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FOR ADMINISTRATIVE USE

CDC INFLUENZA SURVEILLANCE REPORT

NO. 30

DECEMBER 17, 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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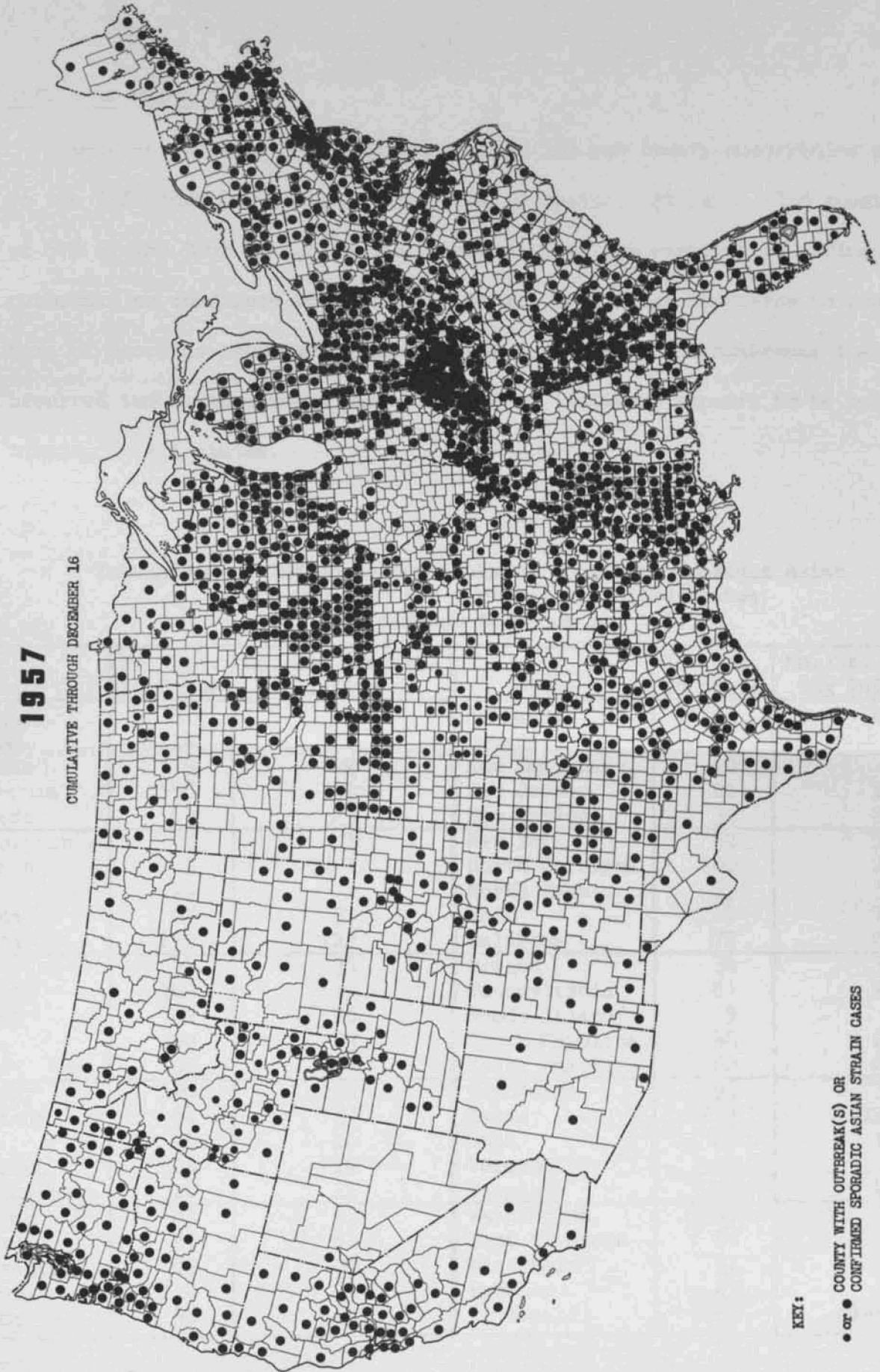
I. Summary of Information

The influenza epidemic continues to decline by all modes of measurement. Influenza and pneumonia mortality remains elevated only in the Western divisions, but appears to be declining to normal. Denver is the only major city with a marked increase in deaths recently. National Health Survey figures show a continuing decline. A slight increase in the number of cities with excess industrial absenteeism is seen, but this may be due to seasonal factors. Comparable 1956 December absentee data are not yet available. Examination of the influenza map reveals that no major geographic region remains to be involved in this country. Although scattered outbreaks continue, no major epidemic has recurred in a previously involved population.

