FOR ADMINISTRATIVE USE

CDC INFLUENZA SURVEILLANCE REPORT

NO. 32 JANUARY 23, 1958

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
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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.

Table of Contents

I. Summary of Information

For the past three weeks, mortality from influenza and pneumonia in 108 cities has been rising. This indicates a possible increase in influenza cases, and is in sharp contrast with the general downward trend between November 29 and December 28 as the epidemic waned. The precise cause of this elevated mortality is not certain. State reports, industrial absenteeism, the National Health Survey, and numerous investigations fail to reveal any large outbreaks. However, there is evidence of continuing small outbreaks throughout the country. Asian influenza has been isolated from several outbreaks, and there has been no evidence of other strains or types of influenza. Although the recent rise in mortality is clearly higher than the season expectancy, part of it may be explained by delayed reporting of deaths over the holidays. Health officials are urged to be alert to the possibility of sharp outbreaks of Asian influenza in areas where immunity is not high. Periodic laboratory confirmations will help establish the etiology of these outbreaks.

Total Asian strain vaccine released between December 11 and January 8 was 592,400 ml polyvalent.

WEEKLY PNEUMONIA AND INFLUENZA DEATHS

"EPIDEMIC THRESHOLD"

"NORMAL INCIDENCE"

(SEE EXPLANATION ON BACK OF SHEET)

UNITED STATES, 108 Cities

SOUTH ATLANTIC, 9 Cities

NEW ENGLAND, 14 Cities

EAST SOUTH CENTRAL, 8 Cities

MIDDLE ATLANTIC, 17 Cities

WEST SOUTH CENTRAL, 13 Cities

EAST NORTH CENTRAL, 18 Cities

MOUNTAIN, 8 Cities

WEST NORTH CENTRAL, 9 Cities

PACIFIC, 12 Cities

NUMBER OF DEATHS

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

1957 1958

DHEW-PHS-BSS-CDC

ATLANTA, GA. JAN., 1958

58-131

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 I. Current Influenza and Pneumonia Deaths in 108 United States Cities

Division	Number of Cities In Study	Reporting this week	Deaths (including estimates**) during weeks ending January 4 (107 cities)	January 11 (105 cities)	January 18 (105 cities)
All Divisions	108	105	529	627	653
New England	14	13	34	60	49
Mid. Atlantic	17	17	140	157	175
E. North Central	18	17	101	112	113
W. North Central	9	9	35	44	52
S. Atlantic	9	8	53	50	55
E. South Central	8	8	30	37	51
W. South Central	13	13	71	88	84
Mountain	8	8	18	26	15
Pacific	12	12	47	53	59

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

Comment

Nation-wide the number of deaths due to pneumonia and influenza have shown a rise during the past three weeks. With the exception of the Mountain Division, every geographic area showed an increase in the reported number of deaths during the past month.

*Prepared by the Statistics Section, CDC.

The most marked increase has been in the West South Central Division. In that Division the number of reported deaths during the past week was as high (after allowance for difference in seasonal level) as at the peak of the fall outbreak. Reporting from representative cities during the past five weeks are as follows:

	Dec. 21	Dec. 28	Jan. 4	Jan. 11	Jan. 18
N.Y. City	79	81	85	91	108
Philadelphia	21	16	14	6	19
Pittsburgh	12	1	7	13	5
Chicago	39	46	44	51	57
Detroit	18	10	8	12	20
St. Louis	16	13	10	19	29
Atlanta	6	6	10	12	13
D. C.	12	8	10	14	13
Louisville	8	11	17	7	13
Mobile	3	2	1	1	9
Birmingham	3	3	2	6	8
New Orleans	9	9	16	21	14
Houston	20	5	14	9	14
San Antonio	7	14	11	16	9
Denver	10	11	3	5	9
Los Angeles	27	12	21	15	19
San Francisco	10	6	7	8	12
	300	254	280	306	371

It has also been noted that deaths from all causes have been elevated. Although numerically, the present number of weekly deaths in 114 cities is approximately as large as during the peak of the recent influenza outbreak it is evident from the accompanying figure that normal seasonal increase is an important factor.

