

COMMUNICABLE DISEASE CENTER

INFLUENZA

SURVEILLANCE

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AND INFLUENZA DEATHS

PREFACE

Summarized in this report is information received from State Health Departments, university investigators, virology laboratories and other pertinent sources, domestic and foreign. Much of the information is preliminary. It is intended primarily for the use of those with responsibility for disease control activities. Anyone desiring to quote this report should contact the original investigator for confirmation and interpretation.

Contributions to the Surveillance Report are most welcome. Please address to:
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I. SUMMARY

Epidemics of respiratory disease attended by increased school absenteeism are currently prevalent throughout the Midwestern and Southeastern States. Following the first Midwestern identification in Missouri and Southern Illinois, epidemic Influenza B spread to involve Eastern Kansas, Western Kentucky, Central Tennessee, and North Georgia. This week, in addition to further spread within these States, a marked increase in reported outbreaks has occurred in the neighboring States of Ohio, North Carolina, Arkansas, Minnesota, Wisconsin, Iowa, North Dakota, and Nebraska. On the periphery of this epidemic activity, scattered outbreaks were noted in South Carolina, Alabama, Indiana, Wisconsin, Oklahoma, and Texas.

Scattered outbreaks of acute febrile respiratory disease were noted in the Northeastern United States. Increased school absenteeism and/or respiratory disease outbreaks were observed in Southern Maryland (3 counties), New Jersey (8 counties), Pennsylvania (2 counties), Connecticut (2 counties), Massachusetts (2 counties), Vermont (2 counties), and New York (2 counties).

The epidemic has waned in the Pacific Coast States and is evidencing little spread in the Rocky Mountain area.

Influenza B has now been confirmed by virologic isolation or serologic titer rises in outbreaks in 18 States and the District of Columbia. Additional States reporting confirmations this week include Ohio, Minnesota, North Carolina, Wisconsin, Kansas, Iowa, and Utah. No evidence of Influenza A activity has yet been uncovered.

A number of outbreaks have been reported in 3 Canadian Provinces: Alberta, British Columbia, and Manitoba. Epidemics of respiratory disease confirmed as Influenza B are occurring in Poland, Spain, Denmark, and the United Kingdom.

Deaths from pneumonia and influenza in 108 United States cities remain elevated above expected levels for the fourth consecutive week. Excess mortality this week is recorded in 3 of the 9 geographic divisions of the country.

II. EPIDEMIC REPORTS

1. ALABAMA

Influenza-like illness is reported in small numbers from 6 additional counties, resulting in moderately increased school absenteeism. A total of 408 cases was reported for the week ending January 27 compared to a total of 50 cases for the previous week. In Montgomery County where the illness was first reported school absenteeism as high as 25 percent has occurred. Laboratory studies are in progress.

(Dr. W.H.Y. Smith, Director, Bureau of Preventable Diseases, Alabama State Health Department)

2. ARKANSAS

Beginning during the week of January 22 to 26, reports of increased school absenteeism and epidemics of respiratory infection were reported almost simultaneously from 8 different counties principally in northern Arkansas. Increased school absenteeism was reported from Washington, Benton, Boone, Jefferson, and White Counties. Outbreaks of influenza-like respiratory disease was reported from Randolph, Lawrence, and Poinsett Counties.

(Dr. J. T. Herron, State Health Officer, Arkansas State Board of Health)

3. CALIFORNIA

The widespread outbreak of influenza in California which began in November is now evident only in outlying rural areas. The epidemics are generally characterized as having affected first the school children, and later and to a lesser degree, adults. Industrial absenteeism has been affected slightly, if at all. Serologic confirmation of outbreaks have been obtained in 18 of the State's 58 counties. Most recently added to the list are Calaveras, Contra Costa, San Diego, and Shasta Counties.

(Dr. Henry Renteln, Division of Preventive Medical Services, California State Department of Public Health; Dr. Harold Maller, EIS Officer, assigned to the California State Department of Public Health)

4. CONNECTICUT

Two cities in Connecticut, Norwich and West Hartford, report increased school absenteeism. In the former, a rate of 25 percent has been observed; in the latter a peak absence of 244 of 780 (31%) has been reached in one junior high school. The illnesses are characterized by severe headache, backache, nausea and fever.

