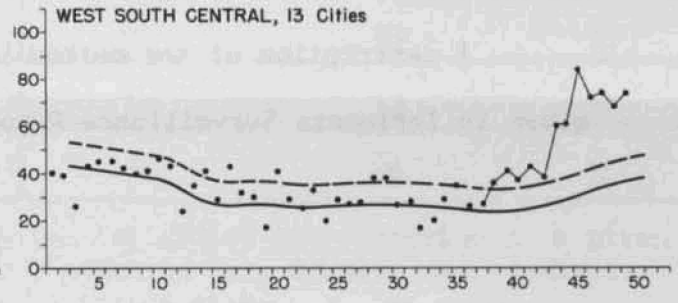
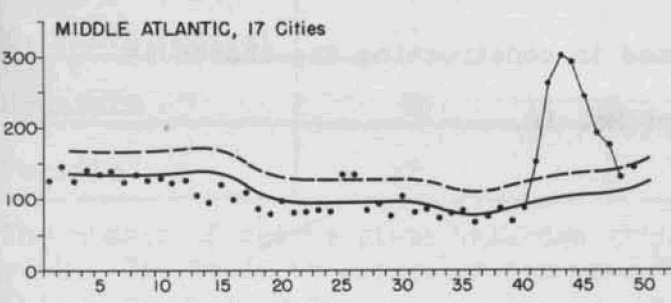
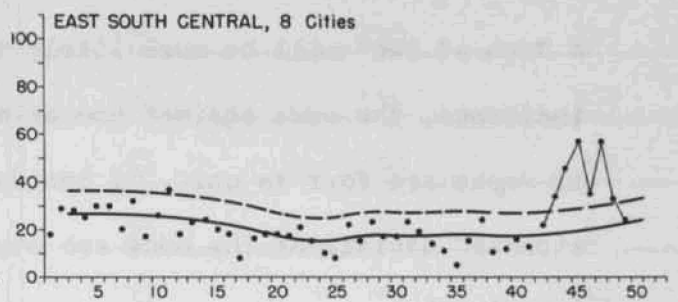
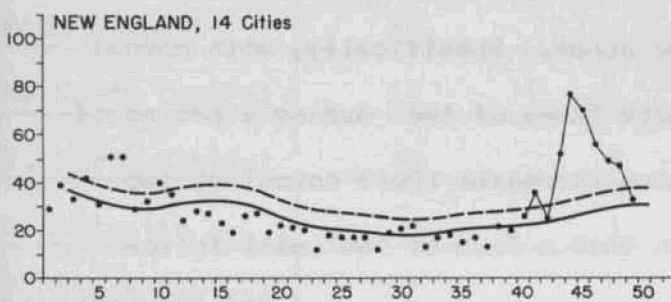
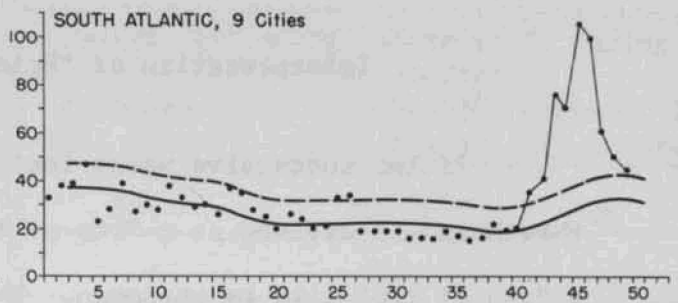
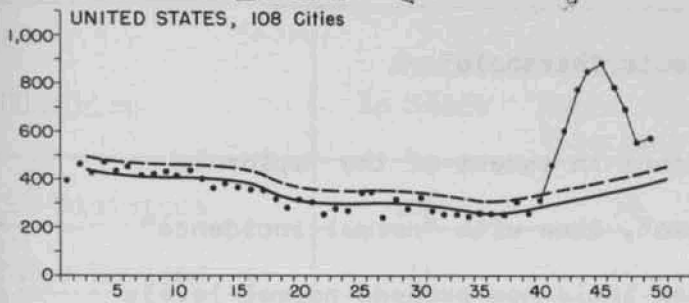
A total of 53,770,059 ml of Asian influenza vaccine has been released through December 4. This includes 2,116,470 released since last week.