(The above data prepared by the Statistics Section, CDC.)

Significance of Recent Mortality Increases

For the past three weeks, influenza and pneumonia mortality in 108 cities has been increasing. This is in marked contrast to the general downward trend from November 29 to December 28 as the Asian strain influenza epidemic waned. Although the elevation in mortality is not great, it deserves careful consideration because of the implications of a recurrent epidemic wave. The Influenza Surveillance Unit, with the help of Dr. Carl Dauer of NOVS, has made a rapid spot check of the nation in an effort to obtain the most recent information on the subject. Areas with greatest mortality increase were given particular attention.

Routine reporting from the states gives no evidence of increased or unusual amounts of influenza. Ohio, California, Oregon and Texas have specifically mentioned a low prevalence of influenza in recent special reports; however, a number of localized outbreaks of upper respiratory

disease have been noticed. Throat washings are being obtained from school outbreaks in Atlanta and Sylvania, Georgia, and from Fairfax,Virginia. Lowry Air Force Base and Fort Dix continue to have cases. Dr. Fred Davenport has wired that additional cases of influenza have been identified by virus isolation at the Universities of Michigan and Iowa.

Consultation with virus laboratories in Georgia, Missouri, New York, North Carolina, Louisiana, Alabama, and Massachusetts indicates that no significant influx of new specimens has occurred. In fact, most of the labs noted that very few influenza specimens are being submitted. These specimens being received are usually labeled 'sporadic case'. Although an occasional Asian strain is being isolated, there is no evidence of unusual strains or of Type B influenza epidemics.

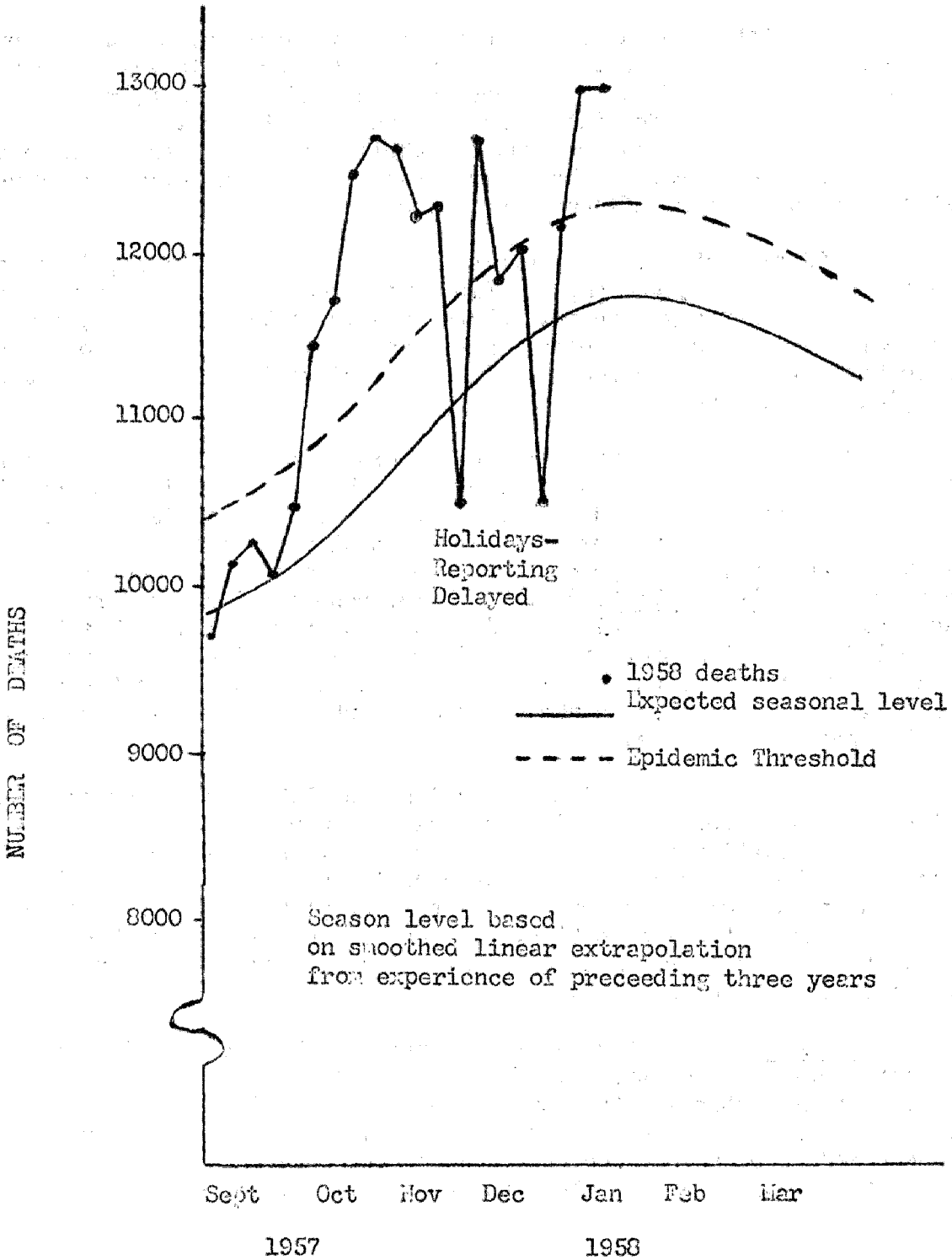
Epidemic Intelligence Service Officers in New Orleans, Atlanta, Kansas City, Boston, Durham, and Albany have not observed community outbreaks of respiratory disease. There is some feeling, however, that the general incidence has increased in the past two weeks. These officers have been alerted to collect specimens for virus isolation in event of suspicious outbreaks.