(Dr. James C. Hart, Director, Division of Preventable Diseases, Connecticut State Department of Health)

5. DISTRICT OF COLUMBIA

Upper respiratory illness has accounted for increased elementary school absenteeism during the past week. An isolate of Type B influenza was recovered from one child. No increase in industrial absenteeism has been noted.

(Dr. William E. Long, Chief Epidemiologist, Bureau of Disease Control, District of Columbia Department of Health)

6. GEORGIA

Increased school absenteeism as a result of influenza-like disease is reported in 8 additional counties in the State, bringing the total to 28. In Clark County the illness has affected a large number of young adults in the University student body. Laboratory studies of this group are in progress. In the Greater Atlanta area, Influenza type B has been identified thus far in children, University students and adults.

(Dr. W. J. Murphy, Director, Epidemiology, Georgia Department of Public Health)

7. ILLINOIS

The incidence in school-age populations of acute febrile respiratory disease was first reported in early January in Union and Jackson counties of southern Illinois, adjacent to outbreaks in Missouri. During the past two weeks, the illness has been reported in 13 additional counties scattered through the central, northern and eastern parts of the State.

School absenteeism, ranging from 15 to 50%, is in general attributed to illnesses characteristic of influenza. No increases in industrial absenteeism have been reported. Involvement of the adult population, however, is indicated by increased teacher absenteeism and increased absenteeism at the University of Chicago due to a febrile respiratory disease. Type B influenza has been isolated from one student in this outbreak.

In the city of Aurora, Kane County, where absenteeism for all public and parochial schools was checked for one day (January 23), 20 per cent of the 18,000 children were absent. In schools specifically checked, influenza-like illness accounted for absentee rates of 30% in 3 high schools, and 17%, 18% and 14% respectively in each of 3 other schools. Teacher absenteeism due to "viral infection" was increased throughout the city, with 16 teachers absent from schools in the western half of the city.

Increased teacher absenteeism was also reported from 2 other schools in the State; one in Lawrence County where four adults were absent due to influenza-like illness, and the other in Evanston, Cook County, where the school was closed because of the high incidence of influenza-like disease in faculty members (6 cases).

Influenza type B has been confirmed by isolation of the virus in Cook, Jackson, and Union Counties. One death occurred in Cook County in a 7-year-old girl with suspected influenza. Laboratory studies on this case as well as from outbreaks throughout the State are in progress.

(Dr. N. J. Rose, Bureau of Epidemiology, Department of Public Health, State of Illinois)

8. INDIANA

Reported cases of influenza showed a marked rise this week. The cases were concentrated primarily in 6 counties scattered throughout the State. The counties are: Dubois, Lake, Miami, Shelby, Spencer, and Warrick. A few sera have demonstrated titer rises to Type B influenza.

(Dr. A. L. Marshall, Jr., Director, Division of Communicable Disease Control, Indiana State Board of Health)

9. IOWA

Schools in a number of counties report an influenza-like disease and increased school absenteeism. These counties include Washington, Polk, Shelby, Audubon, Des Moines, Dickinson, Johnson, Mills, and Allankakae. Serologic and virologic confirmation of Type B influenza in Iowa City and from Hazleton, (Buchanan County) has been obtained.

(Dr. Albert McKee, University of Iowa Medical Center; Dr. Tom Chin, Kansas City Field Station, CDC; Dr. Ralph H. Heeren, Director, Division of Preventable Diseases, Iowa State Department of Health)

10. KANSAS

Outbreaks of febrile respiratory disease which commenced in eastern Kansas now involve at least 15 counties in different parts of the State. Serologic diagnosis of Influenza B has been reported from a 10-year-old boy in Topeka.

(Dr. Don E. Wilcox, Director, Section of Epidemiology, Kansas State Board of Health)

11. MARYLAND

Principally afflicted to date has been St. Mary's County although increased absenteeism has been noted in neighboring communities in Charles and Calvert Counties. The epidemic commenced on January 19 and presently involves the entire county.

Absentee rates in 18 of the 31 county schools are increasing; 13 are decreasing. The rates range from 20 to 30 percent in the larger schools with an overall rate of about 25 percent. Absenteeism among civilian employees at the Patuxent Naval Air Station rose sharply during the past week.

(Dr. John H. Janney, Acting Chief, Division of Epidemiology, Maryland State Department of Health)

12. MASSACHUSETTS

Several schools in Middlesex County in eastern Massachusetts report absentee rates of 20 to 25 percent. Local spread has been noted in Berkshire County in western Massachusetts.

