

FOR ADMINISTRATIVE USE

CDC INFLUENZA SURVEILLANCE REPORT

NO. 48

MAY 29, 1959

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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

In the present report the occurrence of influenza in the United States during the first five months of 1959 is summarized in a tabulation (Section II.). Through the end of May the Surveillance Unit has learned of laboratory identifications of Type B influenza in 26 states, of Type A influenza (by CF test, subgroup unspecified) in eight states, of Asian (A2) influenza in eight states, and of adenoviruses as the causative agents of influenza-like illness in four states. We have received reports of confirmed Type A1 infections only from Tennessee. This winter-spring influenza season has not been a "pure" one, but it is clear that Type B has been the predominant virus in most parts of the country.

During the month since the last report appeared this Unit has received few reports of new outbreaks of influenza-like illness. Those few outbreaks that have been reported have occurred among children of school age. This has been the pattern throughout the winter and spring; epidemic influenza among adults has been conspicuous by its absence. In addition, there has been no unusual industrial absenteeism this year. Weekly influenza and pneumonia deaths reported from 108 United States cities have declined steadily for some weeks and stand at this time at a level normal for the season.

A statement on influenza nomenclature from Dr. A.M.M. Payne of the World Health Organization is included in this report.

Barring unusual developments the next Influenza Surveillance Report will appear in the fall of 1959. The status of influenza during the summer months, both nationally and internationally, will be summarized at that time. Should an unusual situation develop during the July-September period reports will be prepared and distributed as in the past.

(This report was prepared by Frederick L. Dunn, M.D., Chief, Influenza Surveillance Unit, CDC.)

II. Current Status of Influenza in the United States

States reporting the occurrence (Laboratory confirmed) of various agents responsible for influenza-like illness, January - May 1959:

STATE	INFLUENZA				ADENOVIRUSES
	TYPE B	TYPE A2	TYPE A1	TYPE (CF Test)	
Alabama	X				
Alaska				X	
Arizona				X	
Arkansas					
California	X		X		
Colorado					
Connecticut	X				
Delaware					
Florida		X			
Georgia	X				
Hawaii					
Idaho	X				
Illinois	X		X		
Indiana	X				
Iowa	X				
Kansas	X		X		
Kentucky	X				
Louisiana		X			
Maine	X				
Maryland	X				
Massachusetts	X				
Michigan	X				
Minnesota	X		X		
Mississippi	X		X		X
Missouri	X				

II. Current Status of Influenza in the United States (Continued)

STATE	INFLUENZA				Totals
	TYPE B	TYPE A2	TYPE A1	TYPE (CF Test)	
Montana					
Nebraska					
Nevada					
New Hampshire					
New Jersey	X				
New Mexico					
New York	X	X			
North Carolina					
North Dakota					
Ohio					
Oklahoma					
Oregon	X	X		X	
Pennsylvania	X			X	
Rhode Island					
South Carolina					
South Dakota	X			X	
Tennessee	X	X	X		
Texas					
Utah	X			X	
Vermont					
Virginia	X				
Washington					
West Virginia					
Wisconsin	X			X	
Wyoming					
Totals	26	8	1	8	4

ADENOVIROSES

II. Current Status of Influenza in the United States (Continued)

STATE	INFLUENZA				Totals
	TYPE B	TYPE A2	TYPE A1	TYPE (CF Test)	
Montana					
Nebraska					
Nevada					
New Hampshire					
New Jersey	X				
New Mexico					
New York	X	X			
North Carolina					
North Dakota					
Ohio					
Oklahoma					
Oregon	X	X		X	
Pennsylvania	X			X	
Rhode Island					
South Carolina					
South Dakota	X		X		
Tennessee	X	X	X		
Texas					
Utah	X			X	
Vermont					
Virginia	X				
Washington					
West Virginia					
Wisconsin	X	X			
Wyoming					
Totals	26	8	1	8	4

ADENOVIROSES

III. Influenza Nomenclature

A recent communication from Dr. A.M.-M. Payne, Division of Communicable Diseases, World Health Organization, Geneva, concerning the terminology of influenza viruses is reproduced below for your interest.

INFLUENZA NOMENCLATURE

With reference to the section with the above title in the CDC Influenza Surveillance Report No. 46, I would like to inform you that the Report of the Expert Committee on Respiratory Virus Diseases will be published very shortly as World Health Organization Technical Report Series No. 170. The Recommended nomenclature is as stated in your report No. 46, the three groups being A, A1 and A2. In the Weekly Epidemiological Record, these terms are generally used with the numeral placed directly alongside the letter, though it must be admitted that owing to an oversight occasionally the numeral has been suffixed. The former is as recommended by the Committee.