During the fall epidemic, newspapers were found to give excellent accounts of local epidemics, particularly when school children were involved. Newspapers from Houston, New Orleans, San Francisco, Kansas City, Atlanta, St. Louis, and New York were carefully reviewed for the first three weeks of January, but no mention was found of significant upper respiratory disease. The Denver Post, Jan. 15, 1958, reported increased respiratory admissions in Denver hospitals. A check with regional health authorities revealed that a temporary increase in respiratory disease did occur in Denver, but this has now subsided. Virus isolations have not been completed. All newspapers in the south and southwest emphasize the severity of the recent cold wave.

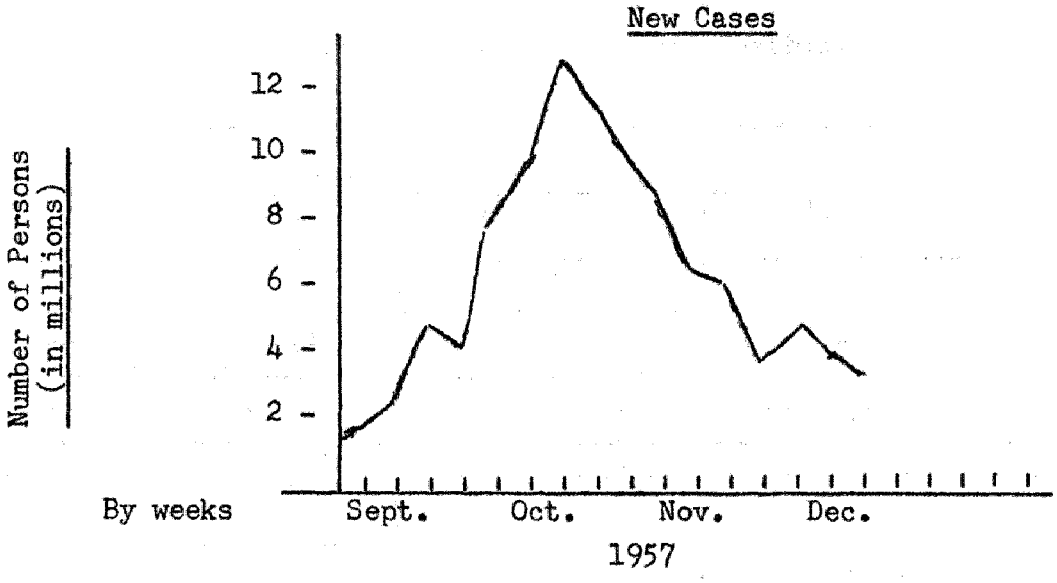
Industrial absenteeism and National Health Survey figures usually rise at least three weeks prior to a rise in mortality. There has been no marked elevation in these indices recently. A possible contributing factor is the lag in reporting deaths during a holiday period. This can be seen in the following graph for total mortality in 114 cities prepared by our Statistics Section. If the dips and rises for the past five weeks are smoothed arithmetically the recent elevation is considerably reduced, but not eliminated.