(Dr. Nicholas Fiumara, Director, Division of Communicable Diseases, Massachusetts Department of Public Health)

13. MINNESOTA

Acute respiratory disease outbreaks and increased school absenteeism have been reported from 11 counties; it is the general impression that influenza-like disease is widespread throughout the State. Acute and convalescent sera from one patient has shown a significant titer rise to Influenza B.

(Dr. D. S. Fleming, Director, Division of Disease Prevention and Control, Minnesota Department of Health)

14. MISSOURI

Influenza-like disease outbreaks have spread to involve counties in all parts of the State. Confirmation of Influenza B activity has been obtained in Clay, Jackson, Jefferson, Johnson, Lawrence, Saline, and St. Louis Counties.

(Dr. E. A. Belden, Communicable Disease Control, Missouri Department of Public Health; Dr. Tom D. Y. Chin, Assistant Chief, Kansas City Field Station, Communicable Disease Center)

15. NEBRASKA

During the week of January 11-18, increased absenteeism resulted in school closings in Dakota County in northeastern Nebraska; and, in the following week, in Ashland (Saunders County) in southeastern Nebraska. Absenteeism was also increased in central Nebraska in North Platte (Lincoln County). Lincoln schools remained open with absenteeism around the 25 to 30 percent level. No virological identification has yet been made.

(Dr. E. A. Rogers, Director of Health, Nebraska Department of Health)

16. NEW JERSEY

Increased school absenteeism due to influenza-like disease was reported from 9 counties scattered throughout the State. The outbreaks commenced almost simultaneously about January 19 in widely dispersed counties in the State. Outbreaks were reported from Atlantic, Bergen, Burlington, Cape May, Monmouth, Ocean, Passaic, Sussex, and Union Counties.

The pattern of absenteeism noted in one elementary school of 390 in Vernon follows a pattern typical of that reported:

School Absenteeism - Vernon Township Elementary School

January 1962

<u>8</u>	<u>9</u>	<u>10</u>	<u>11</u>	<u>12</u>	<u>15</u>	<u>16</u>	<u>17</u>	<u>18</u>	<u>19</u>	<u>22</u>	<u>23</u>	<u>24</u>	<u>25</u>	<u>26</u>
52	44	30	33	38	44	56	66	69	89	144	130	134	136	X

The school closed on January 26.

(Dr. William J. Dougherty, Director, Preventable Disease Control Division, New Jersey State Department of Health; Dr. George C. Denniston, Jr., CDC)

17. NEW MEXICO

During early December, an outbreak of upper respiratory infection occurred among school children in Hatch (Dona Ana County), New Mexico. Some cases were also reported among teachers in the schools and parents of school children. Absenteeism reached a peak on December 6 when 250 of 521 pupils were absent. The schools closed on succeeding days. Symptoms included fever, sore throat, cough; some experienced back pain and generalized myalgia, nausea, vomiting, and diarrhea. The duration of illness was from a few days to a week and a half. Acute and convalescent sera revealed titer rises to Type B influenza. Diagnostic titer rises were demonstrated at this time among patients in Las Cruces, also in Dona Ana County.

During January, increased school absenteeism was reported from Eunice and Hobbs in Lea County.

(Dr. John B. Sherman, Director, Division of Preventive Medicine, New Mexico Department of Public Health)

18. NEW YORK

Epidemics in Albany and Columbia Counties have continued to spread within these counties. No additional areas within the State have reported outbreaks.

(Dr. Robert M. Albrecht, Director, Epidemiology Division, New York State Department of Health)

19. NORTH CAROLINA

Instituted this week was a postcard reporting system to trace the pattern of spread of influenza in North Carolina. Sixty-two of 100 counties have reported to date. Of this number, 43 note the presence of large or increasing numbers of respiratory disease cases. Most counties in the western and central parts of the State have been or are now involved. Counties in the northeastern and southeastern parts of North Carolina have not yet been significantly afflicted.

Type B influenza has been isolated and serologic titer rises demonstrated in the Winston-Salem area.