A report from Japan discusses the "second wave" in that country. Apparently the "second wave" is principally involving persons who were not previously attacked.

WEEKLY PNEUMONIA AND INFLUENZA DEATHS



----- "EPIDEMIC THRESHOLD"
 _____ "NORMAL INCIDENCE"
 (SEE EXPLANATION ON BACK OF SHEET)



NUMBER OF DEATHS

WK. NO. JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Interpretation of "Epidemic Threshold"

If two successive weeks incidence in excess of the "epidemic threshold" is defined as a "run of two", then with "normal incidence" a "run of two" will be uncommon. When incidence exceeds normal levels a "run of two" will be more likely to occur. Specifically, with normal incidence, the odds against one or more "runs of two" during a period of 52 weeks are four to one. If incidence increases above normal by two standard deviations the odds are even that a "run of two" will follow immediately.

A description of the method used in constructing the charts is given in Influenza Surveillance Report No. 16.

II. Current Analysis of Influenza and Pneumonia Mortality*

Table 1

Current Influenza and Pneumonia Deaths
in 108 United States Cities

Division	Number of Cities		Deaths (including estimates**) during weeks ending		
	In Study	Reporting this week	November 23 (107 cities)	November 30 (100 cities)	December 7 (99 cities)
All Divisions	108	99	694	555	574
New England	14	13	49	46	33
Mid. Atlantic	17	13	176	130	145
E. North Central	18	17	132	116	100
W. North Central	9	9	64	50	47
S. Atlantic	9	9	61	50	45
E. South Central	8	7	57	33	24
W. South Central	13	13	74	68	74
Mountain	8	6	15	13	32
Pacific	12	12	66	49	74

**The number of deaths given includes estimates for cities not reporting in a given week. The table is corrected for preceding weeks as late figures are received. The chart will be corrected only for gross discrepancies.

Comment

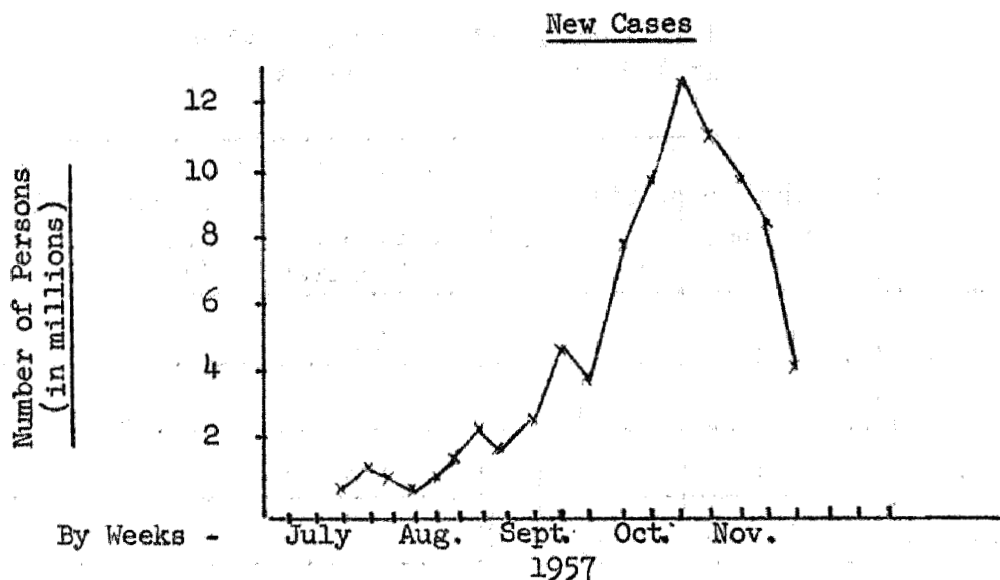
This week the total number of influenza and pneumonia deaths for the entire country was slightly higher than last week's total. However, as noted by the National Office of Vital Statistics, this may reflect a carry-over from under-reporting during the Thanksgiving holiday.

Five regions remain above the "Epidemic Threshold" level. Two of these, the South Atlantic and West North Central Divisions show decreases from the preceding week which are typical of the declining stages of an epidemic. The West South Central Division remained at a moderately high level.