Summary - It is too early to determine the real significance of the recent increase in mortality. The most probable explanation is that influenza is continuing to smoulder in the population, and the mortality may be slightly elevated for several weeks. There is no evidence of widespread outbreaks or increased virulence. Health officers are asked to remain vigilant and to check the nature of current outbreaks and deaths.

DEATHS FROM ALL CAUSES
114 U.S. CITIES



III. Data from National Health Survey (Under the direction of Dr. F. 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
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	5,305,000	2,867,000
Nov 24 - 30	3,339,000	2,518,000
Dec 1 - 7	4,271,000	2,276,000
Dec 8 - 14	3,667,000	1,886,000
Dec 15 - 21	**2,967,000	**1,468,000

*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 non-reporting.

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

(Compiled from a number of sources)

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

\- = normal absentee rate

UP = increased absenteeism

NR = no rate available

*Data not available

Industrial Absentee Rates for 36 Cities of the United States
(Continued)

City	% of Total Absent								Dec.29 Jan.4 1958
	November 1957				December 1957				
	3-9	10-16	17-23	24-30	1-7	8-14	15-21	22-28	
Boston	10.4	8.6	8.5	7.5	-	-	8.9	8.5	9.1
Manhattan	4.3	3.9	4.0	4.1	4.4	4.7	4.4	4.7	4.6
Buffalo	-	-	7.2	-	-	-	7.1	-	-
Syracuse	5.8	5.8	-	-	-	-	-	-	-
Philadelphia	7.1	6.0	6.3	5.8	6.3	-	-	-	-
Pittsburgh	6.4	4.8	5.1	4.4	4.5	5.8	4.4	4.7	5.4
Washington	8.3	5.6	5.5	-	6.5	-	6.8	-	-
Baltimore	10.4	7.5	7.8	-	7.1	6.6	6.5	-	-
Richmond	9.0	6.3	6.4	6.6	5.9	5.9	5.9	5.4	7.0
Atlanta	8.7	7.2	7.0	5.9	-	6.9	8.0	8.2	9.6
Miami	-	8.5	-	7.4	7.8	-	-	-	9.3
Memphis	6.2	4.7	4.6	4.8	-	-	5.7	-	-
Birmingham	6.6	6.2	5.7	-	-	-	-	-	-
Nashville	10.7	6.5	5.9	4.8	4.8	4.5	-	-	-
Jacksonville	10.0	9.1	8.8	6.5	-	-	10.0	8.3	8.4
New Orleans	7.7	6.9	7.0	6.0	6.1	6.2	8.0	8.9	8.5
Cleveland	5.4	4.3	4.2	-	-	-	-	-	-
Columbus	6.2	-	-	-	-	-	-	-	-
Cincinnati	6.3	5.5	6.3	-	-	-	-	-	-
Detroit	7.1	7.5	6.6	-	6.4	6.7	6.8	6.1	6.3
Indianapolis	10.3	-	5.5	-	-	-	-	-	-
Milwaukee	7.3	7.9	-	-	-	7.8	8.0	-	-
Chicago	6.1	6.0	-	-	-	-	-	-	6.5
Minneapolis	6.8	5.6	5.8	5.2	6.2	5.9	5.7	-	-
Omaha	8.2	5.6	5.3	-	-	-	-	-	-
St. Louis	8.1	5.7	5.8	-	-	-	-	-	-
Kansas City	7.0	7.1	6.5	4.7	-	-	-	-	4.7
Houston	4.7	-	-	-	-	-	-	4.6	5.3
Dallas	9.7	7.5	7.1	5.4	5.2	5.6	5.3	4.8	-
Oklahoma City	6.1	5.3	5.2	3.6	4.4	4.3	5.1	-	4.6
Denver	-	-	-	-	-	-	-	-	-
Phoenix	-	-	-	8.7	8.0	-	-	-	7.6
Salt Lake City	6.2	5.7	6.5	6.8	6.5	6.9	8.1	6.9	8.3
San Francisco	10.5	8.8	8.8	-	-	-	-	-	-
Seattle	8.3	6.8	6.2	-	5.8	5.8	6.2	-	5.5
Los Angeles	-	-	-	-	-	-	-	-	-