A total of 54,442,984 ml of Asian influenza vaccine has been released through December 12. During the past week, only 679,925 ml were released; and production estimates for the next few weeks have been decreased.

INFLUENZA 1957

CUMULATIVE THROUGH DECEMBER 16



KEY:

● or ● COUNTY WITH OUTBREAK(S) OR
CONFIRMED SPORADIC ASIAN STRAIN CASES

II. Influenza Map and Table

Between December 3-16 reports of only 106 new county occurrences came to the Influenza Surveillance Unit from 10 states. At least 1758 counties, or 57% of the 3068 United States counties, have now experienced influenza outbreaks or confirmed Asian strain cases. Most large increases in numbers of counties recorded on the current table represent outbreaks that occurred two or more weeks ago. Decline in incidence appears to be continuing in all states.

Tabulation of Influenza Outbreaks or Confirmed Sporadic Asian Strain Cases in the Continental United States
June through December 16, 1957

State	No. Cos. in State	No. Cos. Reporting Influenza	State	No. Cos. in State	No. Cos. Reporting Influenza
Alabama	67	19	Nebraska	93	49
Arizona	14	8	Nevada	17	1
Arkansas	75	42	New Hampshire	10	2
California	58	49	New Jersey	21	19
Colorado	63	23	New Mexico	32	29
Connecticut	8	7	New York	62	50
Delaware	3	1	North Carolina	100	22
D. C.	--	1	North Dakota	53	30
Florida	67	37	Ohio	88	74
Georgia	159	122	Oklahoma	77	27
Idaho	44	35	Oregon	36	33
Illinois	102	19	Pennsylvania	67	41
Indiana	92	26	Rhode Island	5	5
Iowa	99	73	South Carolina	46	20
Kansas	105	38	South Dakota	68	27
Kentucky	120	118	Tennessee	95	35
Louisiana	64	37	Texas	254	126
Maine	16	16	Utah	29	17
Maryland	23	19	Vermont	14	7
Massachusetts	14	12	Virginia	98	43
Michigan	83	45	Washington	39	33
Minnesota	87	41	West Virginia	55	49
Mississippi	82	80	Wisconsin	71	71
Missouri	114	44	Wyoming	23	16
Montana	56	20	Totals:	3068	1758

III. 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 30 (107 cities)	December 7 (108 cities)	December 14 (107 cities)
All Divisions	108	107	557	581	534
New England	14	14	48	34	41
Mid. Atlantic	17	17	129	147	128
E. North Central	18	17	117	99	103
W. North Central	9	9	50	47	40
S. Atlantic	9	9	50	45	47
E. South Central	8	8	33	32	31
W. South Central	13	13	68	74	63
Mountain	8	8	13	29	25
Pacific	12	12	49	74	56

**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.

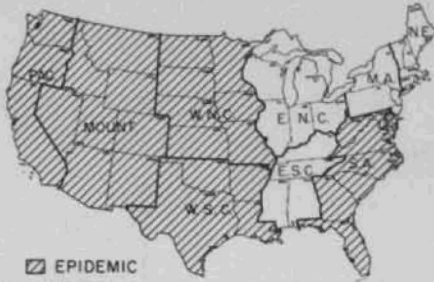
Comment

Influenza and pneumonia mortality has generally returned to normal levels in the Eastern United States. In the Western divisions, the number of deaths was above normal, but cities were generally reporting fewer deaths than in the preceding week. Denver was an outstanding exception to the downward trend, as shown in the table below.

<u>Week Ending</u>	<u>No. Pneumonia and Influenza Deaths</u>
Sept. 7	4
14	2
21	0
28	5
Oct. 5	7
12	8
19	10
26	13
Nov. 2	6
9	5
16	1
23	7
30	5
Dec. 7	15
14	14

*Prepared by the Statistics Section, CDC.