The proposal contained in the latest edition of Viral and Rickettsial Diseases of Man, by Rivers and Horsfall, was considered by the Committee. It was recognized as having merit but was not adopted for two main reasons. The first was that reference to the PR8 group as A and the FM1 group as A prime or A¹ is so firmly established in the literature that it was thought that considerable confusion would arise if these or similar terms were now to be used for other groups. It was also pointed out that although there is serological evidence suggesting that a virus related to the Swine virus has affected man in the past, the groups now referred to as A, A1, and A2 are the only ones in which virus has been isolated from man. If the Swine virus is to be given equal status (and admittedly there are reasons for doing so eventually), it would seem probable that similar status would also have to be given to other animal viruses belonging to the A group, namely, A/equi., the duck influenza viruses and the virus of fowl plague. This would greatly complicate the numbering system and the Committee felt that insufficient was known about these viruses at the present time to justify this. Reports of some recent studies of the inter-relationships of these viruses will be found in Bull. Wld. Hlth. Org. 1959, 20, pp. 435 and onwards.

The Expert Committee's proposals in this matter were brought to the attention of the Virus Subcommittee of the International Nomenclature Committee in Stockholm and no dissenting voices were raised. It was not thought necessary for them to take any action in the matter. WHO therefore proposes to follow the recommendations of the Expert Committee on Respiratory Virus Diseases as the simplest system least likely to result in misunderstanding.