The other two Divisions above the "Epidemic Threshold" (Mountain and Pacific) both show rises. Since the course of epidemic mortality has been irregular in these Divisions the rise may be a brief one. Denver, Salt Lake City and Los Angeles were the principal contributors to this week's increase in the Mountain and Pacific Divisions.

*Prepared by the Statistics Section, CDC.

III. Data from National Health Survey (Under the direction of Dr. Forrest Linder)



ACUTE UPPER RESPIRATORY DISEASES*
Estimates for continental United States

Week	New cases involving one or more days of bed disability	Average number of persons in bed each day
July 14 - 20	379,000	197,000
July 21 - 27	1,203,000	342,000
July 28 - Aug 3	1,264,000	425,000
Aug 4 - 10	955,000	339,000
Aug 11 - 17	1,181,000	447,000
Aug 18 - 24	1,758,000	675,000
Aug 25 - 31	2,159,000	654,000
Sept 1 - 7	1,819,000	651,000
Sept 8 - 14	2,279,000	856,000
Sept 15 - 21	4,487,000	1,152,000
Sept 22 - 28	3,952,000	2,094,000
Sept 29 - Oct 5	7,773,000	2,845,000
Oct 6 - 12	9,712,000	4,551,000
Oct 13 - 19	12,238,000	5,812,000
Oct 20 - 26	11,033,000	5,665,000
Oct 27 - Nov 2	9,808,000	6,372,000
Nov 3 - 9	8,297,000	5,262,000
Nov 10 - 16	**4,067,000	**3,797,000

*Including influenza, pneumonia, and other similar conditions.

**Provisional.

The above data are compiled from the household interview survey which is a part of the program of the U. S. National Health Survey. The household survey is conducted by trained and supervised lay interviewers. The weekly samples consist of interviews for about 700 households or 2,200 persons. Since data are collected for the two prior weeks, each week's interviewing gives information on 4,400 person-weeks of health experience. Approximate sampling errors are in the range of 15%. The estimates of sampling error do not include allowance for error of response and nonreporting.

IV. Industrial Absentee Data

Comment on Industrial Absenteeism (week ending November 30): The tables of industrial absentee rates are omitted this week. Only twenty-one of the 36 cities continue to have excess absenteeism. With one exception, all rates are lower than the previous week, and it appears that absenteeism will return to normal shortly.

V. Influenza Vaccine Production and Distribution

Influenza Vaccine Released

(Totals through December 4, 1957)

<u>Pharmaceutical Concern</u>	400 cca	200 cca	<u>Polyvalent with Asian strain</u>
	<u>Monovalent Asian strain</u>	<u>Monovalent Asian strain</u>	
Lederle	1,051,600 ml	8,264,220 ml	537,960 ml
Lilly	1,605,590	2,146,717	748,140
Merck Sharpe & Dohme	4,008,980	13,884,520	---
National Drug	1,106,000	7,465,275	2,054,435
Parke, Davis	---	902,795	---
Pitman-Moore	3,070,840	5,015,042	1,907,945
	<u>10,843,010</u>	<u>37,678,569</u>	<u>5,248,480</u>

Total released to date: 53,770,059 ml
 Amount released since November 20: 2,116,470 ml

Estimated Vaccine Production:

December 8,175,000 ml

VI. Report on Influenza in Japan

Japanese Influenza Epidemic--summary from letter by Dr. Saburo Kojima, Director, Influenza Center of Japan, courtesy of Dr. F. M. Davenport, Armed Forces Epidemiological Board.

The influenza previously prevalent in the spring in Japan has recurred again in all parts of the country. At least 700 schools have been affected. Virus isolations have repeatedly yielded A/Asian/57 and no other type of influenza. There is a possibility that some of the patients are suffering a second infection with the virus, but this does not appear likely because the acute serum antibody titers were much lower than those found in persons known to have had influenza in the spring. Detailed examinations of three schools currently having epidemics revealed that either the previous epidemic or the later epidemic was not due to Asian strain virus. The clinical severity of the present epidemic is similar to that of the spring. Effectiveness of vaccination has not yet been evaluated.