WEEKLY PNEUMONIA AND INFLUENZA DEATHS

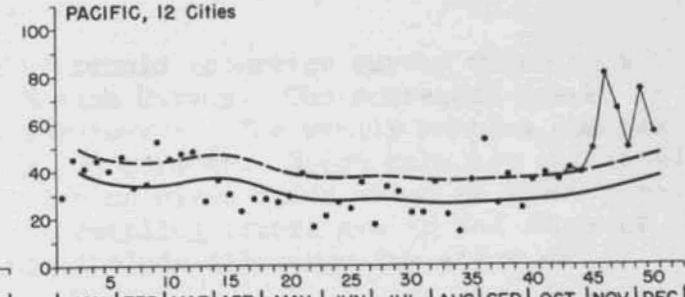
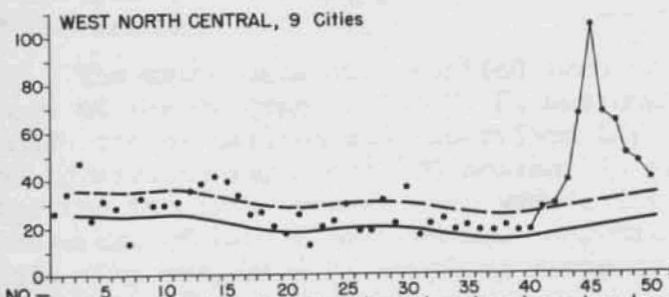
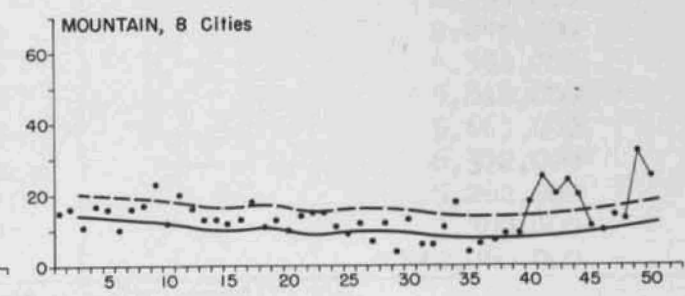
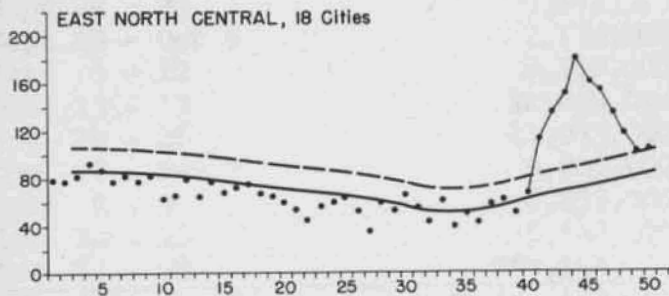
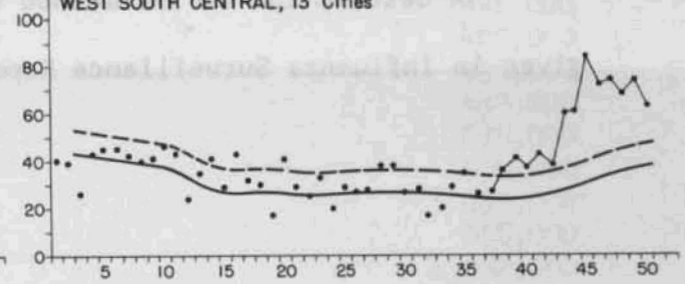
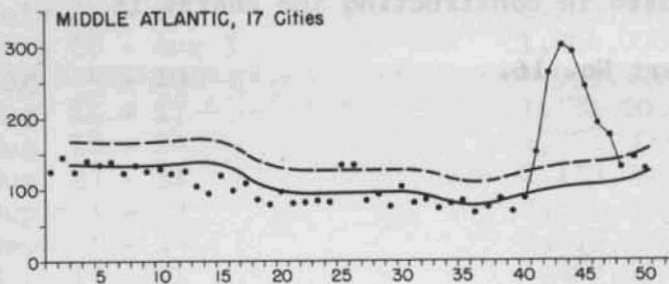
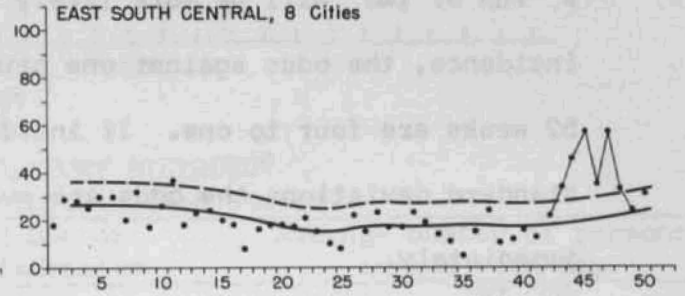
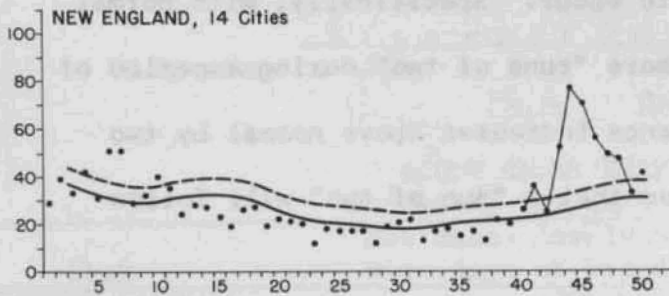
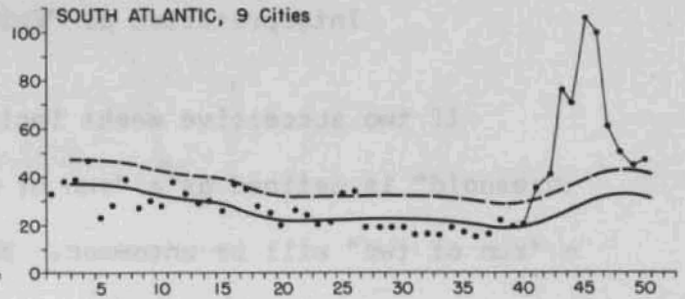
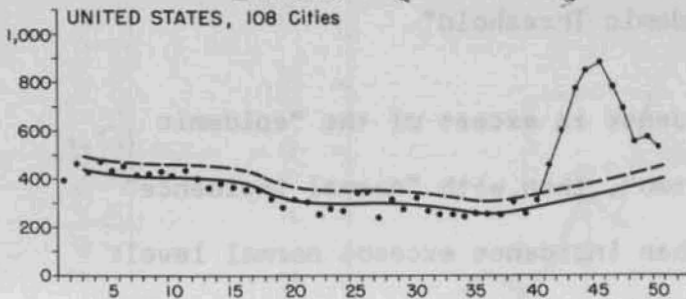