IV. Current Analysis of Influenza and Pneumonia Mortality*

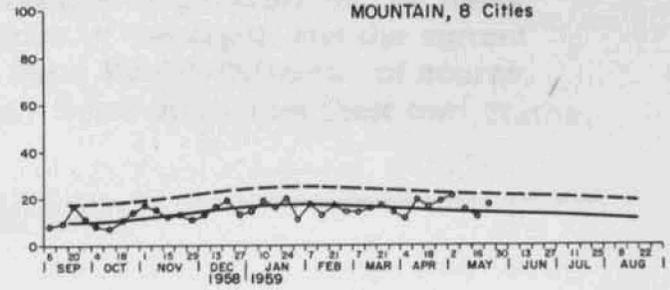
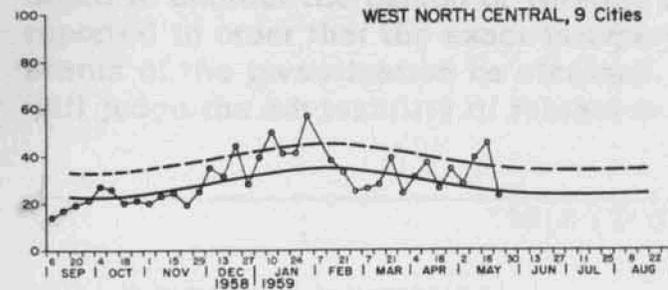
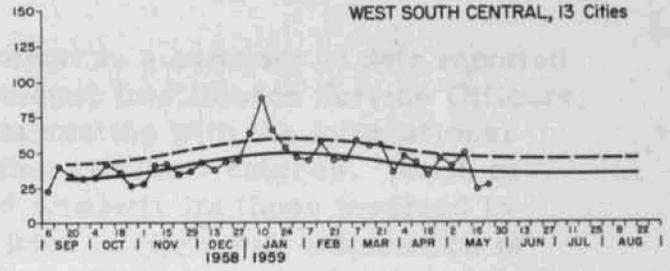
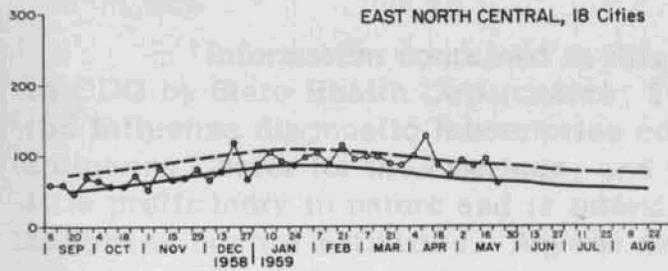
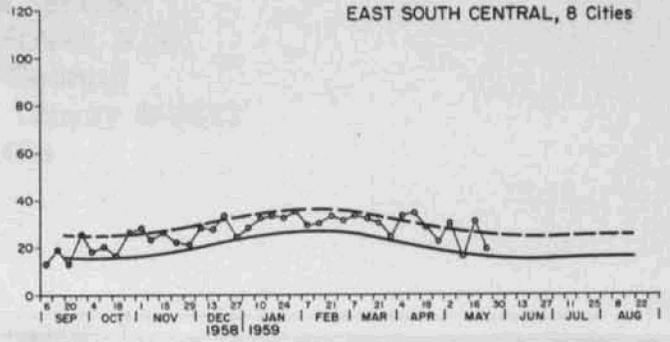
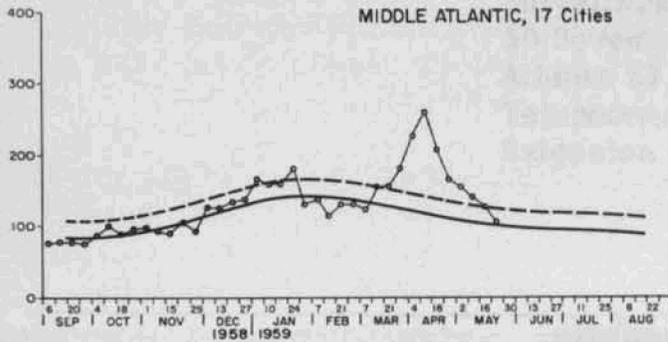
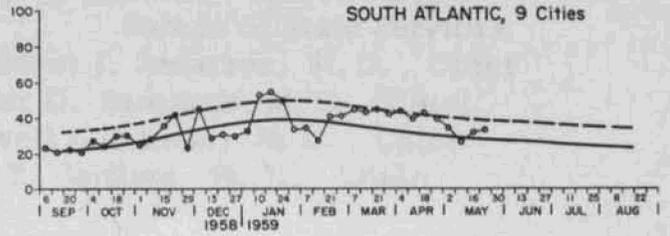
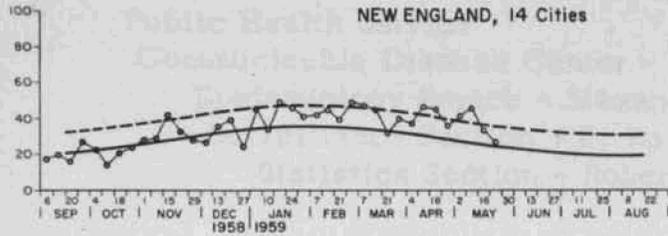
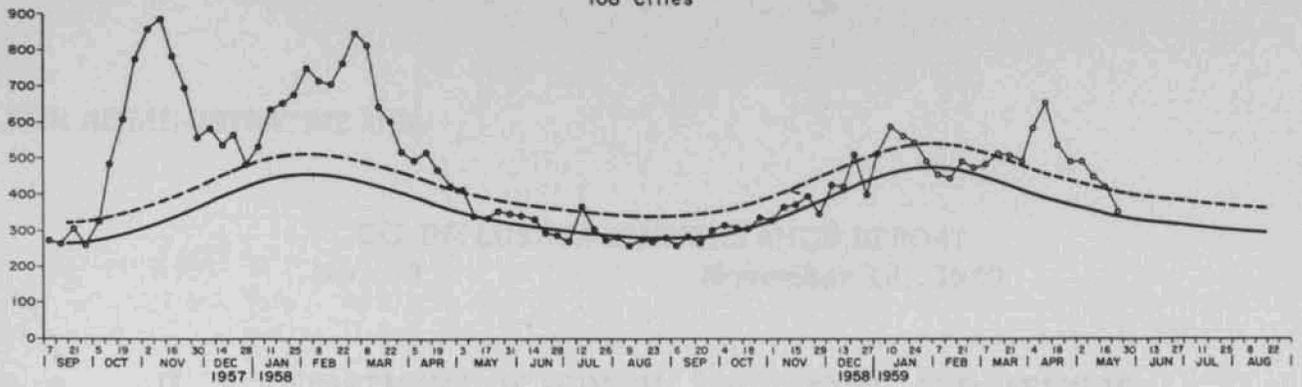
Current Influenza and Pneumonia Deaths
in 108 United States Cities

Division	Number of Cities in Study Reporting this week	Deaths (including estimates**) during weeks ending:						
		April 18 (108 Cities)	April 25 (108 Cities)	May 2 (108 Cities)	May 9 (108 Cities)	May 16 (108 Cities)	May 23 (107 Cities)	May 30 (107 Cities)
All Divisions	107	543	493	494	451	422	354	
New England	14	45	36	42	46	33	27	
Mid. Atlantic	17	207	164	155	140	127	105	
E. North Central	18	90	71	92	88	95	60	
W. North Central	9	26	34	28	39	45	23	
S. Atlantic	9	42	39	34	26	32	33	
E. South Central	8	28	22	30	16	31	19	
W. South Central	13	34	45	40	49	24	27	
Mountain	7	16	19	21	15	12	17	
Pacific	12	55	63	52	32	23	43	

* Prepared by the Statistics Section, CDC.
 ** The number of deaths given includes estimates for cities not reporting in a given week.
 The table is corrected for preceding weeks after receipt of late reports.

Fig 1: WEEKLY PNEUMONIA and INFLUENZA DEATHS United States

108 Cities



--- EPIDEMIC THRESHOLD
— NORMAL INCIDENCE