(Dr. Jacob Koomen, Assistant Director, Division of Epidemiology, North Carolina State Board of Health and Dr. George M. Johnson, EIS Officer, assigned to the North Carolina State Board of Health)

20. NORTH DAKOTA

Epidemics of respiratory disease are reported to have developed late in December and to have reached a peak during the second week in January. During the week ending January 19, absenteeism in Fargo schools reached 21%; in Dickinson and the five-county area around this city, absentee rates reached 40%; and in the Devil's Lake and five-county area in north central North Dakota, absentee rates of 35% were recorded all during this same week. In these areas, the absenteeism is now declining.

(Kenneth Mosser, Director, Division of Preventable Diseases, North Dakota State Department of Health)

21. OHIO

Telegram received January 30 from Dr. Winslow Bashe, Chief, Division of Communicable Diseases, Ohio Department of Health: "Influenza B isolated from school outbreak at College Corners, Preble County, Ohio and from school child in Summit County. Elevated school absenteeism has been reported from a total of 9 counties namely: Preble, Hamilton, Clermont, Scioto, Fairfield, Perry, Franklin, Medina and Cuyahoga. Multiple school closures in Scioto County. Other lab specimens have shown hemagglutinins but as yet these have not been typed."

22. OKLAHOMA

Outbreaks of respiratory illnesses of 3- to 4-day duration have recently resulted in school closings in Nowata county and Broken Bow (McCurtain County) in eastern Oklahoma.

(Dr. Kirk T. Mosley, Commissioner of Health, Oklahoma State Department of Health)

23. PENNSYLVANIA

Outbreaks of respiratory disease and increased school absenteeism have been reported from Shippensburg and Mechanicsburg (Cumberland County) in southcentral Pennsylvania and from Ridgway (Elk County) in northeastern Pennsylvania.

The epidemic in Mechanicsburg appears to be a mixed type with headache, sore throat and respiratory symptoms in some families and nausea, vomiting and diarrhea in others. School absenteeism has ranged between 5 and 15 percent but analysis by individual grades shows sharply increased rates in several of the grades.

During the past week, 3 children from this general area, aged 7, 8 and 10 years respectively, developed encephalitic symptoms between the fourth and sixth days of illness and following a relatively brief period of coma, died. Specimens from 2 of these 3 cases have been obtained for virologic study and specimens have been collected from family members. Results of these studies are not yet available. A fourth case with milder encephalitic symptoms is now recovering. A close surveillance is being maintained in the area for possible additional cases.

(Dr. W. D. Schrack, Director, Division of Communicable Disease Control, Pennsylvania Department of Health)

24. SOUTH CAROLINA

Acute febrile respiratory disease which first appeared during the second week of January in the middle and Piedmont sections has appeared in scattered areas through the State. The illness affects chiefly children and lasts 4 to 5 days. No increase in adult illness or industrial absenteeism has been reported.

School absenteeism of from 20 to 30 percent is reported in Spartanburg and Greenville Counties in the Piedmont area and Lee County in the middle of the State. Counties adjacent to those affected in the Piedmont area have not reported increased absenteeism or influenza-like disease. Moderate increases in school absenteeism are reported in Richland County in the middle of the State, and in Dorchester and Marion Counties along the coast. Laboratory studies are in progress.

(Dr. G. E. McDaniel, Director, Division of Disease Control, State Board of Health of South Carolina)

25. TENNESSEE

An influenza-like illness which began in the central portion of the State has spread into 6 counties in the eastern and at least one county in the western part of the State. A total of 17,481 cases were reported during the week ending January 27. Influenza Type B has been confirmed in Lincoln and Davidson Counties.

A second illness, characterized by rhinitis, laryngitis, and bronchitis is reported to have reached a high level of incidence in one other county of western Tennessee. The illness is accompanied by little or no fever and there are no associated influenza-like symptoms. Continuing laboratory studies of both illnesses are under way.

26. TEXAS

Large numbers of influenza-like disease cases are being reported from a number of counties in eastern Texas:

Brazos, Cass, Matagorda, San Patricio, and Smith Counties, and from Scurry County in west central Texas. Laboratory studies are still in progress.

(Dr. Van C. Tipton, Director, Communicable Disease Division, Texas State Department of Health)

27. UTAH

The previously reported epidemic in southwestern Utah (Influenza Surveillance Report No. 62) has been confirmed as Influenza B by serological titer rises.