- = normal absentee rate
UP = increased absenteeism
NR = no rate available

V. Influenza Vaccine Production and Distribution

Influenza Vaccine Released

(Totals through January 8, 1958)

Pharmaceutical Concern	400 cca Monovalent Asian Strain	200 cca Monovalent Asian Strain	Polyvalent with Asian Strain
Lederle	1,051,600	8,264,220	537,960
Lilly	1,605,590	2,146,717	748,140
Merck, Sharp & Dohme	4,640,630	13,884,520	592,400
National Drug	1,106,000	7,280,995	2,054,435
Parke, Davis	—	944,070	—
Pitman-Moore	3,070,840	5,015,042	1,907,945

Total released through January 8, 1958: 54,851,104
Released between Dec 18 and Jan 8: 592,400 polyvalent

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NO. 33 JANUARY 30, 1958

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I. Summary of Information

Influenza and pneumonia mortality continues to increase for the fourth straight week, despite the absence of widespread influenza outbreaks. Although Asian influenza is still occurring sporadically, this does not sufficiently explain the rising mortality. Clinicians report no apparent change in the virulence of influenza. Extensive efforts are being made to gather supplementary information regarding the nature of the reported deaths. Preliminary examination of mortality data in large cities suggests that most of the deaths are concentrated in the 65 plus age group. Such an age distribution might explain why schools and industries have not been affected. This conclusion is far from certain, however, and much more information is needed.

We urgently request your help in finding the cause of this increased mortality. Please send us a summary of any recent investigations which may bear on this problem. Health officials in particular are asked to report the nature and extent of recurrent outbreaks. Good clinical data on severe or fatal cases is also needed.

WEEKLY PNEUMONIA AND INFLUENZA DEATHS

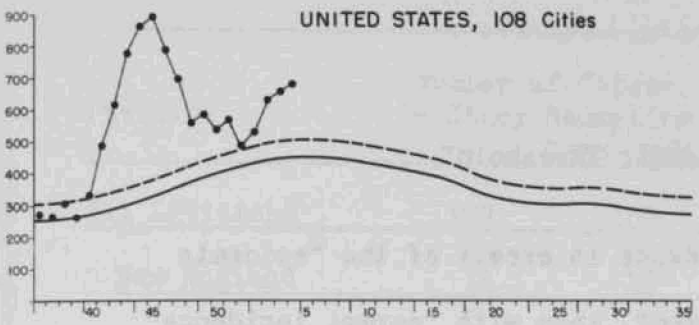
"EPIDEMIC THRESHOLD"

"NORMAL INCIDENCE"

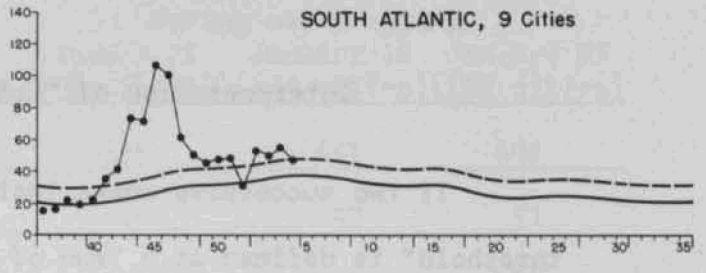
(SEE EXPLANATION ON BACK OF SHEET)