--- "EPIDEMIC THRESHOLD"

— "NORMAL INCIDENCE"

(SEE EXPLANATION ON BACK OF SHEET)

▨ EPIDEMIC



NUMBER OF DEATHS

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

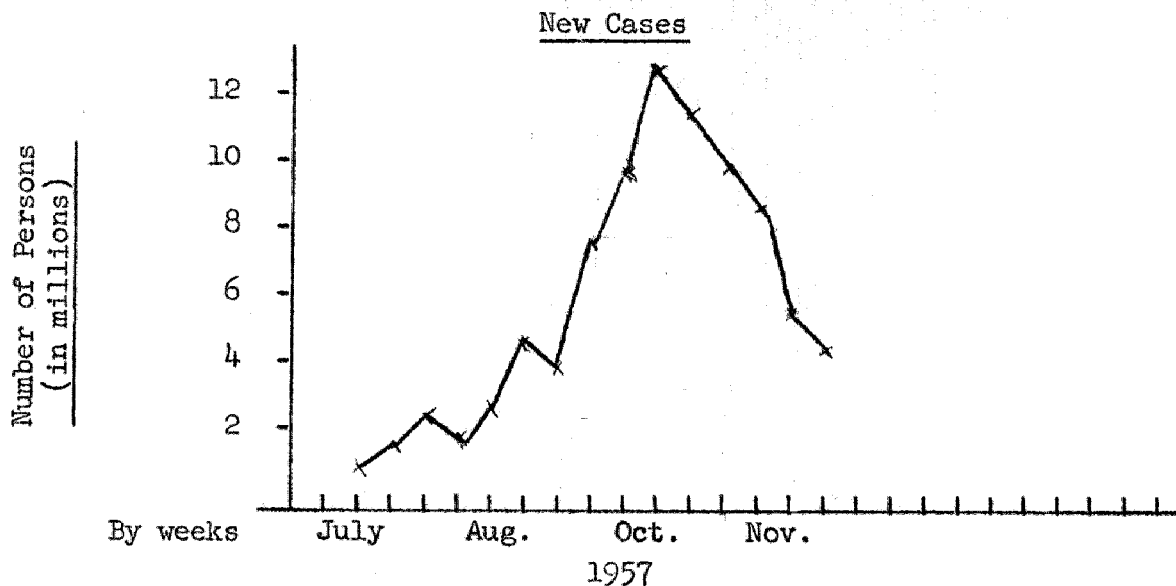
JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

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.

IV. 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	5,648,000	3,389,000
Nov 17 - 23	**4,154,000	**2,960,000

*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.