(Dr. A. A. Jenkins, Director, Communicable Disease Section, Utah State Department of Health)

28. VERMONT

Small outbreaks of influenza-like disease are reported from northern Vermont in Richford (Franklin County) and Brighton (Essex County). The disease is characterized by fever, cough, and prostration; seven cases of lobar pneumonia with hemoptysis have been noted in the latter outbreak. Studies are in progress.

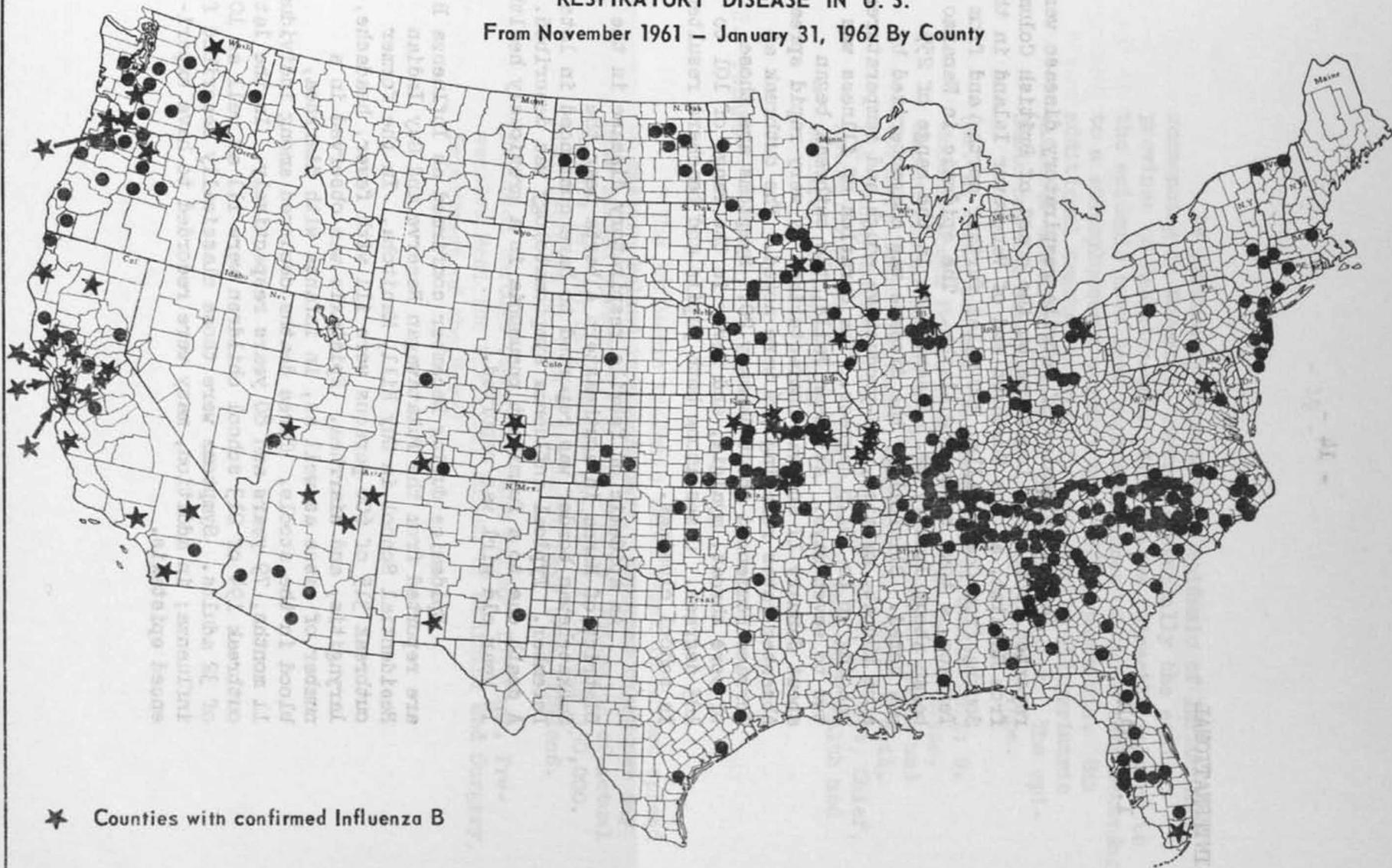
(Dr. Linus J. Leavens, Director, Division of Communicable Disease Control, Vermont Department of Health)

29. WISCONSIN

Acute febrile respiratory disease typical of influenza developed in Milwaukee in mid-January with resultant absenteeism ranging 50 to 100 percent above normal. Hemagglutination-inhibition antibody titers among patients have shown significant rises to Influenza B.