NUMBER OF DEATHS

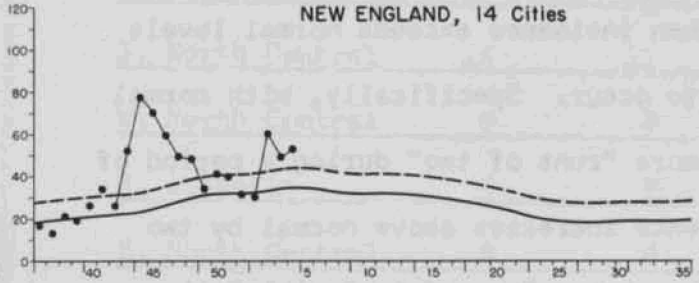
UNITED STATES, 108 Cities



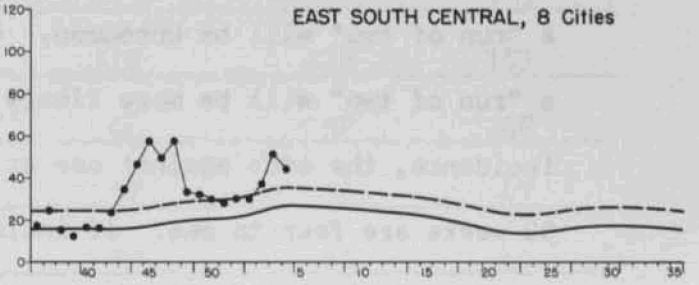
SOUTH ATLANTIC, 9 Cities



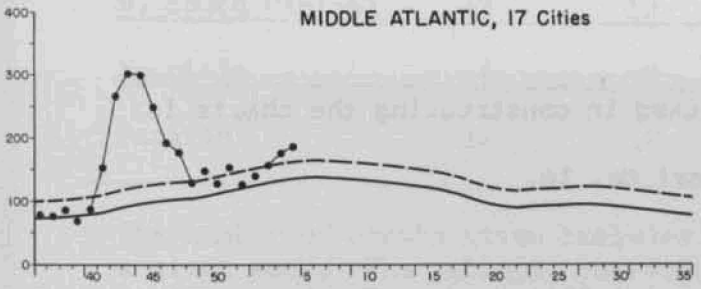
NEW ENGLAND, 14 Cities



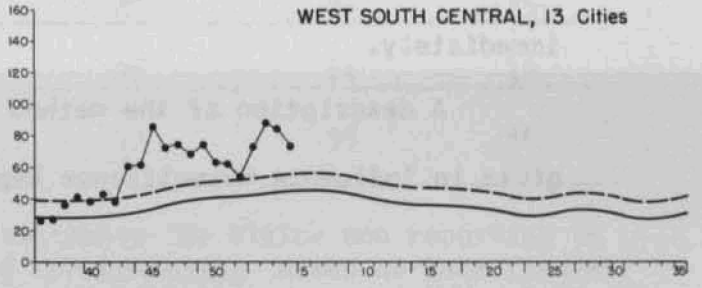
EAST SOUTH CENTRAL, 8 Cities



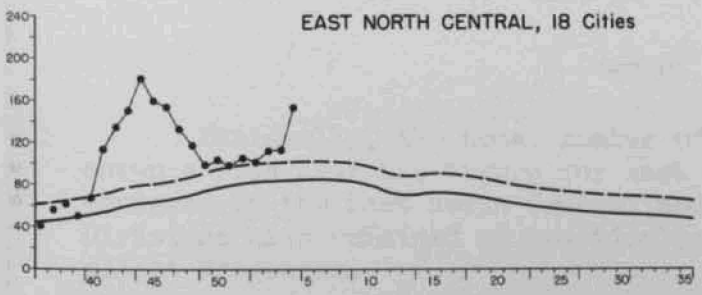
MIDDLE ATLANTIC, 17 Cities



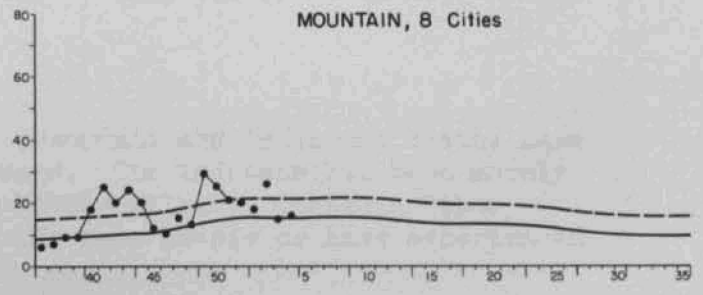
WEST SOUTH CENTRAL, 13 Cities



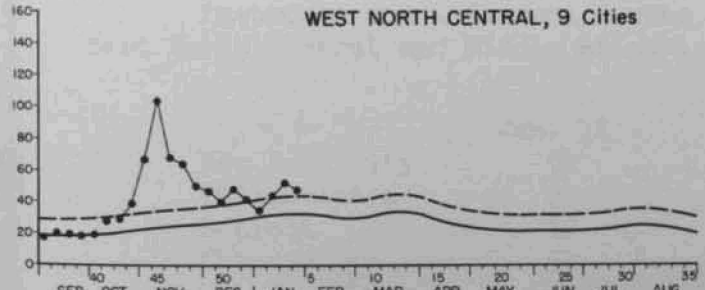
EAST NORTH CENTRAL, 18 Cities



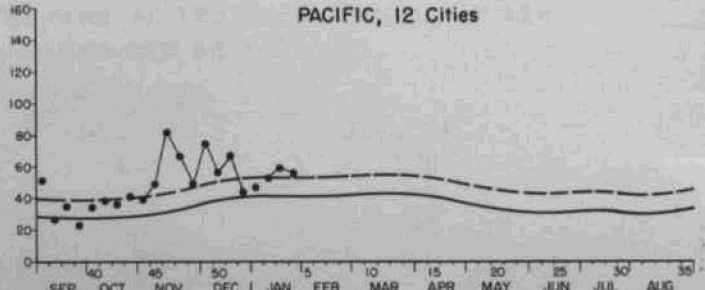
MOUNTAIN, 8 Cities



WEST NORTH CENTRAL, 9 Cities



PACIFIC, 12 Cities



DHEW-PHS-BSS-CDC

ATLANTA, GA. JAN., 1958

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 I. Current Influenza and Pneumonia Deaths in 108 United States Cities

Division	Number of Cities In Study	Number of Cities Reporting this week	Deaths (including estimates**) during weeks ending January 11 (108 cities)	January 18 (108 cities)	January 25 (102 cities)
All Divisions	108	102	633	651	675
New England	14	12	49	50	53
Mid. Atlantic	17	17	173	175	185
E. North Central	18	17	112	112	153
W. North Central	9	8	44	52	48
S. Atlantic	9	8	50	53	47
E. South Central	8	8	37	51	44
W. South Central	13	12	89	84	73
Mountain	8	8	26	15	16
Pacific	12	12	53	59	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

Nationally, the total number of pneumonia and influenza deaths have shown a rise over the figure for last week. The increase has been mainly centered in the East North Central and Middle Atlantic States. Other Divisions have remained at practically the same levels or have experienced slight decreases.

Pneumonia and influenza deaths in some of the large cities of the East North Central and Middle Atlantic States are as follows:

	Week Ending Jan. 11	Jan. 18	Jan. 25
New York City	91	108	128
Philadelphia	27	19	13
Detroit	12	20	33
Chicago	51	57	67

*Prepared by the Statistics Section, CDC.