V. Industrial Absentee Rates for 36 Cities of the United States

(Compiled from a number of sources)

City	Nov. 1956	9-29 1957	% of Total Absent					10/27-11/2	November 1957			Dec. 1-7
			1-5	7-11	13-19	20-26	10/27-		3-9	10-16	17-23	
Boston	6.8	-	-	-	9.2	9.7	10.3	10.4	8.6	8.5	7.5	7.3
Manhattan	3.3	-	-	UP	7.9	6.5	5.3	4.3	3.9	4.0	4.1	4.4
Buffalo	6.5	-	9.4	8.4	8.2	7.4	6.8	-	-	7.2	-	-
Syracuse	5.6	-	UP/NR	-	8.6	7.7	7.0	5.8	5.8	-	-	-
Philadelphia	5.3	-	-	9.0	11.6	10.3	8.5	7.1	6.0	6.3	5.8	6.3
Pittsburgh	3.7	-	-	9.5	13.0	12.4	7.7	6.4	4.8	5.1	4.4	4.5
Washington	5.4	-	7.1	7.2	8.7	9.6	9.2	8.3	5.6	5.5	-	6.5
Baltimore	6.2	-	-	UP/NR	9.6	9.9	10.5	10.4	7.5	7.8	-	7.1
Richmond	4.8	-	-	-	-	8.9	13.8	9.0	6.3	6.4	6.6	5.9
Atlanta	5.5	-	UP/NR	UP	7.3	7.2	8.2	8.7	7.2	7.0	5.9	-
Miami	7.3	-	-	-	-	-	-	-	8.5	-	7.4	7.8
Memphis	4.5	-	-	-	-	-	6.5	6.2	4.7	4.6	4.8	-
Birmingham	4.7	-	-	UP	6.6	*	7.5	6.6	6.2	5.7	-	-
Nashville	3.4	-	-	UP/NR	6.8	*	9.5	10.7	6.5	5.9	4.8	4.8
Jacksonville	6.2	-	-	-	-	8.5	9.1	10.0	9.1	8.8	6.5	6.7
New Orleans	5.3	-	-	-	-	9.2	8.7	7.7	6.9	7.0	6.0	6.1
Cleveland	4.0	-	-	5.0	5.3	4.8	5.2	5.4	4.3	4.2	-	-
Columbus	5.9	-	-	-	5.8	7.2	7.5	6.2	-	-	-	-
Cincinnati	4.5	-	-	-	7.3	7.6	6.9	6.3	5.5	6.3	-	-
Detroit	5.8	-	9.8	11.4	9.1	*	7.6	7.1	7.5	6.6	-	6.4
Indianapolis	5.1	-	-	-	7.9	*	10.7	10.3	-	5.5	-	-
Milwaukee	7.3	-	-	8.0	10.2	9.5	7.6	7.3	7.9	-	-	-
Chicago	5.7	-	7.8	8.2	8.2	7.6	6.9	6.1	6.0	-	-	-
Minneapolis	4.7	-	-	-	6.6	7.3	7.7	6.8	5.6	5.8	5.2	6.2
Omaha	5.2	-	-	-	7.5	7.6	8.7	8.2	5.6	5.3	-	-
St. Louis	4.2	-	-	-	4.9	6.5	7.8	8.1	5.7	5.8	-	-
Kansas City	4.3	-	-	-	6.3	8.3	9.2	7.0	7.1	6.5	4.7	-
Houston	4.1	-	-	UP/NR	7.1	5.6	4.8	4.7	-	-	-	-
Dallas	3.8	-	-	-	5.6	7.3	10.3	9.7	7.5	7.1	5.4	5.2
Oklahoma City	3.3	-	-	-	3.8	4.5	5.8	6.1	5.3	5.2	3.6	4.4
Denver	8.1	-	10.2	11.8	9.6	9.5	-	-	-	-	-	-
Phoenix	7.8	-	10.8	9.5	8.1	-	8.8	-	-	-	8.7	8.0
Salt Lake City	4.9	-	9.8	10.5	9.4	8.3	6.4	6.2	5.7	6.5	6.8	6.5
San Francisco	8.6	-	-	-	-	10.1	10.0	10.5	8.8	8.8	-	9.5
Seattle	5.4	-	-	-	6.1	7.1	6.5	8.3	6.8	6.2	-	5.8
Los Angeles	5.6	-	-	-	6.2	7.5	-	-	-	-	-	-

- = normal absentee rate
UP = increased absenteeism

NR = no rate available

*Data not available

VI. Influenza Vaccine Production and Distribution

Influenza Vaccine Released

(Totals through December 11, 1957)

<u>Pharmaceutical Concern</u>	<u>400 cca Monovalent Asian strain</u>	<u>200 cca Monovalent Asian strain</u>	<u>Polyvalent with 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	4,640,630	13,884,520	
National Drug	1,106,000	7,465,275	2,054,435
Parke, Davis		944,070	
Pitman-Moore	3,070,840	5,015,042	1,907,945

Total released to date: 54,442,984 ml
Amount released since December 4: 679,925 ml

Estimated Vaccine Production:

December 8,175,000 ml