(Dr. E. R. Krumbiegel, Commissioner of Health, Milwaukee; Dr. J. Preizler, Director, Bureau of Communicable Diseases, Wisconsin State Board of Health)

RESPIRATORY DISEASE IN U. S.
From November 1961 – January 31, 1962 By County



★ Counties with confirmed Influenza B

● Counties with reported outbreaks of acute respiratory disease

INTERNATIONAL

1. CANADA

Recent epidemics of febrile respiratory disease were reported from three locations on the coast of British Columbia; from Nanaimo, at the Southern end of Vancouver Island in the South; from Ocean Falls, 300 miles further north; and from Terrace, a town bordering Alaska. The epidemic in Nanaimo began about January 12. Absenteeism in the range of 25% was noted. Clinically, the disease was characterized by sore throat, malaise, non-productive cough and temperatures ranging up to 101.6 degrees. The duration of illness was two to seven days. At Ocean Falls, the outbreak began about January 17 and was characterized by very rapid spread. Absentee rates reaching 70% were noted. The outbreak at Terrace commenced about January 20. Symptoms are those of sore throat, myalgia, and fever in the range of 101 to 103 degrees. Cases among both pupils and teachers resulted in school closings.

An epidemic of febrile respiratory disease in the District of Hanna in southeastern Alberta near the Saskatchewan border was reported to have commenced in late December. Typical influenza symptomatology was described. A death due to a fulminant pneumonia in a previously healthy 14 year old girl was reported.

Epidemics during December confirmed as Influenza B are reported from the Pukatawagan Reserve and Guy Indian Residential School in Guy Hill, Manitoba. In the former outbreak 315 of 600 persons were ill with fever, headache, laryngitis, and diarrhea. Epistaxis was observed in a number of cases as well as, in infants with diarrhea, blood in the stools. Three deaths occurred among individuals 11 months, 79 years and 80 years respectively. In the latter outbreak 194 of 213 school children were ill as well as 10 of 32 adults. Symptoms were those classically described for influenza; in addition, many were recorded to have experienced epistaxis.

As previously reported, an epidemic of Influenza B, commencing in November, covered essentially the entire province of Saskatchewan. Nine deaths, directly related to the epidemic have been reported: three of these were secondary to a staphylococcus aureus, type 75/81, pneumonia. Six additional deaths occurred in chronically ill geriatric patients who died apparently of cardiac causes. The epidemic has now essentially subsided in this province.

(Dr. R. Swan, Central Vancouver Island Health Unit; G. McColl, Ocean Falls, British Columbia; Dr. G. Evans, Skeena (B.C.) Health Unit; Dr. R. Hayward, Indian and Northern Health Services, Manitoba; Dr. Agnes O'Neil, Big County Health Unit, Alberta; Dr. E. W. R. Best, Chief, Epidemiology Division, Department of National Health and Welfare, Ottawa, Canada)

2. POLAND

The influenza epidemic which began in Warsaw spread to eastern Poland in mid-January. Reported cases per day have ranged between 9,000 and 14,000. Estimates of actual numbers per day have ranged between 100,000 and 150,000. Four isolates of Type B influenza have been obtained.

(Reported through Commander Jack Millar, Director, Preventive Medicine Division, Bureau of Medicine and Surgery, Department of the Navy)

III. WEEKLY PNEUMONIA AND INFLUENZA DEATHS

Although pneumonia-influenza deaths in 108 cities in the United States remained above the epidemic threshold for the fourth successive week, the number decreased from last week's total. However, increased numbers were reported from the central portion of the country: the East South Central States, the West North Central and the West South Central. The East South Central States reported an increase of 38 percent over the figure of last week, while the West North Central showed a moderate increase. The West South Central States, although remaining above the epidemic threshold, reported a decrease this week in the number of pneumonia-influenza deaths.

All other major geographic divisions fell to normal ranges. Along the eastern seaboard, the New England and Middle Atlantic States have shown a steady decrease for the past 4 weeks, and the South Atlantic States, which approached the epidemic threshold last week, fell to normal seasonal levels this week.

Both the Mountain and Pacific States are well within expected ranges.

WEEKLY PNEUMONIA AND INFLUENZA DEATHS