III. Discussion of Mortality

The excess influenza-pneumonia mortality during January 1958 is substantial. It has been increasing for the past four weeks and is now approximately one-third the excess of the fall Asian influenza epidemic peak week. There is no clear evidence of community-wide spread of influenza or other virus respiratory disease, despite repeated inquiries to health officials. The situation is unprecedented in the past 49 years. No explanation is now available, but intensive study continues.

State reports continue to describe a low general prevalence of influenza, although there are some localized outbreaks of influenza-like disease. These have had no effect on industrial absenteeism and no schools have been closed. Inquiries at large city hospitals fail to reveal a marked increase in pneumonia. Severe or fulminating influenza has not been observed.

It is in no way certain that the recent increase in mortality is due to Asian influenza; however, there is clear evidence that small outbreaks of Asian influenza are still occurring. The following outbreaks during the past 3 weeks have been confirmed by laboratory as Asian influenza:

University of Michigan--Reported by Dr. Fred Davenport
University of Chicago---Reported by Dr. Clayton Loosli
University of Iowa------Reported by Dr. A.P. McKee
Upstate New York--------Reported by Dr. Eleanor Whitney
Fort Dix, N.J.----------Reported by Dr. Harry Rose

None of these outbreaks involved large numbers of persons. Specimens from other suspected cases throughout the country are being run, but the total number is not large.

Our influenza indicators such as state reports, industrial absenteeism, school closing, and the National Health Survey would be expected to make a sharp rise about three weeks prior to increase in influenza mortality. This suggests that either mortality is not due to influenza, or that the population being affected is not adequately sampled by the indicators. To determine this, we have begun analyzing the recent mortality data, with the help of several large cities, particularly in regard to age distribution. Results are far from complete, but the data presented below suggests that most of the deaths are in the extremely old and debilitated.

Data supplied by Dr. Herman Bundesen, President, Chicago Board of Health, through Dr. Harald Graning, Regional Medical Director.

(Compares a period of approximately 3 weeks in January 1957 with an equal period of January 1958.)

Age	1957 Influenza-Pneumonia Deaths	1958 Influenza-Pneumonia Deaths
-1	59	34
1-4	7	12
5-14	2	4
15-24	4	1
25-34	1	7
35-44	2	10
45-54	9	13
55-64	10	21
65-74	10	44
75+	14	35
Unknown Totals	118	181

Dr. Donald Carey, EIS Officer, obtained the following data from New Orleans:

During the first 23 days of January, approximately 57 influenza-pneumonia deaths have been reported. Only eight were found to be reported as influenza, all over 43 years of age. Forty-nine were reported as pneumonia, and 26 of these died at Charity Hospital. Age distribution was as follows:

infants---6
age 7-----1
age 50----1
age 60+---18 Most of these older persons were extremely debilitated with other illnesses.

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

City	% of Total Absent	
	Average for January 1957	Week ending Jan.18 1958
Boston	9.6	9.4
Manhattan	4.5	5.0
Buffalo	6.9	6.0
Syracuse	6.5	6.6
Philadelphia	6.3	7.0
Pittsburgh	4.9	5.6
Washington	7.1	5.5
Baltimore	7.1	5.9
Richmond	4.9	5.9
Atlanta	5.8	4.5
Miami	6.7	7.5
Memphis	4.7	4.5
Birmingham	5.9	3.6
Nashville	4.7	4.6
Jacksonville	7.8	7.0
New Orleans	7.0	7.0
Cleveland	3.7	4.0
Columbus	5.1	3.6
Cincinnatti	4.9	4.5
Detroit	7.1	7.9
Indianapolis	5.4	3.5
Milwaukee	6.6	7.6
Chicago	6.5	6.7
Minneapolis	5.4	5.1
Omaha	6.2	6.5
St. Louis	4.5	3.9
Kansas City	4.0	4.3
Houston	4.0	10.3
Dallas	4.7	5.3
Oklahoma City	4.6	4.0
Denver	7.4	6.0
Phoenix	7.8	7.0
Salt Lake City	4.1	7.3
San Francisco	9.4	7.8
Seattle	4.8	6.1
Los Angeles	5.1	3.7