

FOR ADMINISTRATIVE USE

CDC INFLUENZA SURVEILLANCE REPORT

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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 incidence of epidemic influenza appears to be quite low by all methods of surveillance. A few outbreaks have been reported in widely separated areas. Influenza and pneumonia mortality was slightly increased over last week, but this is probably related to decreased reporting for the Easter week-end. The trend toward normal has not been significantly interrupted.

NOTICE:

Routine state reporting of influenza outbreaks (form 4,147B) may be discontinued. The low incidence of influenza makes this information no longer necessary. Information from this reporting system has been invaluable during the epidemic period, and we wish to thank the many people involved in collecting the data. We continue to solicit information about unusual or new occurrences related to influenza. The Influenza Surveillance Report will continue to keep you informed about the disease, but may appear at less frequent intervals in the future.

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:		
			Mar. 29 (108 cities)	Apr 5 (108 cities)	Apr 12 (104 cities)
All Divisions	108	104	518	494	511
New England	14	14	48	51	48
Mid. Atlantic	17	17	121	124	132
E. North Central	18	17	93	104	94
W. North Central	9	9	39	34	48
S. Atlantic	9	9	51	36	45
E. South Central	8	7	40	33	30
W. South Central	13	11	66	50	53
Mountain	8	8	17	16	18
Pacific	12	12	43	46	43

**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

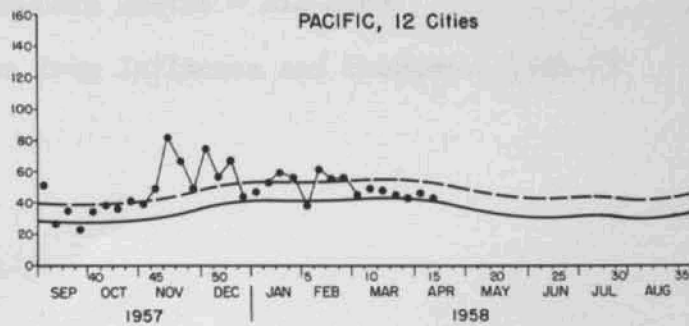
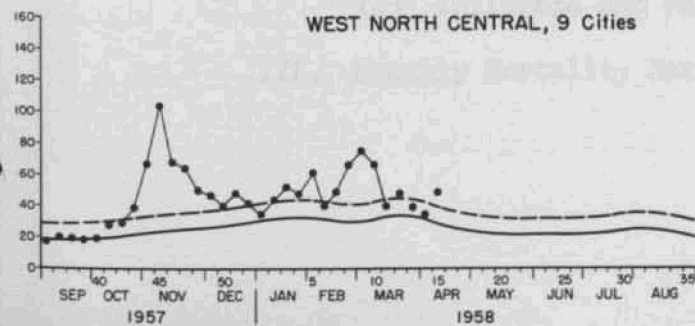
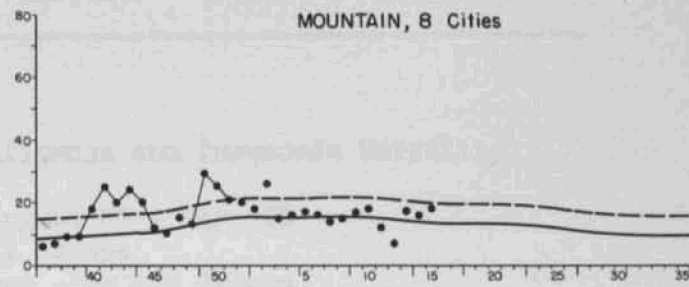
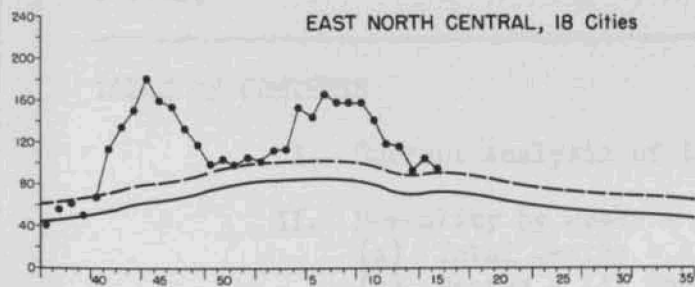
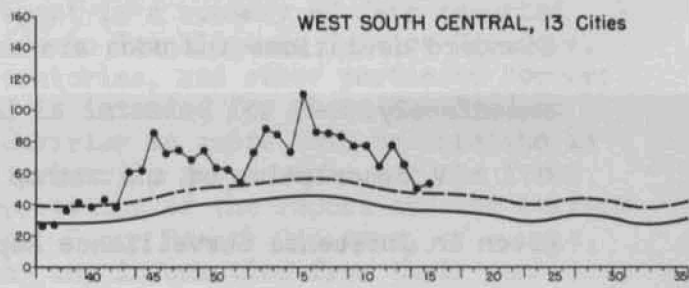
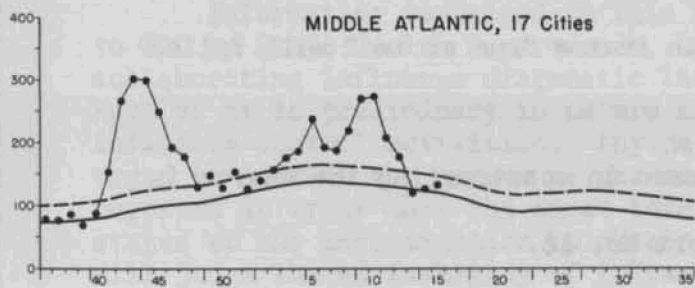
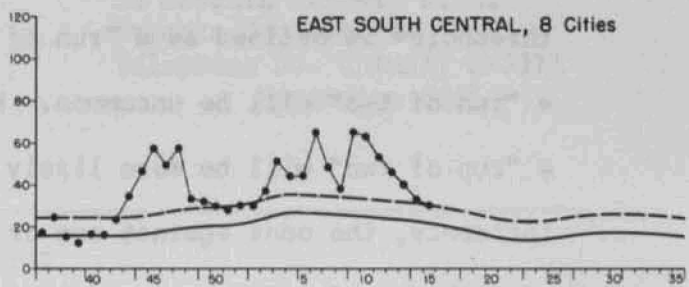
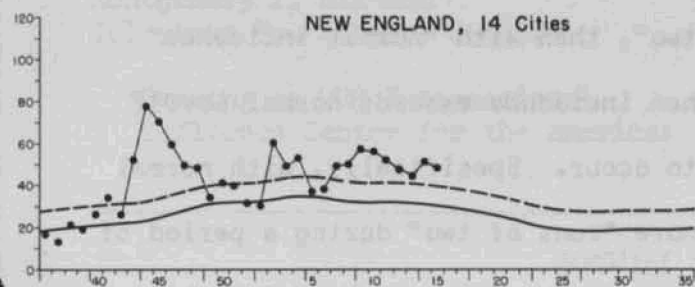
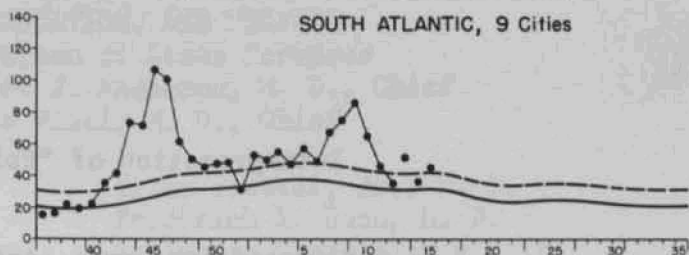
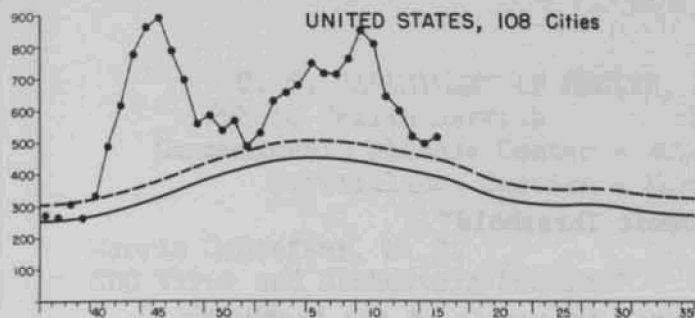
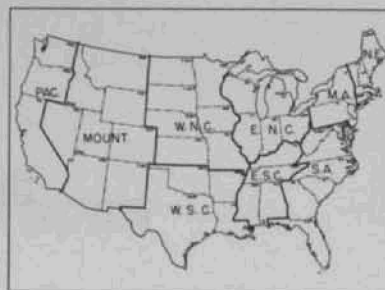
A slight increase was reported this week in the number of pneumonia and influenza deaths, reflecting for the most part increases reported by Eastern Seaboard, and North Central States. The remaining areas remained fairly stable; no division showed a marked decrease.

III. Staphylococci and the Second Death Wave

Staphylococcal pneumonias were common during the fall Asian influenza epidemic, and were responsible for many of the deaths attributed to influenza. Some health authorities have suggested that the poorly explained second wave of mortality might have been due almost entirely to staphylococcal pneumonia. It was suggested that a high prevalence of "resistant" and "virulent" staphylococci might have resulted in part from the many upper respiratory infections due to influenza in the fall. To determine the rate of staphylococcal disease is impossible at present. Not only is there no uniform reporting system, but the recent increase in interest in staphylococci has introduced bias. Methods of coding and reporting causes of death are subject to wide variation. Nevertheless, it was felt that a survey of certain medical centers might reveal an unusually large increase if such a phenomenon existed. Consequently, queries were sent to EIS Officers in Boston, New York State, New Jersey, Baltimore, New Orleans, California, and Kansas City requesting estimates of staphylococcal disease in hospitals in their area. The results are not subject to quantitative comparison, but there was general agreement that staphylococcal disease alone could not explain the increase in deaths. In various areas the observed incidence was shown to have increased, decreased, or remained stable. Except in certain hospital epidemics under study, there was no evidence of a remarkably high incidence of staphylococcal disease sufficient to explain the increased number of deaths.

WEEKLY PNEUMONIA AND INFLUENZA DEATHS

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



NUMBER OF DEATH

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.